**Name** …………………………………………………………………………………………………………………………

**ST** ………. **at Location** ………………………………

Full time or LLFT (CCT calculator add as additional evidence)

**CCT Date**…………………………………………………..

**ES** ………………………………………………………………………………………………………………………………

**Last ARCP and reason for this one** …………………………………………………………………………….

**Period being assessed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | requirement |  | | comment | |
| Absences | Recorded in ePortfolio – state number |  | |  | |
| Curriculum progress | Component | Trainee | | Trainer | |
|  | **Non clinical CiP** |
|  | Generic and non-clinical specialty Cip | self-assessment | | global assessment | |
| Evidence in each Cip each year |  | |  | |
| Evidence of each skill to be met by way points |  | |  | |
|  | **Clinical Cip** | Minimum needed for progression | Evidence in each Cip | | Each key skill to be signed by ST5 |
| Clinical CiP | Clinical emergencies in Gynaecology | level 3  level 3  level 2  level 2 |  | |  |
| Clinical CiP | Emergencies in Obstetrics |  | |  |
| Clinical CiP | Non –emergency Gynaecology and early pregnancy |  | |  |
| Clinical CiP | Non- emergency Obstetrics |  | |  |
| MRCOG | Part 1 – date passed |  | |  | |
| USS progress | On course to complete basic modules by end of ST3? |  | |  | |
| Summative Competent OSATS: |  | Number | | More than one assessor | |
| 3 | Manual removal of placenta |  | |  | |
| 3 | Trans abdominal USS of early pregnancy |  | |  | |
| 3 | Trans abdominal USS of late pregnancy |  | |  | |
| 3 | Check completion OSATS for 2019 curriculum\*   1. Endometrial biopsy 2. IUS insertion |  | |  | |
| Formative Osats | Evidence in portfolio |  | |  | |
| Mini CEx | Evidence in portfolio |  | |  | |
| CBD | Evidence in portfolio |  | |  | |
| Ref Prac | Evidence in portfolio |  | |  | |
| NOTSS | Evidence in portfolio |  | |  | |
| Teaching attendance | Regional - 60%? |  | | Yes / no | |
| TEF | NOT APPLICABLE THIS YEAR |  | |  | |
| Courses | Obstetric simulation –robust or equivalent |  | |  | |
| TO2 – 2 needed | No. / no. in each category |  | |  | |
| TEF | Completed? |  | |  | |
| Form R: | Exception report? |  | |  | |
| If yes | Trainee aware?, reflective practice ? |  | |  | |

**Checklist for ES**

* If trainee LTFT – ensure he/ she attaches CCT calculator to the ESR
* The following evidence needs to be attached in the other section of the ESR Other section.

1. OSats for ARCP progression evidences linked from Old eportfolio
2. Mandatory course for the year evidence
3. Teaching attendance in other evidence

* Evidence of any outstanding OSATS from previous training year as per the training matrix\*

**Outcome** ……

**Next review date**………………

**Next rotation**………………..

**Comments / queries for afternoon meeting**: