**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 3level 3level 2level 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 | Intermediate modules ? |  |  |
| Summative Competent OSATS: |  | Number  | More than one assessor  |
| 3 | Hysteroscopy |  |  |
| 3 | Diagnostic laparoscopy |  |  |
| 3 | Third degree perineal tear  |  |  |
| 3 | Surgical management of retained products ( obstetrics)**\*** |  |  |
| 3 | Vulval biopsy **\*** |  |  |
| 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 |  |  |  |
| TO2 – 1 or 2 based on issues | No. / no. in each category |  |  |
| 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**:

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

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

Full time or LLFT

**CCT Date**………………………………………………….. (CCT calculator add as additional evidence)

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

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

**Period being assessed**

|  |  |  |  |
| --- | --- | --- | --- |
|  | requirement |  | comment |
| Absences | Recorded in ePortfolio – state number |  |  |
| Curriculum progress  | Component  | Trainee  | Trainer  |
|  | Generic and non-clinical specialty Cip  | self-assessment | global assessment |
| Clinical CiP | Clinical emergencies in Gynaecology  | Need evidence of progress as per Cip Guides  |
| Clinical CiP | Emergencies in Obstetrics  |
| Clinical CiP | Non –emergency Gynaecology and early pregnancy  |
| Clinical CiP | Non- emergency Obstetrics  |
| MRCOG | Part 1 – date passed / part -2 plans  |  |  |
| USS progress |  |  |  |
| Summative Competent OSATS: |  | Number  | More than one assessor  |
| 3 | Hysteroscopy |  |  |
| 3 | Diagnostic laparoscopy |  |  |
| 3 | Third degree perineal tear  |  |  |
| 3 | Surgical management of retained products |  |  |
| 1 Osat  | Vulval Biopsy  |  |  |
| 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 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TO2 – 2 needed | No. / no. in each category |  |  |
| TEF | Completed? |  |  |
| Form R: | Exception report? |  |  |
| If yes | Trainee aware?, reflective practice ? |  |  |

Outcome …… Next review date……………… Next rotation………………..

Comments / queries for afternoon meeting: (PLEASE ADD COMMENTS ON REVERSE)