**Evidence Summary Form Ophthalmology ARCP HE East of England**

**To be completed by Review Panel Chair**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **Training Year**  **(eg: 20/21)** |  |
| **Training Number** |  | **ST Year (1 to 7)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence** | **Provided**  **(√** or X**)** | **Satisfactory**  **(√** or X**)** | **Comment on Progress / Derogation**  **Mention in particular good practice or areas of concern to justify decision** |
| **ESR** |  |  |  |
| **CSRs** |  |  |  |
| **Revalidation Form R** |  |  |  |
| **WBAs** |  |  |  |
| **MSF**  **One per year** |  |  |  |
| **Log Book**  **Summary in ESR/eye logbook** |  |  |  |
| **Attendance at Regional Teaching** |  |  |  |
| **Reflection**  **Using appropriate form** |  |  |  |
| **PEARL Score** |  |  |  |
| **Audits**  **At least one per ARCP** |  |  |  |
| **Presentations** |  |  |  |
| **Exams Passed** |  |  |  |
| **Curriculum Vitae** |  |  |  |
| **Simulation**  **ST1-2** |  |  |  |
| **Management/**  **Leadership**  **ST5-7** |  |  |  |
| **Comments not covered** |  |  | **Concerns, mitigation, OOP, CCT calculator, TSC feedback** |

**Name: Signature**

**Panel Chair: .…………………………………… ……………………………… Date: ………………….**

**Panel Member: …………………………………. ……………………………… Date: ………………….**

**Panel Member: …………………………………. ……………………………… Date: ………………….**