**CURRICULUM TRANSITION CHECKLIST (CTC)**

**LEVEL 1**

**ALL DOMAINS**

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 – Level 1 All Domains 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, click on the Domain title which will take you to the Curriculum 2024 website.* |
| [**PATIENT MANAGEMENT**](https://www.rcophth.ac.uk/?page_id=10193) |
| **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. | *CA1-13PI 1-7, 9-14, 16PS 4, 8, 10, 21HPDP2* CRS1, 2, 3, 5, 6, 7, 8, 9, 10a-dPart 1 FRCOphth CbDMSFPortfolioDOPS; DOPSBiTrust-based accreditation  |  |  |  |  |
| Independently formulate and initiate a management plan for low complexity cases. | *PM 1, 4, 5, 8, 11, 17 PS 1, 11, 13, 18, 20, 22, 25 SS 2, 3, 7* *HS 3, 6**HPDP6* Part 1 FRCOphthCbDMSFPortfolioTrust-based accreditation | Logbook (50 cataract cases)  |  |  |  |
| Work effectively with patients and the multidisciplinary team. | *AER 1- 16**C 1-5, 7-12, 14* *IH 2, 5, 9**CPD 1, 2, 5, 7* MSFPortfolioTrust-based accreditation | Part 1 FRCOphthMSF |  |  |  |
| Justify the differential diagnoses and plan with reference to basic and clinical science. | *IH 1**BCS 1-6, 8-9, 12, 14-16 CPD3* CbDPortfolio Part 1 FRCOphthTrust-based accreditation | MSF |  |  |  |
| Understand the role of a Community Ophthalmology Service. | *HS4*[Portfolio](https://curriculum.rcophth.ac.uk/curriculum/ost/assessments/workplace-based-assessments/portfolio/) [Part 2 FRCOphth](https://curriculum.rcophth.ac.uk/curriculum/ost/assessments/examinations/)  | CbD, report or reflection on local services, online learning |  |  |  |
| Communicate and deliver feedback to referrers and patients to support integrated care. | *C2,3,12**IH6*[CRS1](https://curriculum.rcophth.ac.uk/wp-content/uploads/2016/10/CRS1_consultation_2013-2.doc) [MSF](https://curriculum.rcophth.ac.uk/curriculum/ost/assessments/workplace-based-assessments/multi-source-feedback-msf/) [Part 2 FRCOphth](https://curriculum.rcophth.ac.uk/curriculum/ost/assessments/examinations/) Portfolio | CbD, CS Report |  |  |  |
| Trainee list of evidence |    |
| Trainer comment on trainee self-assessment | *[Trainer should indicate in this box where you 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]* |
| **DOMAIN:** [**HEALTH PROMOTION**](https://www.rcophth.ac.uk/wp-content/uploads/2021/12/Health-Promotion-syllabus.pdf) |
| **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** |
| Provide appropriate lifestyle advice. | *HPDP5,8, PM18*CbD |  |  |  |  |
| Adopt local and national guidelines of prevention of infection. | *HPDP2,7,12*Trust-based accreditation MSF Portfolio Part 2 FRCOphth CbD | Mandatory training Record of discussions with supervisorPart of a CA1 or CbD MSF |   |   |   |
| Advise appropriately about the systemic side- effects of drugs. | *PI16, HPDP5, 10*CbD Part 1 FRCOphth Part 2 FRCOphth  |  |   |   |   |
| Know the principles of screening. | *HPDP1*CbD Portfolio Part 2 FRCOphth |  |   |   |   |
| Use and promote means of eye injury protection. | *HPDP4*CbD Part 2 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]* |
| **DOMAIN:** [**LEADERSHIP AND TEAM WORKING**](https://www.rcophth.ac.uk/wp-content/uploads/2022/05/Annex-3-Leadership-and-Team-Working-syllabus-May-22-revision-1.pdf) |
| **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** |
| Know about leadership competencies in the nine behavioural dimensions as defined by the NHS Leadership Academy: inspiring shared purpose; leading with care; evaluating information; connecting our service; sharing the vision; engaging the team; holding to account; developing capability; influencing the results. | *HS5DMCRJ2*Portfolio Part 2 FRCOphth  | Evidence reading about leadership competencies, e.g. from <http://www.leadershipacademy.nhs.uk/wpcontent/uploads/dlm_uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf> MSF Audit and QI Project  Evidence of involvement in research project CbD  |  |  |  |
| Identify areas for own development. | *CPD6*Portfolio Part 2 FRCOphth  | Completion of self- assessment [https://www.leadershipacademy.nhs.uk/resources/ healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-self-assessment-tool/](https://www.leadershipacademy.nhs.uk/resources/%20healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-self-assessment-tool/) MSF Reflective piece  Evidence of any compliments or reflection on complaints CS and ES reports Trust mandatory training such as Information Governance, Equality and Diversity  |   |   |   |
| 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]* |
| **DOMAIN:** [**PATIENT SAFETY AND QUALITY IMPROVEMENT**](https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/) |
| **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** |
| Know the principles, recognise the contribution to improved practice, and take part in clinical governance, audit and quality improvement activities. | *HS2DMCRJ2*Portfolio Part 2 FRCOphth  | Undertake a QIP project; supervise another team member in a project; demonstrate management of a complaint with report and be involved in the investigation; investigate an incident |  |  |  |
| Identify appropriate information from a variety of data sources. | *DMCRJ1, 2C4BCS13*Portfolio Part 2 FRCOphth MSF | Research/publication  |   |   |   |
| 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]* |
| **DOMAIN:** [**SAFEGUARDING AND HOLISTIC PATIENT CARE**](https://www.rcophth.ac.uk/wp-content/uploads/2021/12/Safeguarding-and-Holistic-Patient-Care-syllabus.pdf) |
| **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** |
| Understand and promote professional responsibility of safeguarding. | *AER15*CbD Portfolio Part 2 FRCOphth  | CbD Adult Safeguarding Level 1Evidence of generic skills and essential courses |  |  |  |
| Demonstrate familiarity with local safeguarding procedures and contacts. | *HS6*Portfolio Part 2 FRCOphth  | CbD Adult Safeguarding Level 1Evidence of generic skills and essential courses and how to raise concerns in unit |  |  |  |
| Demonstrate awareness of possibility of non-accidental injury in vulnerable patients. | None | CbDAdult Safeguarding Level 1 Child Safeguarding Level 1 |  |  |  |
| Document safeguarding concerns accurately and refers to senior staff. | None | CbDAdult Safeguarding Level 1 Child Safeguarding Level 1MSFEvidence referral for LVA; referral to ECLO; advising patients re driving standards |   |   |   |
| 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]* |
| **DOMAIN:** [**EDUCATION AND TRAINING**](https://www.rcophth.ac.uk/wp-content/uploads/2022/04/Education-and-Training-syllabus-1.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** |
| Ensure patient safety is paramount in all training and learning events. | None | Record of discussion with supervisor; reflective piece on how patient safety was included in a training or learning event and why importantM&M meeting, PG teaching, study leavePerform one departmental audit or take part in a national audit |  |  |  |
| Actively participate in own induction and training. | *CPD3,5*Portfolio Part 2 FRCOphth  | Evidence of participation in local departmental induction and training to juniors depending upon Level; evidence of attendance in hospital and departmental induction; MSFCritically appraise one published clinical trial and present to supervisor |  |  |  |
| Deliver teaching activities under guidance. | None | Contribution to local teaching session that is supervisedMedical Student teaching; evidence of oral/poster presentation in regional teaching, national, international meetingPresent at regional trainees research symposium |  |  |  |
| Deliver patient education. | C2,3CRS1 MSF Part 2 FRCOphth Portfolio | Evidence of participation in patient education event, support groups meeting, developing patient information leaflets, videos; evidence of involvement in patient education activities, including patient information leaflet, MSF |   |   |   |
| 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]* |
| **DOMAIN:** [**RESEARCH AND SCHOLARSHIP**](https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/) |
| **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** |
| Adopt an evidence-based approach to clinical practice.  | BCS13, 15CbD Part 1 FRCOphth Part 2 FRCOphth  | Evidence of involvement in journal club, local teaching, presentation/research publications |  |  |  |
| Critically appraise existing published research. | DMCRJ2, 3, 4CbD Portfolio Part 2 FRCOphth  | Evidence of involvement in journal club, local teaching, presentation/research publications |  |  |  |
| Distil research and deliver oral presentations.  | HS8Portfolio Part 2 FRCOphth  | Research publication/oral or poster presentation in local, regional, national and international meetings |  |  |  |
| 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: