|  |  |
| --- | --- |
| 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 [Community Ophthalmology syllabus](https://www.rcophth.ac.uk/wp-content/uploads/2022/05/Level-4-LOs-and-descriptors-Community-Ophthalmology-xii.pdf))

* Understand the role of a Community Ophthalmology Service.
* Communicate and deliver feedback to referrers and patients to support integrated care.

AND

* Is aware of common public health issues and requirements specific to ophthalmology.
* Understands the environmental impact of eye health care.

AND

* Understands the provision of community ophthalmology and screening programmes.
* Understands the epidemiology of eye disease and visual impairment and public health approaches to blindness prevention.
* Understands the role of commissioning in eye health care.

AND

* Demonstrates advanced skills necessary to assess the eye health needs of a population and analyse local priorities.
* Evaluates design and delivery of care pathways.
* Demonstrates skills to assess and assure high quality outcomes in Community Ophthalmology Services.
* Is an effective clinical leader, supervisor and trainer of the multi-disciplinary team.

**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 community setting | 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. |
| 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. |
| Competence in understanding of epidemiology e.g. completion of International Centre for Eye Health (ICEH)/London School of Hygiene & Tropical Medicine (LSHTM) open educational resources | Choose an item. | Click or tap here to enter text. |
| **Comments** | Click or tap here to enter text. | |

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| **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.** |
| Understand local eye health needs, value of services and financial pressures | Choose an item. | Click or tap here to enter text. |
| Understand processes and contribute to community needs assessments | Choose an item. | Click or tap here to enter text. |
| Ability to supervise and train trainees in community ophthalmology to Level 3 and other health professionals in a clinic setting | Choose an item. | Click or tap here to enter text. |
| Health services evaluation project/quality improvement project | 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. |

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