|  |  |  |
| --- | --- | --- |
| *EVIDENCE SUMMARY FORM* | *OPHTHALMOLOGY ARCP 2022**to be completed by Review Panel Chair* | *HEESW – School of Ophthalmology* |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Training Year(eg: 09/10) |  |
| Training Number |  | ST Year(1-7) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mandatory Evidence** | **Provided?** | **Satisfactory?** | **Comment on Progress****Mention in particular good practice or areas of concern**  |
| ESRs & Training summary2 per placement | How many  |  |  |
| Clinical Supervisors1 per clinical attachment | How many  |  |  |
| WBAs |  |  |  |
| MSF |  |  |  |
| Log book(cumulative) |  |  |  |
| AuditsOne complete per year |  |  |  |
| Continuous Audit of Cataract Complications |  |  |  |
| 50 Consecutive Cataract Audit with raw data |  |  |  |
| Exams passedPart 1 for ST2 Refn for ST3  |  |  |  |
| Form R Parts A and B |  |  |  |
| Reflective Piece |  |  |  |
| Publications |  |  |  |
| **Supportive Evidence** |  |  |  |
| Attendance at Regional PG teaching |  |  |  |
| Educational Agreement ARCP Score |  |  |  |
| GMC survey receipt |  |  |  |
| CV  |  |  |  |
| PDP |  |  |  |
| Other comments not covered abovee.g. other concerns, mitigating circumstances, etc. |  |  |  |