Probation Review Report: Staff Completing or Continuing on Probation

(Senior Clinical Fellows in Medical Education)

This report should be completed by the Head of Department during the Probation Review meeting, agreed and signed by the Head of Department and probationer, and **submitted with an up-to-date CV** of the probationer to the Academic Processes Team in Human Resources.

All sections of the form must be completed and any significant agreed actions should be recorded under the appropriate heading.

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| **Name of Probationary Employee** |  | **Department** |  |
| **Start of Probation** |  | **End of Probation Due** |  |
| **Period Under Review** |  | | |

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| A. Overall targets to be achieved by the full probation term in order to successfully complete probation |
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| B. SUMMARY OF RECOMMENDATIONS BY HEADS OF DEPARTMENTS  Please provide below the Head of Department’s summary of probationer’s progress for the current year to include commentary on overall progress against objectives, highlighting achievements and/or any issues or areas of concern | |
| **Current Year - Head of Department’s overall summary of progress** | |
|  | |
| **For those scheduled to continue on probation (i.e. not in their last year of probation), please indicate which option is being recommended and provide details if necessary** | |
| Recommending to continue normally on probation |  |
| Recommending an extension of probation (for example, due to maternity leave) |  |
| Recommending early completion (please provide a detailed case for the reasons) |  |
| **For those scheduled to complete probation (i.e. those who are in the last year of probation) please indicate which option is being recommended and give full details if necessary** | |
| Recommending completion of probation |  |
| Recommending not to complete (employee has been unable to fulfil probation requirements resulting in an adverse recommendation from the department) |  |

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| **Please provide the summary statements from previous years’ probation forms in the tables below, where applicable:** |
| **Year 1 - Head of Department’s overall summary of progress** |
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| **Year 2 - Head of Department’s overall summary of progress** |
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| **Year 3 - Head of Department’s overall summary of progress** |
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| **Year 4 - Head of Department’s overall summary of progress** |
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C. Please summarise achievements and progress on the following areas of activity, with performance to be assessed against agreed criteria and objectives, as set at appointment or previous review meeting:

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| 1. RESEARCH  (Research activity is not a requirement for satisfactory completion of probation for SCFME. However those fellows who have been active in any form of research this is an opportunity to record the activity here): |
| **Please list research targets for probationary review period under consideration (with expected completion dates):** |
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| **Provide evidence of the quantity and quality of the publications, and the performance trajectory.**  **Please also provide context on the quality of the journals within the discipline:** |
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| **Please provide a link to the probationer’s Google Scholar profile where available:** |
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| **2. TEACHING** (Reference should be made to the activities mentioned in the role descriptors for Senior Clinical Fellows in Medical Education and include details of progress towards the Certificate in Medical Education. In completing cases please confirm if the Certificate in ME has been attained): |
| **Provide a breakdown of teaching hours and scores over the last probationary period under review:** |
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| **Provide a commentary on teaching quality, quantity and where relevant, innovation:** |
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| **3. Certificate in Medical Education** |
| **Provide a breakdown of progress towards completing Certificate of ME:** |
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| **Provide any other relevant information if necessary:** |
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| **4. ADMINISTRATION** |
| **Provide a commentary on administrative responsibilities which have been undertaken:** |
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| **5. COLLEGIALITY** |
| **Provide a commentary and evidence of the probationer’s collegiality both within the Department and the wider University and beyond (as appropriate):** |
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| **6. MENTORING** |
| **Please state the name of the mentor, any mentoring arrangements and confirm whether they are satisfactory:** |
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**D. To be signed by Head of Department:**

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| **Signed** |  | **Date** |  |
| **Print Name** |  | **Head of Department** | |

**To be signed by Probationer:**

I confirm that I have seen this report and any issues of disagreement or concern are listed above.

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| **Signed** |  | **Date** |  |
| **Print Name** |  | **Probationer** | |

***Please ensure an up to date CV is attached to this probationary review form***