

OCCCF Portfolio Guidance

*Ophthalmic Common Clinical Competency Framework
Hosted by The Royal College of Ophthalmologists*

OCCCF PORTFOLIO GUIDANCE

To inform Learners and Trainers accessing the OCCCF Portfolio

OCCCF Portfolio

The Portfolio is Training Record of Learners for the Ophthalmic Common Clinical Competency Framework (OCCCF). It documents evidence of their progress through the OCCCF Training Programme and their acquisition of competence.

The OCCCF Portfolio contains 20 sections comprising **Forms A-H** to be completed for/with/by their trainers, and various **indexes** or **checklists** for collating the supporting evidence. The sections are organised with the higher-level forms overviewing training towards the front, and the more detailed evidence and specific assessments further back.

Section	Form	Topic	Contents – examples of evidence
1		Index	Guidelines –portfolio, programme, learners
2	A	Enrolment and Demographics	<i>1 for each new area/level</i>
3	B	End of Level Assessment	<i>By OCCCF Lead</i>
4	C	Training Summary	<i>6 monthly</i>
5	D	Educational Supervisor Reports (ESR)	<i>2 / year</i>
6	E	Clinical Supervisor Reports (CSR)	<i>Every CS 6mly: 1+ sessions for >2months</i>
7	F	Multisource Feedback (MSF), Reflection	<i>1 / year</i>
8	G	Personal Development Plan (PDP)	<i>1 / year</i>
9	H	High Level Outcomes	<i>1</i>
10		Clinical	Certificates – Safeguard, BLS/ILS/ALS, etc Thank yous, Complaints, Incidents, SUIs
11		Audit, Governance & Quality Improvement	Audits – biometry, learner-selected Projects
12		Management & Leadership	Projects Reflections
13		Teaching & Leadership	Aims & Objectives, Presentation, Evaluation, Reflections
14		Research & Leadership	Article – reflection, criticism or discussion Presentation of own research Publication of own research
15		Continuing Professional Development (CPD)	Events attended - certificate, programme Reflections, evaluations
16		WBAs - Domains 1&2	<i>In order of the domains & outcomes</i>
17		WBAs – Domains 3-9 Cataract	<i>In order of the domains & outcomes</i>
18		WBAs – Domains 3-9: Glaucoma	<i>In order of the domains & outcomes</i>
19		WBAs – Domains 3-9: Medical Retina	<i>In order of the domains & outcomes</i>
20		WBAs – Domains 3-9: Emergency	<i>In order of the domains & outcomes</i>



The OCCCF Portfolio is used by Learners to collate evidence of competence. It must be assessed as complete and of adequate standard prior to award of an OCCCF Certificate

OCCCF Curriculum

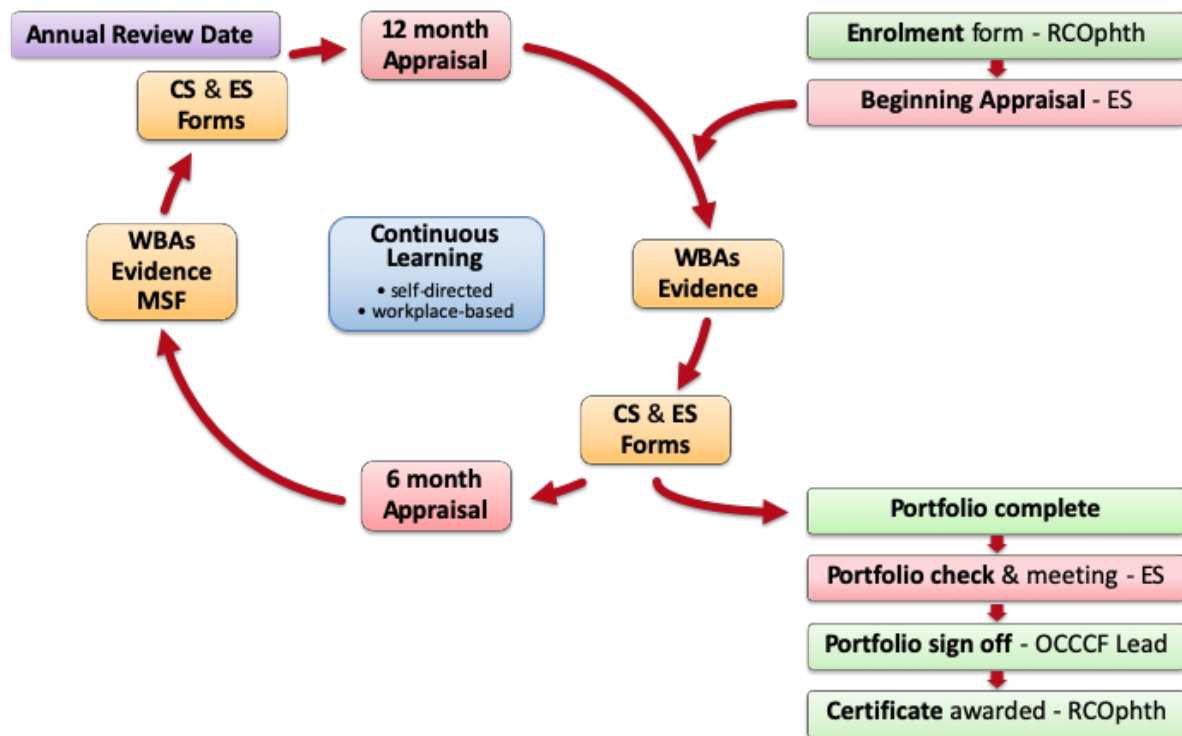
The Curriculum is hosted on the open access portion of the HEE website, with links from the websites of the individual bodies. It lists for each of the four areas:

- Learning outcomes (ie: competencies) for each Level.
- Learning resources mapped to the outcomes, listed under the headings: e-Learning for Health (E-lfh), on-line resources, other resources (eg: books).
- Accreditation of Prior Competence – listed under the headings of OCCCF and other qualifications.
- Assessment method or evidence to be used to demonstrate competence.

OCCCF Training

OCCCF Training occurs in the workplace, supplemented by self-directed learning and attendance at a variety of educational events selected by the learner.

During training assessments are performed and collated in the portfolio. At set intervals there are appraisals and the completion of supervisor reports to ensure that progress is achieved at an appropriate rate, as determined by the supervisor.



Annual Training Cycle – after enrolment, Learners continue in the Annual Training Cycle, with appraisals and assessments every 6 months, and an MSF every year, until the portfolio is complete, and can be submitted for award of an OCCCF Certificate.

CS = Clinical Supervisor, ES = Educational Supervisor, WBA = Workplace Based Assessment, MSF = Multisource Feedback Assessment

Learners' Responsibilities

The Learner is responsible for **driving their own learning**, supported by their Trusts and their Supervisors. The curriculum defines the competencies that have to be acquired and to what level, but the learner determines how they will approach acquiring these. This will depend upon their prior experience, their style of learning and the opportunities available.

On the **curriculum website**, every learning outcome (competency) has a list of resources in three categories:

- e-learning for health – accessible to any NHS worker with an nhs.net e-mail account
- on-line resources with links
- pdfs, articles, books

These can be used by Learners to support their **learning**, either in preparation for a learning event or clinical experience, or for **consolidation** afterwards. They may also be valuable for teachers and **trainers** as preparation for a learning event.

OCCCF Portfolio Guidance

However, these resources are not comprehensive, and learners should **seek** their own **resources** in addition. Valuable references can be submitted for addition to the curriculum for the benefit of future learners. Learners should actively seek **learning opportunities** by attending available teaching sessions, lectures and courses, and participating in the clinical care of a **large number** and **range** of patients.

Trusts supporting a learner should provide placements with adequate **clinical exposure** that will enable the Learner to gain experience across the curriculum they are studying. **Supervision** should be provided at an appropriate level that ensures **safe** clinical practice and **facilitates learning** from the experience. Both the Learner and their Supervisors should be allocated time for the completion of WBAs and appraisals.

It is the **Learner's responsibility** to:

- Contact the Regional or Unit OCCCF Lead to request a position on the OCCCF Training Programme
- Submit the Enrolment Form to occcf@rcophth.ac.uk, and inform them subsequently of any changes in contact or employment details
- Set up an OCCCF Portfolio consisting of an arch leaver file and 20-part numbered dividers, containing printouts of guidance, index, Forms A-H and checklists for evidence and WBAs. Some of the forms may require multiple copies (eg: Supervisor Reports, WBAs)
- Enter the OCCCF Learner Number and Enrolment Date on each form
- Update the Portfolio contemporaneously as evidence is collected
- Undertake self-directed learning following the OCCCF Curriculum, and make the most of clinical and other learning opportunities
- Request assessment of WBAs by appropriate Clinical Assessors
- Request meetings with Clinical Supervisors to complete CS Assessment Forms (Form E)
- Book meetings with the Educational Supervisor at appropriate times for appraisals, assessments (Forms C&D) and portfolio reviews
- Ensure the portfolio reaches any assessors in a timely manner, and collect it afterwards.
- Ensure the Portfolio is complete before requesting an End of Level Review by the Educational Supervisor
- Once the Educational Supervisor signs to say that the Portfolio is complete, submit it for external assessment as determined by the Regional OCCCF Lead.

Enrolment

Prior to enrolment the Learner contacts the Regional OCCCF Lead or Unit OCCCF Lead to discuss their wish to enrol on the OCCCF Programme, as it also requires a training commitment from their department.

The **Regional OCCCF Lead**, in discussion with the **Unit OCCCF Lead**, allocates the Learner an **Educational Supervisor** who oversees the educational progress of the Learner.

The **Enrolment Form** (OCCCF Portfolio Form A) is completed by the Learner and signed by the Educational Supervisor and Regional OCCCF Lead, confirming that the Learner is accepted onto the OCCCF Programme in their region. The form identifies the **Target**

OCCCF Portfolio Guidance

Certificate(s), which is/are the areas and levels for which the learner is studying. The Learner can collect evidence towards other certificates if they wish, but specific training towards those certificates will not necessarily be provided unless they are listed on the enrolment form.

The Learner sends the Enrolment Form (OCCCF Portfolio Form A) to occcf@rcophth.ac.uk, and if new to the programme, receives their unique **OCCCF Learner Number**. This and the **Enrolment Date** for the whole OCCCF Programme is recorded on every form of the Portfolio. The anniversary of the Enrolment Date each year is the **Annual Review Date**.

A **Learner** is a professional who is studying for a particular level:

eg: a Level 2 Learner is studying for Level 2, but practices at Level 1, so they are also a Level 1 Practitioner

A **Practitioner** is a professional who has achieved a particular Level:

eg: a Level 2 Practitioner practices at Level 2, but is studying for Level 3, so they are also a Level 3 Learner.

Supervision, Feedback & Assessment

Supervision of training occurs in an **annual cycle**, with the first step repeated if the Learner moves to a different Region. The Learner meets with their **Educational Supervisor** twice each year, and also when they have completed a Level:

- Beginning of Training/Attachment **Appraisal** – identifies training needs and how they will be achieved
- Mid-year Appraisal – reviews the portfolio, assesses progress and plans the next phase of training. This should happen within 6 months of enrolment or the Annual Review Date.
- End of year Appraisal – reviews the portfolio, assesses progress and plans the next phase of training. This should happen before the Annual Review Date.
- End of Level **Review** – when the Learner believes they are ready to be assessed for their Certificate, they meet the Educational Supervisor to review the portfolio.

Unless CS & ES Reports and an MSF have been performed within the last 2 months, these should be repeated prior to submission for an End of Level Assessment.

If the Educational Supervisor confirms that all the necessary requirements have been completed to an appropriate level, then the Learner can apply to the **Regional OCCCF Lead** for an End-of-Level Assessment.

Observers

Learners should receive feedback from **Observers** of all types who are able to comment on their performance. Patients may give spontaneous feedback through thank you cards or complaints. Their feedback may be requested through patient questionnaires initiated by the learner or the department. Colleagues may give spontaneous feedback, including expressions of thanks (for example for a lecture or teaching session) or other comments. Formal colleague feedback should be collected through Multi-Source Feedback (MSF), and also for specific events, such evaluation of a teaching session.

OCCCF Portfolio Guidance

Assessors

Assessors are clinicians of any profession who oversee and assess WBAs. They should be currently practicing in the appropriate clinical field at the required level. They should also be trained in the scope and standard of the particular assessment, and how to give feedback.

A significant number of assessments should be performed by:

- assessors from at least 3 of the 4 ophthalmic professions
- external assessors from outside the learner's main place of work

Clinical Supervisors

Learners will have a series of **Clinical Supervisors** (CS) who are selected for the role, appropriately trained and continue to keep up-to-date. They are responsible for overseeing the learner's clinical work on a day-to-day basis. They promote learning by providing teaching and constructive feedback during a placement. They are likely to perform many of the learner's WBAs. Clinical Supervisors should complete a CS Report if they supervise a learner for one or more sessions a week for an 8 week period or longer. This should be repeated every 6 months. The Clinical Supervisors for a particular learner should include a significant number from at least three of the four professions.

Educational Supervisors

Each learner also has a named **Educational Supervisor** (ES) who is selected for the role, appropriately trained and continues to keep up-to-date. They are responsible for the overall supervision and management of the learner's educational progress during a training placement or series of placements. They take a global interest in the learner, support their professional development and perform regular appraisals. The Educational Supervisor oversees the progress of the learner through the curriculum, the completion of the WBAs and the acquisition of the other evidence required for the portfolio.

Once the ES has confirmed that the whole portfolio is complete to the required level, the learner can submit the portfolio for an End of Level Assessment, which if passed, leads to the award of their OCCCF Certificate. Therefore the OCCCF is competency-based, not time-based.

Supervisors may be from any of the relevant professions, and are trained through **OCCCF Training the Trainers** (TTT) Programme specifically for OCCCF. This is provided by RCOphth through a blend of e-learning and face-to-face practical skills. Subsequently Supervisors may be able to further their professional development in education through other courses in Supervision delivered locally by their Trusts or Schools, or nationally by the Professional Bodies.

Unit OCCCF Leads

Each unit with OCCCF Learners has a **Unit OCCCF Lead** who may be from any of the four ophthalmic professions. They may additionally hold any of the above training roles.

The Unit OCCCF Lead is responsible for (as detailed in the job description):

- facilitating **training opportunities** for the Learners
- supporting the **trainers** within the unit

OCCCF Portfolio Guidance

Regional OCCCF Leads

Every region has a **Regional OCCCF Lead**, who is an experienced trainer from any of the four ophthalmic professions. They are a member of the **RCOphth Regional Team** which is coordinated by the Regional Educational Advisor (REA), giving them easy access to educational resources and support within the region. They may additionally hold any of the above training roles.

The Regional OCCCF Lead is responsible for (as detailed in the job description):

- agreeing to Learners joining the programme - by signing the **enrolment** form
- determining whether a Learner should be awarded an OCCCF **certificate**
- maintaining **standards** of training and assessment in the region

End of Level Assessment

The **End of Level Assessment** is performed by an **External Assessor** from a different unit, appointed by the **Regional OCCCF Lead**. This may be the Regional OCCCF Lead themselves or the Unit OCCCF Lead from an neighbouring Trust, but should not work in the same Trust as the Learner.

The **External Assessor** reviews the whole portfolio to confirm whether all the necessary evidence is complete and of adequate standard. If they identify gaps or inadequacies, these are highlighted to the Learner and their Educational Supervisor, with a recommendation of the minimum period of extra training required before resubmission with the repeated or new evidence.

The **Regional OCCCF Lead** may ask to review the portfolio themselves to check a sample of the contents for quality control and standardisation purposes.

If the portfolio is assessed as adequate, **Form B** is **signed** by the External Assessor and the Regional OCCCF Lead, who then submits it to ***occcf@rcophth.ac.uk***, recommending the Learner for the award of the **OCCCF Certificate** of the appropriate Area and Level.

Form A – Enrolment & Demographics

The Learner completes the form.

The Educational Supervisor and Regional OCCCF Lead sign the form to confirm that they accept the Learner onto the Programme

Enrolment onto the OCCCF Programme is by sending a completed Form A to ***occcf@rcophth.ac.uk***.

A copy should be kept by the Educational Supervisor and Regional OCCCF Lead.

New Form A should be completed annually, with new signatures by Learner and Educational Supervisor, showing the commitment of both to the programme.

Changes to information on Form A (eg: contact details or employer) should be notified to ***occcf@rcophth.ac.uk***, as soon as the change occurs by submitting an updated Form A.

OCCCF Portfolio Guidance

OCCCF Learner Number – unique number issued by RCOphth to Learners on enrolment to the OCCCF Programme.

Enrolment date – date of entry to the whole OCCCF Programme (eg: 1.3.20)

Annual Review date – the anniversary of the enrolment date, by which time an **End of Year Appraisal** should have been performed each year with the Educational Supervisor (eg: by 1.3.21, 1.3.22 etc)

Training year – eg:

20/21 in the first year

21/22 in the second year, etc.

Form B – End of Level Assessment

Form B is completed by an experienced External Assessor who is **not working in the same unit** as the Learner. This may be The **Regional OCCCF Lead**, or an experienced **External Assessor** appointed by the Regional OCCCF Lead. The form is completed without the Learner being present.

The External Assessor should **fully check** the whole portfolio for quality and completeness, and record this on the form. They should scrutinise every:

- assessment form
- * piece of submitted evidence
- WBA

Any **concerns** or **outstanding areas** to be addressed should be listed in detail. These will need to be completed to the satisfaction of the Educational Supervisor before the portfolio is resubmitted to the Regional OCCCF Lead.

The **Outcome** is awarded as:

- “Award of OCCCF Certificate” – if satisfactory, *or*
 - “Continue working towards current level” – if further work is to be completed.
- This must be supported by a detailed list of deficiencies.

Feedback is recorded on particular strengths and areas for improvement.

Other information might include **recommendations** to the Learner’s trainers to facilitate further placements or suggesting other training opportunities. If there are specific areas to be **monitored** these should be mentioned here.

Form C – Training Summary

Form C - Training Summary records the competence acquired during the last year, within the context of prior achievements and experience.

It is **completed** and signed by the Learner, and then **countersigned** by the Educational Supervisor as an accurate record of their achievements during the current training year.

Learners participate in an **Annual Training Cycle**, which starts on the date of their **enrolment** or its anniversary, and finishes on their **Annual Review Date** (the anniversary of their enrolment).

Appraisal with the Educational Supervisor occurs twice during the year:

- Mid-Year Appraisal – before 6 months, to review progress and the portfolio
- End-of-Year Appraisal - towards the end of every year, prior to Annual Review Date

OCCCF Portfolio Guidance

Form C - Training Summary is completed by the Learner prior to the Appraisals. For the End of Year Appraisal the Learner adds to and updates the contents recorded in the middle of the year on the same form.

Learners are responsible for **booking** an Appraisal meeting with their **Educational Supervisor**.

The Learner **submits** Form C and the supporting evidence in the portfolio to the Educational Supervisor prior to their **Appraisal** when they will discuss the Learner's progress.

Educational Supervisor (ES) – the single trainer responsible for the overall global development of the Learner.

Clinical Supervisor (CS) – any trainer with whom the Learner has worked for one or more sessions/week for 2 months or more. Every CS should complete a CS Report (Form E - CSR) that is filed in section 6.

The Educational Supervisor should check the contents of each CS Report and provide an **overall** assessment of its contents, by ticking the appropriate column. High achievements and concerns should be highlighted in the free text on the ES Report (Form D).

Session - a half day (>3 hours) engaged in performance of clinical activity, eg: a clinic, practical session or performing investigations.

Achievements – record the **details** of only those achievements completed in the **current** Training **Year**, so recent progress can be assessed.

Cumulative total – the number achieved throughout the whole **career**, eg: number of prizes, publications or presentations

Form D – Educational Supervisor Report

The Learner **submits** their Portfolio to their Educational Supervisor before their Mid-Year or End-of-Year appraisal, or if they would like to be considered for an End-of-Level Assessment.

The Educational Supervisor **scrutinises** every entry in the Portfolio against the standards defined in the curriculum:

- Supervisor and assessment forms
- Evidence – including MSF, High-level outcomes
- Workplace Based Assessments

to **ensure** that it is:

- completed fully – all sections, matching the evidence in the later sections
- to the required standard for the Level being assessed
- with high quality feedback from assessors and supervisors
- with all necessary sign offs

Summaries of the outcomes on the Clinical Supervisor Forms provide an **overall** assessment of their contents by ticking the appropriate column, according to:

- each Clinical Supervisor
- each section on the CS Form

OCCCF Portfolio Guidance

High achievements and concerns raised by the Clinical Supervisors should be highlighted in the free text section.

Feedback should be discussed to identify the Learner's strengths and areas for improvement.

Action plan should be entered by the Learner onto their next **Personal Development Plan** (PDP), with a plan of how to achieve this and within what timescale.

Recommendations are made to future trainers.

Learners have an opportunity to comment, providing mitigating circumstances or feedback on their training.

Signatures confirm that this is a true record of the discussion. The Learner does not necessarily have to agree with the assessment of the Educational Supervisor.

If the Educational Supervisor is convinced that the whole portfolio is complete to the level required for an **End of Level Assessment**, they can recommend that it is submitted.

Form E – Clinical Supervisor Reports

A **Clinical Supervisor Report** is required from every Supervisor who has had clinical responsibility for the learner once or more times per week for a period of 8 weeks or more.

Session - half day (> 3 hours) engaged in performance of clinical activity, eg: working in a clinic, A&E session, investigations session, procedures session, etc.

Clinical Supervision – supervision can take many forms, for example ranging between:

- careful direct observation of performance and providing feedback
- overall clinical responsibility for the session, and consulted when necessary

To complete the **form**, the Clinical Supervisor assesses the performance of the learner at that point in time across the full range of clinical activity for which they are responsible.

Form E is completed by the Clinical Supervisor, but this should be done as a discussion with the Learner.

The Supervisor ask the Learner how they think they have done for each point on the form, and then gives their opinion, and marks their opinion on the form. This technique facilitates reflection by the Learner and is useful to assess insight.

Rating of each skill describes the performance of the practitioner **as a Learner** at their current Level

eg: is the performance of a Level 1 Learner appropriate **for someone learning** Level 1?

- Some concern – occasionally performs below the minimum acceptable standard. Specific development in this skill is required.
- No concern – at or just above the minimum acceptable standard at all times
- High – easily above the required level at all times, very experienced at this level
- Very high – consistently performing at a much higher level

For example – for a Level 1 practitioner who is **learning Level 2**, all of their practice should be above that of a Level 1 Practitioner, so they should score:

- Some concern – if below standard of a Level 1 Practitioner in any area

OCCCF Portfolio Guidance

- No concern – if above standard of a Level 1 Practitioner in all areas, and progressing
- High – if the standard of a Level 2 Practitioner in majority of areas
- Very high – if the standard of a Level 2 Practitioner in all areas, & Level 3 in some

Comments – for every group of skills, the Clinical Supervisor should **describe evidence** of the standard of performance.

This is particularly important for skills assessed as “some concern”, and these should be linked to further details given in the feedback boxes below.

Overall Assessment of Performance – this gives an indication of whether the Learner’s performance in the skills observed by the Clinical Supervisor are yet of sufficient standard to consider submission for an end-of-Level assessment. For the Portfolio to actually be submitted, all aspects of performance across the whole curriculum must be of sufficient level.

Feedback and Action Plan – the Clinical Supervisor asks the Learner to reflect on these areas, noting down their suggestions. The Supervisor then expands on these thoughts and explains how else they believe the Learner can develop their performance. The action plan should have SMART objectives, with the time scale recorded.

The Learner should transfer points from the **Action Plan** onto their **Personal Development Plan**.

Form F – Multisource Feedback

Multisource Feedback (MSF, or 360° Assessment) is a structured questionnaire that collects colleagues’ observations about a Learner’s behaviours and attitudes.

It is important that the results should be anonymous, and presented in a collated form in the portfolio. This facilitates reflection by the Learner and discussion with the Educational Supervisor.

Until the OCCCF MSF is available on-line, an alternative on-line MSF/360° Feedback tool from the employer or elsewhere can be used. This is provided that the Educational Supervisor agrees that the content is sufficiently similar to the OCCCF MSF.

Learner - selects 15 colleague assessors of all grades, professions and working environments, including sufficient supervisors.

Educational Supervisor confirms that the list of assessors is suitable, or suggests alternatives.

Assessors receive an e-mail invitation to complete the on-line survey. All questions should be answered (even if as “not applicable”), with comments entered into the text boxes.

Results are automatically collated, producing a single report which should be:

- reflected upon by the Learner
- discussed with the Educational Supervisor
- filed in the Portfolio as **Form F**

Form G – Personal Development Plan

Personal Development Plan (PDP) – used by the Learner to focus, record and share their areas for development. It is an active document which Learners start at the beginning of the Programme/Training Year and continuously update as they progress. New sheets should be added as the first column becomes filled.

Educational Objectives are recorded with the date on which they were formulated.

Action Required is determined, including target time for achieving each step.

Outcome is recorded with the date on which it was completed, with an **Evaluation** of its impact and educational value.

Evidence of completion should be filed in the portfolio if appropriate, eg: project report, article, WBA, reflection, etc

The Learner should **discuss** the PDP with their Supervisors to ensure that appropriate training opportunities are provided for its completion.

Educational Supervisor signs to say that the contents has been discussed with them.

Form H – High Level Learning Outcomes

The **High Level Learning Outcomes** are those outcomes on the curriculum that are not assessed by a WBA, but require other **written evidence**, such as certificates of passing courses (eg: Basic Life Support) or the actual work itself (eg: audit, reflection on a complaint).

The **date of completion** should be entered for each competency in the correct column for the area studied. A **cross** should be entered in all other boxes prior to submitting to the Educational Supervisor for signature.

The actual **evidence** is **filed** in Portfolio **Sections 10-15**, but Form H is for the Educational Supervisor to sign that they have reviewed all the evidence in those sections, and that it is complete and of a sufficient standard for the level that the learner is studying.

Form H is completed **every 6 months**, but contains dates for all the outcomes that have been completed, in the current 6 months or previously. Prior to submission of the portfolio for an end-of-level assessment, all the evidence for the appropriate area and level must be complete.

Sections 10-15 – Evidence

Sections 10-15 file the evidence of the High Level Outcomes for each of the 3 levels, under the headings:

OCCCF Portfolio Guidance

- 10 Clinical
- 11 Audit, Governance & Quality Improvement
- 12 Management & Leadership
- 13 Teaching & Leadership
- 14 Research & Leadership
- 15 Continuing Professional Development

The evidence should be filed in the same order as listed on the index sheet.

This section includes:

- evidence of activity and performance, making the Learner's contribution clear
- evidence of achievement
- evaluation of outcomes
- formal or written feedback – whether positive or negative
- reflection – including what you learnt

Sections 16-20 - Workplace Based Assessments

The competencies for each Certificate area sit in **13 domains**, each of which has an overarching competency mapped to the SEEC descriptors of Advanced Clinical Practice:

Domains of the OCCCF Curriculum			
What he can Do <i>(1 & 2 are transferable skills)</i>	1	CA	Clinical assessment
	2	PI	Patient Investigation
	3	PM	Patient Management
	4	PS	Practical Skills
	5	SS	Surgical Skills
Approach to practice	6	HPDP	Health Promotion / Disease Prevention
	7	CS	Communication Skills
	8	IH	Information Handling
	9	BCS	Basic & Clinical Science
	10	AER	Attitudes, Ethics and Responsibilities
	11	DMCRJ	Decision Making, Clinical Reasoning & Judgment
Behaviour as Professional	12	HS	Role in the Health Service
	13	CPD	Personal Development

Sections 16-20 file the Workplace Based Assessments (WBAs) in the sections:

- 16 Domains 1&2 – the core competencies applicable to any area
- 17 Domains 3-9 Cataract
- 18 Domains 3-9 Glaucoma
- 19 Domains 3-9 Medical Retina
- 20 Domains 3-9 Emergency

All learners should complete **section 16** (which is necessary for all four areas), **plus one** or more of sections 17-20, depending upon the area(s) they are studying.

OCCCF Portfolio Guidance

Each **WBA** should be:

- completed twice when indicated, in the columns marked 1st and 2nd.
- filed in the order listed on the index sheet, behind it, in the rest of that section.

Date of completion is recorded in the appropriate box, eg: in section 16, the first box on the form contains the date on which the CRS for CA1 was completed satisfactorily for the first time.

WBAs have a **formative** component aiming to support and develop the Learner.

All **unsatisfactory outcomes** should be filed as evidence of learning, but the date of completion not entered on the index form. These WBA forms demonstrate that progress is being made during the training programme.

It is a competency-based training programme - as long as there are two satisfactory outcomes recorded, the portfolio can be submitted for end-of-level assessment. The number of unsatisfactory outcomes will not affect assessment of the portfolio, but will demonstrate commitment to the Training Programme.

Section 16 – WBAs Domains 1&2

Domains 1&2 are the core competencies applicable to all four areas.

Once a WBA in this section has been completed twice (1st and 2nd) at a certain level, that level does NOT have to be repeated if the learner goes on to study different areas at the same level.

A competency is NOT required if:

- the box is shaded grey – no areas require the competency at this level, *or*
- the “Not” column shows the letter of the area being studied, eg: “C” against “Amsler Level 1” means that the Amsler competency is not required by learners studying Cataract Level 1.
- Accreditation of Prior Competence has been awarded (see list below)

As these core competencies are fundamental to the practice of ophthalmology, learners may wish to be assessed in competencies beyond those required for the area and level they are studying. These too can be recorded in section 16, and contribute to other certificates studied within 5 years.

Learning outcomes in this section are assessed by a **WBA**. Most of these (CRS & DOPS – see below) relate to only one learning outcome, which is the Primary outcome. Where they may be secondary outcomes (eg: for EPS, CbD), these are restricted to three per WBA (see below).

Sections 17-20 – WBA Domains 3-13

Domains 3-13 are the competencies that can be applied in different ways in the four clinical areas. Therefore there is a separate WBA index for each area. Learners **only** need complete the index for the **area(s) being studied**.

OCCCF Portfolio Guidance

Learning outcomes are assessed by either:

- Workplace based assessment (**WBA**) – usually EPA, CbD, MSF
- **Evidence** – eg: article, project report
- **Reflection** - written

Some assessments (CRS or DOPS – see below) used in these sections only relate to **one learning outcome**.

Most assessments in these sections (EPA, CbD, MSF, evidence, reflection) can be associated with **more than one** learning outcome.

For the **Primary outcome** of a WBA/evidence/reflection, record date of when it was completed, and file the WBA/evidence/reflection according to this outcome.

For the **Secondary outcomes** of a WBA/evidence/reflection, record the short code (eg: PM1) of the Primary outcome, so it can be located at that point in the portfolio.

WBAs can have a **maximum of 3 secondary outcomes**.

Evidence and **reflections** can have a **maximum of 5 secondary outcomes**.

When **Evidence** is required, tick if it is already filed in an Evidence section of the portfolio (Sections 10-15).

Accreditation of Prior Competence

The curriculum recognises that practitioners come to the programme with proven competencies, and gives accreditation for these for particular areas and levels. This means that the Workplace Based Assessment (WBA) for that competence does not have to be performed by candidates with the necessary evidence.

Accreditation of Prior Competence is automatically awarded for the competencies listed in the first column of the table below, for those holding the qualifications listed in the subsequent columns.

Where this is the case, enter the initials of the relevant qualification in the WBA Index against the appropriate competency (eg: “BSc”)

C = Cataract, G = Glaucoma, M = Medical Retina, E = Emergency

Numbers refer to the Levels for which prior competence is accredited

Accreditation of Prior Competence		WBA	Orthoptic BSc	Optometry BSc
CA2	Vision	CRS	1, 2, 3	1, 2, 3
CA3	Fields	CRS	1, 2	
CA4	Amsler	CRS		M1, E3
CA5	External	CRS	1	1
CA6	Pupils	CRS	1	1

OCCCF Portfolio Guidance

CA7	Motility	CRS	1, 2, 3	1
CA8	IOP	CRS		1, 2
CA9	Slit lamp	CRS	C1, GME2	C1, GME2
CA10	Fundus	CRS	1	1, 2
CA17	Angles	CRS		2
PI13	Fields	DOPS		1
PI17	C shape	DOPS		1
PI18	Focimetry	DOPS	1	1, 2
PS14	BCL	DOPS		1, 2, 3
PS18	Lid Hygiene	DOPS		1

Workplace Based Assessment Tools

There are five types of WBA. The first four (CRS, DOPS, EPA and CbD) are performed in the clinical setting and are filed in sections 16-20. The Multisource Feedback (MSF) collects the observations of colleagues through a structured questionnaire which will become available on-line (Form F in section 7).

WBAs	WBA Tools	Skills Focus
CRS	Clinical Rating Scales	history examination
DOPS	Direct Observation of Procedural Skills	procedures technical skills
EPA	Entrustable Professional Activity	manage/lead a session
CbD	Case-based Discussion	applied knowledge decision-making & judgment
MSF	Multi-Source Feedback	inter-personal skills attitudes & behaviour

Many learning outcomes have a **specific** clinical (CRS) or procedural (DOPS) assessments relating to them. Some of the more **generic** outcomes will be assessed by broader WBAs (such as Entrustable Professional Activities, Case-based Discussions and Multi-Source Feedback). The WBAs are assessed twice for each competency, and once for MSF.

The WBAs completed in the clinical setting can be assessed by any recognised **Assessor** from the four professions, who has the appropriate skills and training. They should be currently practicing in the appropriate clinical field at the required level. They should also be trained in the scope and standard of the particular assessment, and how to give feedback. A

OCCCF Portfolio Guidance

significant number of assessments should be performed outside the learner's main place of work.

For a Clinical or Procedural Skills the **assessment** takes place in the course of clinical practice, and involves 5 stages, taking an average 15-20 minutes:

- the learner identifies an appropriate case, and asks the assessor to perform the assessment,
- the assessor first observes the learner performing the skill, without interruption (2-10 mins),
- the assessor then leads a discussion probing the finer details surrounding the skill, its application and the thinking behind it (5-10 mins),
- the assessor leads a feedback session in which they ask the learner what they did particularly well, and adds their own observations; then asks the learner what they would like to improve and how, and adds their own suggestions (5-10 mins),
- complete the assessment form, including free text comments (can be done simultaneously with the feedback session).

A Case-based Discussion (CbD) follows a similar process, but without the direct observation, and should include discussion of generic competencies (domains 4-13 on the curriculum).

A learner should have WBAs assessed by assessors from a **variety of professions** (a significant number from at least 3 professions out of ophthalmologists, optometrists, orthoptists and nurses). A significant number should be assessed **outside the main place of work**. The Educational Supervisor will be responsible for ensuring that this spread is appropriate.

The OCCCF Curriculum details the competencies required for 12 Certificates: in four clinical areas, each at 3 levels. Each area uses **spiral learning**, with each higher level building on the one before. For each learning outcome competency must be achieved at the lower level(s) before a higher level can be passed, but these may be assessed during the same assessment.

Example:

If during a WBA on Consultation Skills (learning outcome CA1, assessed by WBA CRS1) a learner completes all the Level 1 and Level 2 competencies, they can be passed as competent at Level 2.

A learner must have achieved a lower level Certificate in a particular area before they can achieve a higher level certificate. However, they can start collecting competencies at a higher level. A learner can achieve certificates in more than one area.

Example:

A learner must achieve Level 1 Certificate in Cataract before being awarded Level 2 Certificate in Cataract. However, they can also work towards Level 1 Certificate in Glaucoma.

OCCCF Portfolio Guidance

Some of the competencies in **Domains 1-2** contain skills that are common to more than one area. They are fundamental enough that there is little variation in their application between the different areas. Therefore if the competency is passed in one area it does not have to be repeated when studying for another area.

Example:

If a learner passes the Assess Vision competency (CA2 competency assessed through CRS2) whilst studying for the Level 1 Certificate in Cataract, this competency does not need to be repeated if they then go on to do the Level 1 Certificate in Glaucoma, Medical Retina or Emergency Eye Care.

However, the application of the skills in **Domains 3-13** vary sufficiently when applied to different areas, that the competency must be repeated when studying for another area.

Example:

The competency Disease Risk Reduction (HPDP5) in Medical Retina would be assessed by a CbD discussing advice on smoking cessation, exercise and management of chronic systemic disease. The same competency at the same level in Emergency Eye Care would be assessed by discussing eye protection at work or contact lens hygiene. Therefore when undertaking the second area the competency would need to be repeated.

Many of the **General Professional Capabilities (Domains 10-13)** have the same descriptors for the competency whether at Level 1, Level 2 or Level 3. However, the learner and supervisor should challenge the learner to increase their experience and performance as they move up through the levels. The assessor should be aware of the level being assessed and ensure that an appropriate level of competency is reached before passing the learner.

Example:

For the outcome Empathy (AER4) an assessor should expect a learner studying for a higher Level to demonstrate a greater awareness of potential difficulties, sensitivity to the patient's feelings, appreciation of the context and implications, and display a wider range of interpersonal skills for handling the situation, which are employed with greater finesse.

The **Curriculum** is hosted on the open access portion of the HEE website, with links from the websites of the individual professions. It will list for each of the four areas:

- Learning outcomes (ie: competencies) for each Level.
- Learning resources mapped to the outcomes, listed under the headings: e-Learning for Health (E-lfh), on-line resources, other resources (eg: books).
- Accreditation of Prior Competence – listed under the headings of OCCCF and other qualifications.
- Assessment method or evidence to be used to demonstrate competence

Abbreviations

A&E	Accident & Emergency = Emergency
ALS	Advanced Life Support
BLS	Basic Life Support
CbD	Case based Discussion (a type of WBA)
CET	Continuing Education and Training (= CPD)
CPD	Continuing Professional Development
CRS	Clinical Rating Scale (a type of WBA)
CS	Clinical Supervisor
CSR	Clinical Supervisor Report
CV	Curriculum Vitae = achievements in professional development
DOPS	Direct Observation of Procedural Skills (a type of WBA)
E-learning	Electronic Learning = online educational resources
ES	Educational Supervisor
ESR	Educational Supervisor Report
Forms A-H	Assessment forms of the OCCCF Portfolio
ILS	Intermediate Life Support
MSF	Multisource Feedback
OCCCF	Ophthalmic Common Clinical Competency Framework
PDF	Portable Document Format = a type of electronic document
PDP	Personal Development Plan
RCOphth	Royal College of Ophthalmologists
SUI	Serious Untoward Incident
WBA	Workplace Based Assessment

Further Information

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/ophthalmology-common-clinical-competency-framework-curriculum>

Search: HEE & OCCCF

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