

ANNUAL REVIEW OF COMPETENCE PROGRESSION PANEL A PROFORMA - REVIEW OF EVIDENCE

PANEL DETAILS				
Date:		Deanery Admin:		
TRAINEE DETAILS				
Trainee:		Training Number:		
Specialty:		Training Grade:		
CCT Date:		LTFT? (Yes / No)		
CESR or CCT (Check Form R)		IF CESR please inform the relevant SSM		
MANDATORY PAPERWORK		Yes	No	
Educational Supervisor's Report Post 1				
Educational Supervisor's Report Post 2				
Educational Supervisor's Report Post 3				
Evidence of Completion of GMC Survey				
Report on Academic Progress (Academic trainees)				
Report from Research Supervisor (OOPR trainees)				
REVALIDATION PAPERWORK		No Concerns	Concerns	
Enhanced Form R				
Revalidation Confirmation from ESSR				
LEO & Host Trust Exit Reports				
CCT DATE		Yes (give date)	No	
Does CCT date need to change due to absence from training?				
CLINICAL & EDUCATIONAL SUPERVISOR COURSE - OUTCOME 6 ONLY			Passed	
PGCert in Workplace Based Postgraduate Medical Education - Module 1				
PGCert in Workplace Based Postgraduate Medical Education - Module 2				
SPECIALTY SPECIFIC PAPERWORK		Satisfactory	Unsatisfactory	Not Present
Audit				
Courses Attended				
External Conferences & Meetings				
Internal Meetings				
Patient Feedback				
Presentations & Posters				
Projects				
Publications				
Research				
Teaching (Given, not attended)				
Timetable				
Management Experience				
Reflective Learning				
Updated CV				
Teaching Attendance (Minimum 70%)				
WPBAs REVIEWED				
WPBA	Minimum	Number	Satisfactory (If not state why)	
CBD	10			
CEX	10			
DOPs/PBAs	40			
MSF	1			
Were 50% of WPBAs completed with an AES/other consultants?		YES	NO	
Were WPBAs carried out in a variety of settings?		YES	NO	

Examination Details	Date Due to Sit	Attempt	Date Passed					
MRCS Part A*								
MRCS Part B*								
DOHNS Part A* (ENT only)								
DOHNS Part B* (ENT only)								
FRCS**								
*MRCS Part A & B must be completed for entry to ST3 / Part A MRCS and DOHNS Part B must be completed for ENT entry to ST3.								
**Essential for STs applying for CCT in the following specialties: General Surgery, Neurosurgery, Oral & Maxillo-facial Surgery, Plastic Surgery and Trauma & Orthopaedic Surgery.								
Logbook / indicative numbers								
Any other evidence seen but not documented above								
Feedback to Educational Supervisor on how to improve quality of Training Report (where applicable)								
If leaving the training programme (outcome 6), what are the trainee's future plans?								
Outcome:	1	2	3	4	5	6	8	9
	7.1	7.2	7.3	7.4	Educational Review		Deferred	
PLEASE NOTE: For outcomes 2, 3, 4, 7.2 & 7.3 the evidence for this outcome must be clearly documented below and must match the detail on the Supplementary Form.								
Reasons for referral to Panel B								
Follow-up actions								