**Annual Review Form – Ophthalmic Local Training (OLT)**

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| --- | --- | --- |
| Doctor’s forename: | Doctor’s surname: | GMC No.: |
| Date of Review: | Unit/region: |
| **List all Review Panel members** | 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| Period covered from: | Period covered to: |

|  |
| --- |
| **Absences since last review/commencing programme – no. of days:** |
| Equivalent ophthalmic grade being assessed (Please tick)ST1 🞎 ST2 🞎 ST3 🞎 ST4 🞎 ST5 🞎 ST6 🞎 ST7 🞎  | Curriculum Level being assessed (Please tick)Level 1 🞎 Level 2 🞎 Level 3 🞎 Level 4 🞎 |
| **Approved clinical training gained during the period to be reviewed** |
| Placement/post | From: | To: | FT / PT as % FT | Comments |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **Documentation considered and known to the doctor** |
| 1.  | 🞎 | 2. | 🞎 |
| 3. | 🞎 | 4. | 🞎 |
| **Recommended outcomes from Review Panel***(please tick relevant choice)* |
| ***Satisfactory Progress*** |  |
| Achieving progress and capabilities at the expected rate |  🞎  |
| ***Unsatisfactory progress. Reasons must be documented in full and the panel must meet with the doctor.***  |  |
| Development of specific capabilities required  |  🞎  |
| Inadequate progress by the doctor  |  🞎  |
| Released from local programme  |  🞎  |
| ***Insufficient evidence***  |  |
| Incomplete evidence presented |  🞎 |
| ***Recommendation for completion of local programme***  |  |
| Gained all required capabilities  |  🞎 |
| Grade/Curriculum Level at next rotation:ST1 🞎 ST2 🞎 ST3 🞎 ST4 🞎 ST5 🞎 ST6 🞎 ST7 🞎 N/A 🞎 Level 1 🞎 Level 2 🞎 Level 3 🞎 Level 4 🞎 N/A 🞎 |

|  |  |  |
| --- | --- | --- |
| **Doctor’s Name:** | **GMC No:** |  |
| **Detailed reasons for recommended outcome:** |
| 1. |
| 2. |
| 3. |
| 4. |
| **Discussion with doctor** |
| **Mitigating circumstances** |
| **Competences which need to be developed** |
| **Recommended actions** |
| **Revalidation information:**  |
| **Are there any current known unresolved causes of concerns?** | Yes: 🞎 | No: 🞎 |
| Please provide summary if concerns are noted above: |
| ***Date of next Review:*** |  |  |  |
| ***Chair of Panel signature:*** |  | ***Date:*** |  |
| ***Doctor’s signature:*** |  | ***Date:*** |  |
| Where concerns are raised, a copy must also be sent for information to the Director of Medical Education where the doctor works and to support revalidation processes. By signing the form, the doctor is indicating that they understand the recommendations arising from the review. They also understand and agree that the information will be shared with other parties. The trainee signature on the form indicates that they understand.  |

**Supplementary information**

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|  | **Reason for unsatisfactory outcomes** | **Explanatory Notes** |
| 🞎 | Record Keeping and Evidence | Doctor failed to satisfactorily maintain their ePortfolio in line with the curriculum requirements. |
| 🞎 | Inadequate Experience | Placement/post did not provide the appropriate experience to satisfy the curriculum requirements in order to progress.  |
| 🞎 | No Engagement with Supervisor | Doctor failed to engage with the assigned Educational Supervisor.  |
| 🞎 | Single Exam Failure | Doctor failed to satisfy the examination requirements to progress to the next stage. |
| 🞎 | Continual Exam Failure | Doctor failed to pass an examination within the allowable number of examination attempts and is therefore unable to progress further with the local programme. |
| 🞎 | Other reason(please specify) |  |