**Education, Training and Events Department**

Out of Programme Report

Trainees are expected to produce a report at the end of their OOPT/R period to inform future approval decisions by the RCOphth.

|  |  |
| --- | --- |
| Trainee’s name |  |
| HEE local office/Deanery |  |
| GMC number |  |

# OOPT/R Details

|  |  |
| --- | --- |
| Name of post/project |  |
| Name of Hospital/University |  |
| Educational Lead |  |
| Special Interest |  |
| Dates of placement |  |
| Time counting towards CCT (e.g. 6 months) |  |

# Timetable

*Please provide your weekly timetable listing all sessions, other trainees who shared each session with you (with year of training) and the consultant supervisor for each session.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| *Activity A.M.* |  |  |  |  |  |
| *Other staff present* |  |  |  |  |  |
| *Consultant Supervisor* |  |  |  |  |  |
| *Activity P.M.* |  |  |  |  |  |
| *Other staff present* |  |  |  |  |  |
| *Consultant supervisor* |  |  |  |  |  |

|  |
| --- |
| What personal goals did you hope to achieve in this post  *This information may have been documented to some degree at your first appraisal but, more importantly, feel free to add your personal aspirations for the post.* |
|  |

# Trainee Achievements while in Post

Surgical Experience

*Please provide a list of surgical, laser and relevant outpatient procedures you undertook including the numbers of each procedure.*

*PS = Performed under direct supervision of someone more senior*

*P = Performed yourself*

*SJ = Supervised a junior*

*A = Assisted in the operation*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surgical and Laser Log | Prior Exp | Total  Performed personally in Post | P | PS | SJ | A |
| Cataract surgery |  |  |  |  |  |  |
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| --- | --- | --- |
| Study leave/courses attended  (title, venue) | Dates | Value (1=poor, 2=fair  3=good, 4= very good) |
| Regional post grad study afternoons  Number attended: |  |  |
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| Teaching undertaken |
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| --- |
| Audit Experience  *Please list title, co-authors, personal role, outcome and recommendations* |
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|  |

# Academic Progress

*Please list any projects undertaken, presentations or publications in progress, submitted or published while in post*

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| --- |
| Research Projects undertaken |
|  |

|  |  |  |
| --- | --- | --- |
| Presentations | Titles & authors | Date |
| International  *number:* |  |  |
| National  *number:* |  |  |
| Regional / Local  *number:* |  |  |

|  |  |  |
| --- | --- | --- |
| Publications | Titles & authors | Date |
| Published  *number:* |  |  |
| Accepted  *number:* |  |  |
| Submitted  *number:* |  |  |
| In progress  *number:* |  |  |

|  |
| --- |
| Other Roles / Responsibilities / Projects / Achievements not mentioned above |
|  |

|  |
| --- |
| Personal Views on the Programme and Experience *What was particularly good about this post* |
|  |

|  |
| --- |
| Recommendations to Improve the Training Experience |
|  |

Signed:

Trainee’s name: Date:

|  |  |
| --- | --- |
| Name of TPD |  |
| Signature |  |
| Comments/actions |  |

**Please send this report to the RCOphth once completed and signed.**

**For internal purposes only**

|  |  |
| --- | --- |
| Type of OOP |  |
| Dare form received |  |
| Trainee’s name |  |