**SUPERVISOR REPORT** 

**Out of Programme Experience (OOPE) or Research (OOPR)**

This form is for doctors in training who are undertaking a period out of programme for either clinical experience (OOPE) or research (OOPR) that does not count as part of the training programme. This form must be completed by the clinical and/or research supervisor in discussion with the trainee and must be submitted (or uploaded to ePortfolio) in advance of the ARCP/RITA Panel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **GMC No** |  |
| **ST Year:** |  | **Placement location** |  |
| **Covering period from** |  | **To** |  |
| **Supervisor Name** |  | **Supervisor Job Title** |  |
|  |
| **Progress Report** |
| Assessment report of the doctor’s progress in in their research or clinical placement whilst out of programme. |
|  |
|  |
| **Good Medical Practice** |
| Given the trainee's current level of experience, please briefly comment on the below areas which reflect the four domains of GMC Good Medical Practice: 1) Knowledge, skills and performance; 2) Safety and quality;3) Communication, partnership and teamwork; 4) Maintaining trust. |
| Knowledge |  |
| Skills |  |
| Communication |  |
| Team work |  |
| Professionalism |  |
|  |
| **Concerns/Investigations** |
| Are you aware of any non-professional, unethical or dishonest behaviour for this trainee? | Yes / No |
| Details |
| Are you aware if this doctor has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? | Yes / No |
| If “Yes”, 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 |
|  |
| **Supervisor Signature** |  | **Date** |  |
|  |
| **Trainee Signature** |  | **Date** |  |