

CAPA FORM A: Name of ST 1 – ST3 Surgical Trainee:

1. TIMETABLE: Please fill in the details of your timetable and in-house teaching:

Monday	Tuesday	Wednesday	Thursday	Friday
<i>In-house teaching Time:</i>				
<i>Consultant:</i>	<i>Consultant:</i>	<i>Consultant:</i>	<i>Consultant:</i>	<i>Consultant:</i>
<i>AM</i>				
<i>PM</i>				
			<i>NPGT</i>	

CAPA ASSESSOR: : COMPLIANT : YES _____ NO _____

2. NUMBER OF PROCEDURES

Please insert no. of procedures performed in each category. M=modular C= complete.

Category	Procedure	Yr 1a	Yr 1b	Yr 2a	Yr 2b	Yr 3a	Yr 3b	Total
Minor Sx	I & C of Meibomian cyst							
	Removal of papillomas, cysts,etc.							
	*Entropion/Ectropion	M= C=	M= C=					
	Temporal artery biopsy							
Strabismus	Horizontal muscle procedure							
Cataract	*Phaco-emulsification	M= C=	M= C=					
Lacrimal	Lacrimal syringing/probing							
	Punctal surgery							
Trauma	Lid and facial lacerations							
	Corneoscleral / scleral repair							
Laser	YAG Capsulotomy							
	YAG Iridotomy							
	Pan-retinal photocoagulation	M= C=	M= C=					
	Focal treatment							
	Laser to retinal tear							
Injections	Intravitreal							
Refractions**	Adult = A, Paediatric = P							

CAPA ASSESSOR: : MEETS MINIMUM CRITERIA: YES _____ NO _____