

CAPA FORM A: Name of MT4 – MT5 Trainee: _____

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

Monday	Tuesday	Wednesday	Thursday	Friday
<i>In-house teaching Time:</i>	<i>In-house teaching Time:</i>	<i>In-house teaching Time:</i>	<i>In-house teaching Time:</i>	<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	Yr 4a	Yr 4b	Yr 5a	Yr 5b	Total
Minor Sx	I & C of Meibomian cyst											
	Removal of papillomas, cysts, etc.											
	Ectropion	M= C=	M= C=									
Lacrimal	Lacrimal syringing/probing											
	Punctal surgery / plugs / occlusion											
Laser	YAG Capsulotomy											
	YAG Iridotomy											
	Pan-retinal photocoagulation	M= C=										
	Focal treatment											
	Laser to retinal tear											
Injections	Peribulbar											
	Subtenons											
	Intravitreal											
Refractions	Adult											
	Paediatric											

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