|  |  |
| --- | --- |
| Trainee name: | LEAVE BLANK |
| Trainee GMC number: | LEAVE BLANK |
| Training year: | Choose an item. |
| Assessor name: | LEAVE BLANK |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

**Specification and limitations** (for further details please refer to the [Medical Retina syllabus](https://www.rcophth.ac.uk/wp-content/uploads/2022/05/Level-3-LOs-and-descriptors-Medical-Retina-vi.pdf))

* Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.
* Formulates and initiates a management plan for low complexity cases.
* Justifies the diagnosis and plans with reference to basic and clinical science.
* Works effectively with patients and the multi-professional team.

AND

* Manages patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
* Refines the differential diagnoses and management plan by application of clinical knowledge.

AND

* Assesses and manages moderate complexity patients, demonstrating an understanding of medical retina procedures and selects the most appropriate treatment according to current accepted practice.
* Risk assesses and prioritises patients appropriately, recognising the need for special interest area input.
* Performs low complexity medical retina procedures.

**Trainee self-assessment**

Please record the level at which you consider you are currently working.

|  |  |
| --- | --- |
| **Overall level of entrustment for this activity** | Observing  Direct supervision  Indirect supervision  Competent  Supervising |
| **Free text comments** | Click or tap here to enter text. |

**Trainer assessment**

Please consider each piece of evidence and, based on this evidence, suggest whether you consider this doctor in training can be entrusted to practice **independently** in this area. Please include a narrative to support your decision and suggest areas for further development.

| **Mandatory evidence** | **Please choose Yes, No, Reservation or No Evidence from the drop-down list** | **Comments** |
| --- | --- | --- |
| Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting where possible | Choose an item. | Click or tap here to enter text. |
| Review of record keeping and letters | Choose an item. | Click or tap here to enter text. |
| Assessments in outpatients (where these have been performed by other assessors, please review) | Choose an item. | Click or tap here to enter text. |
| CRS1 Consultation skills in Medical Retina | Choose an item. |
| Formative feedback from the team with whom the trainee is working | Choose an item. | Click or tap here to enter text. |
| Multi-assessor report | Choose an item. |
| Case-based Discussions (CbDs) – *please specify number in Comments* | Choose an item. | Click or tap here to enter text. |
| Longitudinal observation by consultant assessor in the theatre and simulation setting | Choose an item. | Click or tap here to enter text. |
| Assessments in theatre *- where these have been performed by other assessors, please review* | Choose an item. | Click or tap here to enter text. |
| OSATS1 Intravitreal injections | Choose an item. |
| **Comments** | Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **Other competencies that must be evidenced** | **Please choose Yes, No, Reservation or No Evidence from the drop-down list** | **Evidence in the form of a DOPS or OSATs may be used for these areas. Alternatively, direct observation or observation by another team member can be used. Please record below the evidence used to support your decision.**  **Where a doctor in training is not achieving the expected level a formative tool should be employed.** |
| Interpretation of FFA, ICG, OCT, AF and electrophysiology | Choose an item. | Click or tap here to enter text. |
| Sub-tenon’s injection | Choose an item. | Click or tap here to enter text. |
| Retinal laser treatment | Choose an item. | Click or tap here to enter text. |
| **Comments** | Click or tap here to enter text. | |

**Based on my observations and the evidence indicated I consider that this doctor in training is ready for**

|  |  |
| --- | --- |
| **Overall level of entrustment for this activity** | Observing  Direct supervision  Indirect supervision  Competent  Supervising |

**Where the level to which you are able to recommend entrustment is limited by the evidence available to you, please indicate below the additional evidence required to increase your entrustment recommendation.**

|  |
| --- |
| Click or tap here to enter text. |

**Please use the boxes below for any further comments and recommendations for further training at this level (where Entrustment is below ’competent’) or the next level (where Entrustment is ‘competent’).**

|  |  |
| --- | --- |
| Anything especially good?  Click or tap here to enter text. | Agreed action for further development:  Click or tap here to enter text. |

|  |
| --- |
| **PLEASE EMAIL COMPLETED FORM TO** [**CURRICULUM2024@RCOPHTH.AC.UK**](mailto:CURRICULUM2024@RCOPHTH.AC.UK) |