# The Royal College of Ophthalmologists

Ophthalmic Specialist Training

# Summary of Training Progress & Educational Supervisor Report

**GUIDANCE for Trainees and Supervisors.** Please read this information carefully.

This Summary of Training Progress is an **annual living document** verified by usually your two educational supervisors over a year.

The **first ESR** after any ARCP is a **summary of the first 6 months**. The **second ESR** should be a **summary of the full year**. Achievements in the first 6 months are verified by the first Educational Supervisor. This summary is in turn witnessed by the second Educational Supervisor who then verifies further achievements in the second half of the year (this may be the same person if you retain the same ES for 12 months).

Educational Supervisors, please canvass the opinion of Clinical Supervisors (those consultants that the trainee has worked for in this placement), review clinical supervisor reports and review the trainee’s e-portfolio to verify independently the evidence listed by the trainee. Check appropriate departmental resources to ensure all incidents and complaints are reported. This information is essential for revalidation and is cross referenced by the medical director of the Trust.

**It is now MANDATORY to comment on trainee curriculum coverage, skills and clinical progress, with feedback to help the trainee formulate their next Personal Development Plan.**

Please answer ALL THE QUESTIONS in Section B. You are expected to comment on any omissions or problems declared by the trainee. Positive comments are always appreciated, especially if supported with evidence. All adverse comments MUST be supported by evidence. Failure to do this is highly likely to lead to an outcome 5.

If you have been the trainee’s ES for two 6 month placements, please state this in the timetable section. It is still essential for the trainee to complete two ESRs per year to ensure appropriate progress and reflection at the 6 month stage. It also means less to verify at the final stage!

**In signing this form the trainee does not have to agree with the ES comments made but is instead confirming that this is an accurate summary of the evidence presented and discussed.**

***Section A***

*To be* ***completed by trainee*** *before meeting with educational supervisor*

***Section B1***

*To be* ***completed by educational supervisor 1*** *at end of the first 6 month placement*

***Section B2***

*To be* ***completed by educational supervisor 2*** *before ARCP*

***How to save and upload your Educational Supervisor Report***

It is mandatory that all reports are uploaded on to your e-Portfolio in the following manner:

All forms should be completed electronically. Delete Section B1 or B2 as appropriate. Then print off the document to be signed by both parties.

**Scan each ESR (with section A & B1 or B2 as appropriate) as a single PDF file**. Do not scan each page as a separate PDF file.

The file must be labelled as an ES report, with the date it was completed using the following format: e.g. an ES report completed on 26 March 2012 should be labelled ESreport120326. (This format makes it easier to find them, in date order, in your portfolio later.)

Go to the personal resource section on the e-portfolio. On the resource tab upload the document as a personal resource.

Assign the document to your next ARCP. (Items in the personal resource section cannot be seen externally unless they have been assigned to an ARCP).

**Reports that do not conform to this labelling or are incorrectly placed in a different section of the portfolio are likely not to be considered by the ARCP Panel who will then have the right to issue an Outcome 5.**

# Summary of Training Progress & Educational Supervisor Report

**Section A (to be completed by trainee)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Training Year e.g: 09/10 |  |
| Training number |  | ST Yeare.g: ST1 |  |
| GMC number |  |  |  |

# Training Placement Details most recent first

|  |  |  |
| --- | --- | --- |
| **Unit** | Educational Supervisor | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Most Recent Timetables

Name of Educational Supervisor 1:

Name Post 1: Subspecialties:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name session* *List trainers* | Mon | Tues | Wed | Thurs | Fri |
| AMTrainer |  |  |  |  |  |
| PMTrainer |  |  |  |  |  |

Name of Educational Supervisor 2:

Name Post 2: Subspecialties:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name session* *List trainers* | Mon | Tues | Wed | Thurs | Fri |
| AMTrainer |  |  |  |  |  |
| PMTrainer |  |  |  |  |  |

# Summary of Core Curriculum Progress to date

|  |  |  |  |
| --- | --- | --- | --- |
| Subspecialties | Post Name(s)ST level at that time | Subspecialty CompleteYes or No | Commentse.g., what may be still outstanding, what areas do you still feel need improvement, what do you find most difficult and still feel you need support to develop, etc |
| General Ophth.For posts that do not have identified subspecialist clinics or theatre sessions |  |  |  |
| Cornea,External Disease |  |  |  |
| Cataract,Anterior segment |  |  |  |
| Glaucoma |  |  |  |
| Medical retina |  |  |  |
| Vitreoretinal |  |  |  |
| Oculoplastics |  |  |  |
| Neuro-ophthalmology, motility |  |  |  |
| Paediatric ophthalmology |  |  |  |

# Leave Details for current post/year

Please list ALL leave, with dates for each category and specify other type of leave e.g. compassionate, maternity, paternity, etc

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of days in current year |  | Number of days in current year |
| Annual leave | Total:Dates: | Sick Leave | Total:Dates: |
| Study leave | Total:Dates: | Other Leave | Total:Dates: |

# Past Annual Assessments in Ophthalmology

|  |
| --- |
| **ARCP Outcomes**Please delete the sample entries in the table below. List the dates and results of **ALL** previous RITA or ARCP. You **MUST** insert the formal result or outcome of **EVERY** part of your training to avoid an Outcome 5. |
| **Stage** | **Dates**  | **Outcome**  | **Comment** |
| ST2 | 27/05/07 | 3 | Still not completing full phaco. 12 month extension with focussed surgical training  |
|  | 31/05/08 | 1 | Surgery now on target |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Trainee Achievements in this 6 month/year training period

|  |  |
| --- | --- |
| **Previous Qualifications** including Primary Degree and awarding bodyCertificates/ College letter should be on e-portfolio | Date |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Exams** sat & examining bodyCertificates/ College letter should be on e-portfolio | Date | Result |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Prizes** awarded this yeartitle, awarding body | *Cumulative total =**whole medical career* | Date | Place/grade |
|  |  |  |
|  |  |  |

**Study Leave & Attendance at Regional Teaching**

Has the trainee regularly attended regional teaching? If not, why not?

|  |
| --- |
| **Attendance at Regional Postgraduate Teaching**Use comment section to justify how this time has been spent or reasons for poor attendance |
| Number of Sessions Attended | Total Regional Teaching Sessions | % Attendance |
|  |  |  |
| **Comments** |

|  |  |  |
| --- | --- | --- |
| **Study leave & Courses attended**Include the title and venue of all courses attended whether taken on study leave or not. | Dates | Educational Value Trainee opinion 1=poor, 2=fair3=good, 4= very good |
| Total Total days Study leave: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Work place Based Assessments**

Please add the number of WpBAs to be completed and done for this level stage of your training. Use the comment section to provide feedback on the WpBA completed, e.g. what did you learn from completing the assessments, did you receive appropriate feedback from trainers, reflection on any comments raised in MSF, extenuating circumstances why WpBAs not complete etc.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Total to be completed | Number Completed | Comments |
| Stage SpecificWBAs |  |  |  |
| ST4-7WBAs |  |  |  |
| MSF | 1 |  |  |

# Significant Incidents and complaints in the past 6 months/year

Please list in date order any adverse incidents you have been involved with or reported or any written complaints against you, with a brief summary on what you learned from each of them. If none, please enter “none”.

Each event should have an associated written reflection available on your e-portfolio.

Trainees should expect these events to be discussed at the ARCP.

|  |  |  |
| --- | --- | --- |
| 1st Placement | Dates | Brief description of Event & Comments |
| Significant incidents |  |  |
| Complaints |  |  |
| Other |  |  |

|  |  |  |
| --- | --- | --- |
| 2nd Placement | Dates | Brief description of Event & Comments |
| Significant incidents |  |  |
| Complaints |  |  |
| Other |  |  |

**Cumulative Surgical Experience as a Specialist Trainee**

Surgical Log book should be reviewed by Educational Supervisor to validate progress over the previous 6-12 months

For ST1, if you are still not performing complete phaco, list the number of cases where you have completed a specific step of the procedure, e.g. capsulorrhexis 2, irrigation & aspiration 6, lens insertion 8 etc

A = Assisted in the operation

PS = Performed under direct supervision of someone more senior

P = Performed yourself

SJ = Supervised a junior

TX = Total P and PS

**Names and Initials of Current Trainers:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training committee suggested** | **Total****Done** |  | **Total as** **Trainee** | **Total prior to entering OST** | **ST1 /****FTSTA** | **ST2****(1st)** | **ST2****(2nd)** | **ST3****(1st)** | **ST3****(2nd)** | **ST4****(1st)** | **ST4****(2nd)** | **ST5****(1st)** | **ST5****(2nd)** | **ST6****(1st)** | **ST6****(2nd)** | **ST7****(1st)** | **ST7****(2nd)** |
|  | **Training Unit** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Surgical Trainer(s) Initials Only** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cataract surgery  | **350 TX** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PC Rupture No (%)% Take over required  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Strabismus | **20 TX** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oculoplastic & lacrimal (excluding ptosis) | **40 TX** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ptosis **(Assisted)** | **3** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Procedures for glaucoma (including laser) | **30 TX** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Corneal Grafts **(Assisted)** | **6** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Retinal detachment and VR **(Assisted)** | **20** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laser to retina | **40 TX** |  | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SJ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Level of supervision for cataract surgery |
| Is the supervisor: X all that apply | Scrubbed  |  |
| at microscope  |  |
| watching monitor  |  |
| in your theatre  |  |
| next door  |  |
| in the building  |  |
| unsupervised  |  |
| Any further comments about your surgical training |  |

**Audit**

List your audit experience since your last ARCP. Please briefly summarise the degree of your involvement, the main practice changing points and whether you have closed the audit loop in each case.

A copy of the audit should be available on e-portfolio. ST7 must have a copy of personal cataract audit.

If there are none, please write “none” and discuss this with your ES who should comment in the ES free text section.

|  |  |  |
| --- | --- | --- |
| **Audit** title & authors | Personal involvementRecommendations / cycle | Date completed |
| *Cumulative total =* |
|  |  |  |
|  |  |  |
|  |  |  |

**Research**

Please compete the numeric accumulative table and list your research experience since your last ARCP

|  |
| --- |
| **Cumulative Total of Publications** (ever) |
| Full articles | Case reports | Letters | Chapters | Books | Otherseg: reviews | Total |
|  |  |  |  |  |  |  |

This year:

|  |  |  |
| --- | --- | --- |
| **Publications** | Titles & authors | Date |
| Published*number:* |  |  |
| Accepted*number:* |  |  |
| Submitted*number:* |  |  |

|  |
| --- |
| **Cumulative Total of Presentations/Posters** (ever) |
| International | National | Regional | Local | Total |
|  |  |  |  |  |

This year:

|  |  |  |
| --- | --- | --- |
| **Presentations or Posters** | Titles & authors | Date |
| International*number:* |  |  |
| National*number:* |  |  |
| Regional / Local*number:* |  |  |

|  |
| --- |
| **Other Research not mentioned above**Please summarise the current status of your research projects and the degree of your involvement in each project, in no more than 4 lines per project. If there are none, please write “none” and discuss this with your ES who should make some comment in the ES free text. |
|  |

|  |
| --- |
| **Other Teaching not mentioned above** List your teaching experience (not presentations) in date order describing your involvement of each formal event in no more than four lines. Please include a summary of any formal feedback given to you. If there are none, please write “none” and discuss this with your ES who should make some comment in the ES free text.  |
|  |

|  |
| --- |
| **Other Organisation / Management / Teamwork not mentioned above**List your experience and/or training in management. Have you undertaken any administrative duties?Please summarise the advantages to you as you see them in no more than 4 lines per event. If there are none, please write “none” and discuss this with your ES who should make some comment in his/her free text. All senior trainees (ST5+) are expected to have some managerial experience/training.  |
|  |

|  |
| --- |
| **Other Roles / Responsibilities / Projects / Achievements not mentioned above**You may use this section as you see fit, e.g. “thank you” letters or letters of commendation, regional or national duties, achievements outside work, etc |
|  |

|  |
| --- |
| **Trainee Comments on Experience in 1st Placement**Please state whether:  |
| The post met your expectations and requirements |  |
| You had adequate educational and clinical supervision |  |
| You experienced any difficulties completing WpBAs |  |
| You gained sufficient subspeciality experience |  |
| You think you need another placement in this speciality? |  |
| Further comments on placement |  |

|  |  |
| --- | --- |
|  Educational Supervisor Report **Section B1 (to be completed by ES)****It is now MANDATORY to comment on trainee curriculum coverage, skills and clinical progress, with feedback to help the trainee formulate their next Personal Development Plan.** Please answer **ALL THE QUESTIONS** below and then add free text as you see fit. You are expected to comment on any omissions or problems declared by the trainee. Positive comments are always appreciated, especially if supported with evidence. All adverse comments MUST be supported by evidence. Failure to do this is highly likely to lead to an outcome 5. | DeleteYes or No as appropriate  |
| **Check list of resources to be verified in e-portfolio**Delete the examples provided and add the correct resource title

|  |  |  |
| --- | --- | --- |
| **Resource** | **Labelled (yearmonthday)**ES not expected to list all resources here. Instead the info below is guidance to help find the appropriate resources in e-portfolio. | **Insert X to confirm verified evidence** |
| Workplace Based assessments | Approved assessors, all elements completed, No “bunching” |  |
| Case Based Discussions | ST6 & 7 majority by consultantOne per month approx |  |
| Multi-source feedback | One per year unless issues identified in which case a second MSF may be undertaken within the same year to see if issues have resolved or remain |  |
| 2 Clinical Supervisor Reports per placement | CS120326 |  |
| Feedback (Discussion) form from your last ARCP panel | ARCP120326discussion |  |
| Eyelogbook |  |  |
| Personal Development Plan |  |  |
| Letters re exam progress (pass or fail) | Exam120326Part1fail |  |
| Reflection on Serious Incidents and Complaints  | Seriousincident120326 Complaint120326 |  |
| Summary of **audits and publication** abstracts | Audit120326xtitlexx Paper120326xxxxxx Poster120326xxxxxxx xxxxxx is an abbreviation of the title and the date when the paper or poster was accepted for publication/display |  |
| Thank you letters | Thanks120326 |  |

 |
| **WpBAs**This section is to provide the ARCP panel with evidence on the **quality of trainee progress in this area.****All** WpBAs should be checked individually, to confirm appropriate trainee and assessor involvement in the process.Use the comments section to paint a picture of trainee involvement, clinical performance, use of reflective learning associated with WpBAs, etc. Please comment on any adverse comments raised by the trainee in relation to WpBAs. Direct the panel to individual assessments for evidence to support comments raised. |
| Are **ALL** the WpBAs completed appropriately and fully?  | Yes No |
| Are the assessors suitable (majority consultants)? Is there an appropriate breadth and depth of knowledge tested? | Yes No |
| Make a judgment of the level of difficulty of the cases seen (if they are all very superficial and it is difficult to judge your trainee’s competency, it is worth noting this in your comments at the end).Are there any issues raised or areas requiring further development? | Yes No |
| Comments |  |
| Has the MSF been reviewed by both trainee and ES?   | Yes No |
| Has advice been given on any issues identified? Expand further if necessary, to allow the panel to decide on comments made | Yes No |
| Please verify that the following local evidence is correct as stated in Section A |  |
| Leave dates listed correct | Yes No |
| All significant clinical events listed Comment/expand on events and trainee response to each event in the revalidation section to enable the ARCP panel to judge event/complaint in context | Yes No |
| **Revalidation Related Questions**Are you aware if this trainee has been involved in any conduct, capability, Serious Incident or Significant Event Investigation or named in any complaint? |  Yes No |
| If so, are you aware if this or these have been resolved satisfactorily, with no unresolved concerns about this trainee’s fitness to practice or conduct? | Yes No |
| Comments if anyES Signature ............................ |  |
| Has the trainee reflected appropriately on any adverse events or complaints encountered?If not, what else needs to be completed to learn from these events? | Yes No |
| Are there any omissions or obvious gaps in training in this placement? Please explain how these omissions occurred to help the ARCP decide the outcome for this trainee.If there are mitigating or explanatory information that will help the panel reach the proper decision, then please expand here. | Yes No |
| Is this trainee making appropriate progress for this stage of training? If not, please specify the areas where the trainee has not progressed. | Yes No |
| Have any issues with clinical skills been identified?  | Yes No |
| Have any issues with surgical skills been identified? Please specifically mention cataract surgery.  | Yes No |
| Does the trainee have any issues concerning relationships with staff and colleagues? | Yes No |
| Are there any issues regarding communication or reliability with this trainee? | Yes No |
| **The final decision on whether to grant an outcome 1 and allow this trainee to progress to the next stage rests with the ARCP panel.** However, the panel would value you opinion.Having canvassed the trainee's clinical supervisors and reviewed the e-portfolio, do you believe this trainee has reached a level of professional maturity to pass on to the next stage of training?If not, please explain why. | Yes No |
| **To be completed for Trainees Applying for Final ARCP****The final decision on whether to grant an outcome 6 and allow this trainee to move forward for CCT rests with the ARCP panel.** However, the panel would value you opinion.Having canvassed the trainee's clinical supervisors and reviewed the e-portfolio, do you believe this trainee has reached a level of professional maturity to be considered for outcome 6 and CCT? | Yes No |
| Are there any outstanding issues not mentioned above that the ARCP panel should consider before awarding an outcome 6 and this trainee going forward for CCT?Please qualify your opinion. | Yes No |
| **Free Text Comments**Please comment on areas of good practice or where achievement is particularly high not covered aboveHighlight areas that may be unsatisfactory or require improvement in future placementsVerbatim comments from the clinical supervisors may be added here. Please include suggestions for the trainee’s future development. |  |
| Please confirm that the possible outcome decided by the ARCP panel has been discussed with the trainee. If no, please comment why not.Where an adverse outcome is a possibility please alert the head of school before the ARCP | Yes No |

|  |
| --- |
| **Trainee Comments**Trainees should complete this section if they have anything further to add. Any disagreement with comments made or issues raised should be highlighted by the trainee in this section. |
|  |

**Educational Supervisor 1 Statement**

I confirm that I have

* canvassed opinion from this trainee’s trainers and that I am satisfied that the information given in this report is an accurate description/summary of this trainee’s learning portfolio and their activities in this placement
* discussed this report including the free text comments with the trainee

This report covers the time period from to

**Signed:**

Trainee: ………………………………..…..……….…… Date: ……………

Supervisor: ………..……….……..… Name: ……………….. Date: ……………

|  |  |
| --- | --- |
|  Educational Supervisor Report **Section B2 (to be completed by ES)****It is now MANDATORY to comment on trainee curriculum coverage, skills and clinical progress, with feedback to help the trainee formulate their next Personal Development Plan.** Please answer **ALL THE QUESTIONS** below and then add free text as you see fit. You are expected to comment on any omissions or problems declared by the trainee. Positive comments are always appreciated, especially if supported with evidence. All adverse comments MUST be supported by evidence. Failure to do this is highly likely to lead to an outcome 5. | DeleteYes or No as appropriate  |
| **Check list of resources to be verified in e-portfolio**Delete the examples provided and add the correct resource title

|  |  |  |
| --- | --- | --- |
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| Eyelogbook |  |  |
| Personal Development Plan |  |  |
| Letters re exam progress (pass or fail) | Exam120326Part1fail |  |
| Reflection on Serious Incidents and Complaints  | Seriousincident120326 Complaint120326 |  |
| Summary of **audits and publication** abstracts | Audit120326xtitlexx Paper120326xxxxxx Poster120326xxxxxxx xxxxxx is an abbreviation of the title and the date when the paper or poster was accepted for publication/display |  |
| Thank you letters | Thanks120326 |  |

 |
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| Are the assessors suitable (majority consultants)? Is there an appropriate breadth and depth of knowledge tested? | Yes No |
| Make a judgment of the level of difficulty of the cases seen (if they are all very superficial and it is difficult to judge your trainee’s competency, it is worth noting this in your comments at the end).Are there any issues raised or areas requiring further development? | Yes No |
| Comments |  |
| Has the MSF been reviewed by both trainee and ES?   | Yes No |
| Has advice been given on any issues identified? Expand further if necessary, to allow the panel to decide on comments made | Yes No |
| Please verify that the following local evidence is correct as stated in Section A |  |
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| All significant clinical events listed Comment/expand on events and trainee response to each event in the revalidation section to enable the ARCP panel to judge event/complaint in context | Yes No |
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| If so, are you aware if this or these have been resolved satisfactorily, with no unresolved concerns about this trainee’s fitness to practice or conduct? | Yes No |
| Comments if anyES Signature ............................ |  |
| Has the trainee reflected appropriately on any adverse events or complaints encountered?If not, what else needs to be completed to learn from these events? | Yes No |
| Are there any omissions or obvious gaps in training in this placement? Please explain how these omissions occurred to help the ARCP decide the outcome for this trainee.If there are mitigating or explanatory information that will help the panel reach the proper decision, then please expand here. | Yes No |
| Is this trainee making appropriate progress for this stage of training? If not, please specify the areas where the trainee has not progressed. | Yes No |
| Have any issues with clinical skills been identified?  | Yes No |
| Have any issues with surgical skills been identified? Please specifically mention cataract surgery.  | Yes No |
| Does the trainee have any issues concerning relationships with staff and colleagues? | Yes No |
| Are there any issues regarding communication or reliability with this trainee? | Yes No |
| **The final decision on whether to grant an outcome 1 and allow this trainee to progress to the next stage rests with the ARCP panel.** However, the panel would value you opinion.Having canvassed the trainee's clinical supervisors and reviewed the e-portfolio, do you believe this trainee has reached a level of professional maturity to pass on to the next stage of training?If not, please explain why. | Yes No |
| **To be completed for Trainees Applying for Final ARCP****The final decision on whether to grant an outcome 6 and allow this trainee to move forward for CCT rests with the ARCP panel.** However, the panel would value you opinion.Having canvassed the trainee's clinical supervisors and reviewed the e-portfolio, do you believe this trainee has reached a level of professional maturity to be considered for outcome 6 and CCT? | Yes No |
| Are there any outstanding issues not mentioned above that the ARCP panel should consider before awarding an outcome 6 and this trainee going forward for CCT?Please qualify your opinion. | Yes No |
| **Free Text Comments**Please comment on areas of good practice or where achievement is particularly high not covered aboveHighlight areas that may be unsatisfactory or require improvement in future placementsVerbatim comments from the clinical supervisors may be added here. Please include suggestions for the trainee’s future development. |  |
| Please confirm that the possible outcome decided by the ARCP panel has been discussed with the trainee. If no, please comment why not.Where an adverse outcome is a possibility please alert the head of school before the ARCP | Yes No |

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| **Trainee Comments**Trainees should complete this section if they have anything further to add. Any disagreement with comments made or issues raised should be highlighted by the trainee in this section. |
|  |

**Educational Supervisor 1 Statement**

I confirm that I have

* canvassed opinion from this trainee’s trainers and that I am satisfied that the information given in this report is an accurate description/summary of this trainee’s learning portfolio and their activities in this placement
* discussed this report including the free text comments with the trainee

This report covers the time period from to

**Signed:**

Trainee: ………………………………..…..……….…… Date: ……………

Supervisor: ………..……….……..… Name: ……………….. Date: ……………