**CURRICULUM TRANSITION CHECKLIST (CTC)**

**LEVEL 1-4**

**SPECIALIST INTEREST AREA – CATARACT SURGERY**

1. Trainees and Educational Supervisors should meet to complete this CTC for all the domains at Level 1 of the New Curriculum. The deadline for completion is **30 June 2022**.
2. The purposes of this exercise are to:
	* Provide a benchmark of achievement in preparation for transfer to the New Curriculum in August 2024
	* Identify any gaps in training
	* Inform the Educational Supervisor Report (ESR) and ARCP
3. The CTC is intended to be a developmental exercise for ST1-3 trainees in 2022 who will be in ST5-7 when the New Curriculum begins in August 2024. It is **not** a formal part of the current assessment process. It is instead an opportunity for trainees to demonstrate their skills and knowledge. The CTCs should be completed as follows:

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| **Year of training** | **CTC**  |
| ST1,2,3 | Level 1, Level 2 |
| ST2 | Level 3 Cataract Surgery if already performed 100 cases |
| ST3 | Level 3 Generic Domains (and potentially Level 4)Level 3 Cataract Surgery (and potentially Level 4) |

1. Please note the following about the CTCs:
	* **Level 1 CTC** This CTC contains all the Generic and Patient Management Learning Outcomes for Level 1.
	* **Level 2 CTC** This CTC contains all the Generic and Patient Management Learning Outcomes for Level 2.
	* **Generic Domains CTC** This CTC contains all the Generic Learning Outcomes for all Levels. Levels 1 and 2 are already included in the Level 1 and 2 CTCs, therefore trainees should use the Generic Domains CTC to record evidence at Levels 3 and 4.
	* **Cataract Surgery CTC** This CTC contains all the Learning Outcomes for all Levels. Levels 1 and 2 are included in the Level 1 and 2 CTCs. All ST3s should use the Level 3 Learning Outcomes to record evidence as this would be expected by the end of ST3. Any ST2s whose cataract surgery has progressed well and completed 100 cases should use the Level 3 Learning Outcomes to record evidence where possible.
2. If Trainees have not fully met the requirements for the Level as a whole, it is still important to document the evidence they already have. This will allow trainees plenty of time to plan to complete the Level before the transfer to the new Curriculum in August 2024. The advantage of completing these CTCs **now** is to help trainees and Educational Supervisors be in the best possible position to transfer and be familiar with the New Curriculum in good time.
3. The CTC outlines the evidence required by each Learning Outcome at each Level of training. Where there is a direct correlation between the old and New Curriculum, this is indicated under the column ‘Old Curriculum’. Suggestions for appropriate evidence are indicated under the column ‘Other evidence’. Trainees may be able to suggest other suitable forms of evidence to present to the Educational Supervisor, **and** **should not feel limited to the examples given.**
4. Both sections should be completed and the final version agreed by both trainee and Educational Supervisor.

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| **Section 1 - General information**  |
| Date of review  |    |
| Trainee name  |    |
| Educational Supervisor name  |    |
| Expected CCT date  |    |
| How far through this training year?  |    |
| WTE months since last ARCP  |    |
| Date due to enter next training year  |    |
| FRCOphth Part 1  |    |
| FRCOphth Part 2  |    |

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| **Section 2 - Specialist Interest Area (SIA) Cataract Surgery Review**  |   |
| *1. The trainee should insert an X into the GREEN box that best describes their current level of attainment (self-assessment) in each Learning Outcome.2. The trainer should review the trainee's self-assessment and comment in the PINK box on where they agree or disagree with any of the self-assessment.3. Both trainee and trainer should agree where the gaps are in the PINK box and what will be done about them.4. If you need more information or guidance, please* [*click this link to take you to the Cataract SIA Syllabus*](https://www.rcophth.ac.uk/wp-content/uploads/2022/04/Cataract-Surgery-syllabus.docx)*.* |
| **At Level 1, the doctor is able to:** | **Evidence** |  | **Current trainee self-assessment of level of attainment (please mark in relevant box)** |
| **Old curriculum** | **Other evidence** | **No experience** | **Partly met** | **Fully met** |
| Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.  | *CA1, 2, 5, 6, 8, 9, 10 PI 2, 3, 5PS1, 18, 21HPDP2* CRS1, 2, 5, 6, 8, 9, 10Part 1 FRCOphth CbDMSFPortfolioDOPSTrust-based accreditation  |  |  |  |  |
| Independently formulate and initiate a management plan for low complexity cases. | *PM 1, 4, 5HS 3, 6HPDP 6* Part 1 FRCOphthCbDMSFPortfolioTrust-based accreditation | Cataract complications logLogbook (50 cataract cases) |  |  |  |
| Work effectively with patients and the multidisciplinary team. | *AER 1- 13, 15C 1-5, 7-12, 14CPD 1-7* CbDMSFPortfolioTrust-based accreditation  | Cataract complications log |  |  |  |
| Justify the differential diagnoses and plan with reference to basic and clinical science. | *IH 1-5, 8, 9BCS 1-7*  PortfolioTrust-based accreditation  | Part 1 FRCOphthMSF |  |  |  |
| Trainee list of evidence |    |
| Trainer comment on trainee self-assessment | *[Trainer should indicate in this box where they agree or disagree with the self-assessment]*  |
| Agreed training gaps identified | *[Trainer and trainee to agree where there are gaps and what will be done about them]* |
| **At Level 2, the doctor is able to:** | **Evidence** | **Current trainee self-assessment of level of attainment (please mark in relevant box)** |
| **Old Curriculum** | **Other evidence** | **No experience** | **Partly met** | **Fully met** |
| Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities. | *PI 12, 13; PM 2, 6, 14, 15, 17; PS 17, 25; SS14* Part 1 FRCOphth Refraction Certificate CbDMSF DOPS DOPSBiPortfolioTrust-based accreditation  | Cataract complications logLogbook (50 cataract cases) |  |  |  |
| Refine the differential diagnoses and management plan by application of clinical knowledge. | *HPDP 7; C 6; IH 6; BCS 12-14; AER 16*  CbDMSFPortfolioTrust-based accreditation  | Cataract complications logLogbook (50 cataract cases)Refraction Certificate FRCOphth |   |   |   |
| Trainee list of evidence |  |
| Trainer comment on trainee self-assessment | *[Trainer should indicate in this box where they agree or disagree with the self-assessment]*  |
| Agreed training gaps identified | *[Trainer and trainee to agree where there are gaps and what will be done about them]* |
| **At Level 3, the doctor is able to:** | **Evidence** | **Current trainee self-assessment of level of attainment (please mark in relevant box)** |
| **Old Curriculum** | **Other evidence** | **No experience** | **Partly met** | **Fully met** |
| Independently assess and manage moderate complexity patients, demonstrating an understanding of cataract procedures and selecting the most appropriate treatment according to current accepted practice. | *PM 3, 7, 10; PS 2, 3, 5, 9, 13; DMCRJ 1; IH 7* Part 1 FRCOphth Refraction Certificate Part 2 FRCOphthCRS RetCbDMSF DOPS DOPSBiPortfolioTrust-based accreditation  | Cataract complications logLogbook (100 cataract cases) |  |  |  |
| Risk assess and prioritise patients appropriately, recognising the need for special interest input. | *HPDP12; C 13; BCS 15* Part 1 RCOphthRefraction CertificatePart 2 FRCOphth CbDMSF DOPS DOPSBiPortfolioTrust-based accreditation  | Cataract complications logLogbook (100 cataract cases) |  |  |  |
| Independently perform low risk phacoemulsification cataract procedures.  | *SS 1-4* Part 1 RCOphthRefraction CertificatePart 2 FRCOphth CbDMSF DOPS DOPSBiOSATS 1, 2, 3PortfolioTrust-based accreditation  | Cataract complications logLogbook (100 cataract cases) |   |   |   |
| Trainee list of evidence |  |
| Trainer comment on trainee self-assessment | *[Trainer should indicate in this box where they agree or disagree with the self-assessment]* |
| Agreed training gaps identified | *[Trainer and trainee to agree where there are gaps and what will be done about them]* |
| **At Level 4, the doctor is able to:** | **Evidence** | **Current trainee self-assessment of level of attainment (please mark in relevant box)** |
| **Old curriculum** | **New curriculum** | **No experience** | **Partly met** | **Fully met** |
| Demonstrate advanced clinical management and surgical skills. | *PS 16, 19**SS4* Part 1 RCOphth Refraction Certificate Part 2 FRCOphth CbDMSF DOPSDOPSBiPortfolioTrust-based accreditation  | Cataract complications logLogbook (350 cataract cases)Self-audit of consecutive cataract cases |  |  |  |
| Manage the complexity and uncertainty of cataract surgery cases. | *PM 11, 12**BCS 10, 11, 17*Part 1 FRCOphth Refraction CertificatePart 2 FRCOphth CbDMSF DOPS DOPSBi OSATS1 EPA1PortfolioTrust-based accreditation  | Cataract complications logLogbook (350 cataract cases)Self-audit of consecutive cataract cases |  |  |  |
| Apply management and team working skills appropriately, including in complex, dynamic situations. | *IH 7**DMCRJ 2-5**HS 1, 2, 4, 5, 7-10*Part 2 FRCOphth MSF PortfolioTrust-based accreditation  | Cataract complications logLogbook (350 cataract cases)Self-audit of consecutive cataract cases |  |  |  |
| Be an effective supervisor, teacher and trainer of cataract surgery | *HS9* Part 2 FRCOphth MSF PortfolioTrust-based accreditation  | Cataract complications logLogbook (350 cataract cases)Self-audit of consecutive cataract cases |   |   |   |
| Trainee list of evidence |  |
| Trainer comment on trainee self-assessment | *[Trainer should indicate in this box where they agree or disagree with the self-assessment]*  |
| Agreed training gaps identified | *[Trainer and trainee to agree where there are gaps and what will be done about them]* |

Trainee signature:

Trainer signature:

Date: