

Education and Training Department

Checklist/process form for CCT applications (OST)



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

TRAINEE DETAILS	
Name	
Membership number	
Deanery	
CCT date	
PROCESSING	
Date application arrived	
Date checked and by whom	
Date sent to Sub-committee/Deadline given <i>(if applicable)</i>	
Sub-committee member	
Outcome? <i>(recommend/needs further clarification/refer to full committee)</i>	
Date decision sent to trainee	
Date recommendation sent to GMC	
Training Committee / Council date <i>(for information only)</i>	
DOCUMENTATION RECEIVED/IN E-PORTFOLIO	
CCT application form <i>(signed by Dean and trainee) (print copy for file)</i>	
Logbook <i>(organised by subspecialty)</i>	
Cumulative data sheet <i>(print copy for file)</i>	
ESR <i>(signed by ES)</i>	
CSR minimum x2 <i>(signed by CS)</i>	
TSC report <i>(if applicable)</i>	
Cataract audit <i>(presented as paper and accompanied by raw data)</i>	
ARCP6 form	
Fee? <i>(non-members only) check subs are paid</i>	

Cont'd...

FURTHER DETAILS

Passed Part 2 FRCOphth? <i>(check letter is in file)</i>	
Time in training	
All ARCPs on e-portfolio? <i>(list gaps)</i>	
All ARCP forms fully completed?	
Completed WpBA requirements?	
TSC approved? <i>(if applicable)</i>	

COMMENTS AND ADDITIONAL ACTIONS

Date	
Date	
Date	
Date	
Date	
Date	
Date	
Date	
Date	