***This form must be completed by the educational supervisor if the trainee has not fulfilled all requirement in accordance to the FOM curriculum[[1]](#footnote-1) for this ARCP*.**

**Name of Trainee:**

**Name Educational Supervisor:**

**Training Year : CCT date:**

**1) What training requirement were not fulfilled for this round of ARCP? Please list**

**2) What are the reasons that trainee was unable to fulfil training requirements for this round of ARCP?**

E.g. temporary suspension of study leave, professional exams cancelled, mandatory key training cancelled , unable to complete all WPBA,MSF no’s, ES not available, furlough, shielding, deployment to COVID related activities (please see question 4) etc

**3) What is the agreed action plan with the trainee to fulfilling the missing training requirements for the next ARCP?**

**4) What key or additional tasks or roles did the trainee undertake as a response to COVID 19 that prevented them fulfilling their full ARCP requirements?**

**Trainee’s comment/ reflection:**

**SIGNED: DATE:**

1. Including action plan from the previous ARCP [↑](#footnote-ref-1)