**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: ………………….**