|  |  |
| --- | --- |
| Date of MPR |  |
| Name |  |
| Current BABCP supervisor(s) |  |
| MPR Visitor |  |
| Number of BABCP supervised CBT hours on current placement at date of MPR |  |
| Total number of BABCP supervised CBT hours on all placements at date of MPR |  |
| Total number of BABCP supervised CBT hours on all placements anticipated by end of current placement1 *[Pathway minimum requirement is 200 hours]* |  |
| a) Number of ongoing Exemplar Cases on current placement at date of MPRand (b) Number of completed Exemplar Cases on current placement at date of MPR | a)b) |
| Total number of completed Exemplar Cases on all placements at date of MPR |  |
| Total number of completed Exemplar Cases on all placements anticipated by end of current placement1 *[Pathway minimum requirement is 8 Exemplar Cases]* |  |
| Number of Closely Supervised Cases on current placement at date of MPR (i.e. number of Exemplar Cases on current placement which have had one session rated as competent on the CTS-R or the UCL CBT Competence Rating Scale) |  |
| Total Number of Closely Supervised Cases on all placements at date of MPR |  |
| Total Number of Closely Supervised Cases on all placements anticipated by end of current placement1 *[Pathway minimum requirement is 3 Closely Supervised Cases]* |  |
| Monitoring Tool for CBT Placement Content2 reviewed and signed for this MPR by you and supervisor? |  |
| Do you anticipate completing the CBT pathway minimum requirements by the end of this current placement? (If not, please briefly state why.) |  |

Footnotes

1 If current placement is for 12 months then include both the number anticipated by the end of the first 6 months and the number anticipated by the end of the 12 months

2 As stated on the Monitoring Tool, this should be formally reviewed ahead of, and at, the MPR. A copy signed and dated by the trainee and the supervisor must be given to the MPR Visitor and kept by the trainee.