Postgraduate Medical Training

Assessment Strategy

Programme of Assessment for OST Curriculum

Contents

1   Executive Summary

This Assessment Strategy contains the rationale for, and content of, the RCOphth Programme of Assessment, which is defined by the GMC as 'the integrated framework of exams, assessments in the workplace and judgment made about a learner during their approved programme of training'. It will be used by ophthalmologists in training starting on or transitioning to the new OST Curriculum in August 2024.

It represents a move away from the previous programme of assessment, which employed many granular assessments of competencies, to one which employs far fewer summative assessments. Instead, it utilises Entrustable Professional Activity assessments (EPAs) to assess high-level Learning Outcomes in the Patient Management domain of the curriculum and a Generic Skills Assessment Tool (GSAT) to assess the high-level Learning Outcomes in the other six curricular domains. Named Clinical Supervisors (NCSs) and Educational Supervisors (ESs) will make a professional judgement as to whether the ophthalmologist in training has achieved each Learning Outcome, considering evidence provided and mapped to the outcomes.

This Programme of Assessment has, however, retained several of the previous summative assessments which work effectively, and these will be nested within EPAs. It also utilises other previous summative assessment tools that are supportive to learning, and which have been adapted to be used as purely formative Supervised Learning Events (SLEs).

Feedback will be framed around the curriculum domains, which incorporates the GMC's Generic Professional Capabilities (GPCs) framework.

This document must be read in conjunction with the RCOphth OST Curriculum (2024), which describes the scope of practice of an ophthalmologist completing the curriculum and the level of performance expected at critical progression points. All assessments are mapped to the Learning Outcomes which define the critical progression points: three during the training programme and one at the Certificate of Completion of Training (CCT) point. The supplementary syllabi provide the descriptors for the activities that will be assessed.

This document outlines the purpose of each assessment and the mechanisms by which their validity will be ensured. It also outlines the principles by which feedback should be provided and received.

2   Purpose of the Programme of Assessment

The GMC defines the purpose of the Programme of Assessment as being 'to robustly evidence, ensure and clearly communicate the expected levels of performance at critical progression points, and to demonstrate satisfactory completion of training as required by the approved curriculum'. Our aim is the provision of a comprehensive Programme of Assessment that:

- Ensures that doctors in training have acquired the full range of knowledge, understanding, skills, attitudes and behaviours that are required of an ophthalmologist, including the generic professional capabilities that meet the requirements of Good Medical Practice (GMP);
- Provides robust evidence for decisions that are made about a doctor's readiness to progress to the next stage of training, whilst supporting trainers and assessors

so that they feel confident and empowered to make consistent, transparent and evidence-based decisions;

- Supports doctors in their learning by providing feedback at all stages of their progression, and encourages reflection;
- Identifies doctors in training who are struggling to achieve competence or are in difficulty, enabling appropriate, structured and targeted support;
- Reassures the public, employers and the regulatory body that safe decisions are made about a doctor's competence to perform in practice and thereby assures high quality care for patients.

To achieve these aims the underpinning rationale of this Assessment Strategy will reflect:

- Assessments that support both practical and theoretical models of assessment methodologies, and include formative and summative assessment;
- Assessment criteria that are clear and explicit, and an assessment process that doctors in training are confident in;
- That all assessments will be carried out by assessors with the relevant skills, knowledge, training and support to do so effectively, making fair and consistent judgments;
- An engagement in reflective practice, actively encouraging independent and trainee-led learning;
- The promotion of equality, diversity and respect, ensuring that assessments are fair and equitable for all doctors in training.

Assessments take place throughout the training programme, providing continuous formative feedback and evidence of learning. The Programme of Assessment clearly defines the specific critical progression stages that ophthalmologists in training will need to pass through in order to progress to the next level of training, and the point at the end of training at which CCT can be awarded.

Ensuring Validity

Validity and reliability of assessment methods are considered the two most important characteristics of a well-designed assessment process. Validity refers to the degree to which a method assesses what it claims or intends to assess. Reliability refers to the extent to which an assessment method or instrument measures consistently the performance of the learner.

Any programme of assessment must be supported by a comprehensive approach to ensure the validity and reliability of its constituent assessments. This is important in the development, implementation and ongoing review of the programme.

The assessment strategy has been developed to ensure the assessments used are the most appropriate for the purpose, and new assessments have been piloted and evaluated.

The Learning Outcomes to be assessed in are high level, so an integrated approach with a range of methodologies and sufficient evidence is required to ensure reliability.

While Postgraduate Deaneries and local HEE offices will be responsible for ensuring that the NCSs acting as assessors are properly trained, they will also receive training and support via a planned training cascade utilising the established RCOphth Training the Trainers (TTT) programme and the Regional Education Teams. This will cascade training through Training Programme Directors (TPDs) and College Tutors to ESs and NCSs and will be supported by an Assessment Handbook articulating clearly the approach and standards required for robust and fair assessments. In the pilot year of the curriculum introduction (2023-24), members of the

RCOphth Training Committee (Heads of School and TPDs) will canvas and survey local assessors for feedback on the guidance and training given, so that this can be further improved by the Training Committee.

The Programme of Assessment will be reviewed and continually improved by the RCOphth Curriculum Sub-committee with input from stakeholders. In addition, where curricular changes are made in the future, the relevant assessments will be reviewed and adjusted accordingly.

The RCOphth will use its established programme of Annual Review of Competency Progression (ARCP) external assessment, which reports to its Training Committee, to have oversight on the decisions that are made about these assessments in regard to progression. The previously used method of developing pro-forma for areas that the external assessor will interrogate during their time with the ARCP panel will be employed; these findings will be presented to, and discussed by, the Training Committee. This will allow oversight of the application of published standards for assessment in each Postgraduate Deanery and local HEE office, as well as provide shared learning opportunities to refine the Programme of Assessment or the guidance around it.

3   How to use the Programme of Assessment

The Programme of Assessment must be used in conjunction with the RCOphth OST Curriculum (2024) and supplementary syllabi. It comprises a range of assessment methods to be used to assess capability in relation to curriculum Learning Outcomes.

A key document is the separate Assessment Blueprint, which indicates the assessment requirements at each critical progression point. Assessment of competence against the Learning Outcomes at each point will allow progression to the next training level and finally to CCT.

The type of assessment must be appropriate to the purpose. Some assessments are formative, ensuring doctors in training receive immediate feedback, and these can be employed to help to identify areas for development, guide learning, reassure about knowledge and skills, prompt reflection and nurture appropriate attitudinal responses. These assessments may also be collated and used to give a rounded view of a doctor's performance, contributing to summative judgements.

Other assessments are summative and utilised to make an overall judgment regarding competence, fitness to practice or qualification for progression to higher levels of responsibility.

Central to the Programme of Assessment is the professional judgement by trainers in making sure learners have met the Learning Outcomes and expected levels of performance set out in the curriculum. Assessors will make accountable, professional judgements.

4   RCOphth Examinations

Part 1 FRCOphth
Candidates are required to pass this examination **by the end of Level 1** of ophthalmic specialist training. It comprises theoretical papers based on the Learning Outcomes from the curriculum for the first two years of training. This includes basic sciences, theoretical optics and pathology. There are two 2-hour multiple choice question papers of 90 questions each, consisting of one best answer out of four options.

Refraction Certificate
Candidates are required to have passed the Part 1 FRCOphth examination, which tests theoretical knowledge, before taking the practical Refraction Certificate. They are required to pass the Refraction Certificate examination **by the end of Level 2** of ophthalmic specialist training as the ability to refract is an essential skill included in the Level 2 Learning Outcomes, so that they may progress to practice at Level 3.

Part 2 FRCOphth Written
This examination is open to candidates who have passed the Part 1 FRCOphth. It is the first component of the Part 2 examination, which is required **by the end of Level 3.** It comprises theoretical papers based on the Learning Outcomes from Level 1, 2 and 3 of the curriculum. There are two multiple choice question papers of 90 questions each, each consisting of one best answer out of four choices.

Part 2 FRCOphth Oral
This examination is open to candidates who have passed the Part 1 FRCOphth, the Refraction Certificate and the Part 2 FRCOphth Written component. Candidates must pass this examination to complete their FRCOphth, which is required **by the end of Level 3** of ophthalmic specialist training. It comprises a structured viva and an objective structured clinical examination (OSCE) based on the Learning Outcomes from Level 1, 2 and 3 of the curriculum.

5   Assessment of Performance (AoP)

Entrustable Professional Activity (EPA)
An Entrustable Professional Activity (EPA) is a unit of professional practice, defined as a 'task or responsibility that a trainee is entrusted to perform unsupervised once they have attained sufficient competence in the activity' (ten Cate, 2013). An EPA requires proficiency in multiple competencies simultaneously and is a more suitable focus for assessment than separate competencies.

EPAs have been developed to map to all of the Learning Outcomes for each level of the RCOphth OST Curriculum (2024) in the Patient Management domain. This means the Learning Outcomes of a given level in this domain can be assessed in an integrated way in the context of meaningful clinical activity. Summative entrustment decisions can then be made for that level, and the EPAs can be employed to inform decisions taken by the ARCP panel relating to trainee progression at these critical progression points.

The EPAs will be completed by the NCS and will replace the Clinical Supervisor Report (CSR). It is recommended that an ophthalmologist in training will have one EPA every six months for

Level 1 and 2; one for every SIA in Level 3 (minimum of one every 6 months); two out of twelve for Level 4 SIA (minimum of one every six months).

The EPA form includes a self-assessment and the ophthalmologist in training completes this prior to the supervisor. This is designed to facilitate professional insight on completion of the assessment and reflection on the formative feedback.

While longitudinal, periodic observation of performance is a key aspect on which to base the entrustment decision, assessors must consider some mandatory pieces of evidence; this varies between each EPA and may include Clinical Rating Scales (CRSs), Case-based Discussions (CbDs), Objective Assessment of Surgical and Technical Skills (OSATS) and Multi-Assessor Reports (MARs). At Level 4, nested EPAs are employed, with the EPA for 'Managing an Operating list' (which has been retained from the current programme of assessment) being considered as part of the summative evidence used to make an entrustment decision about the Learning Outcomes. Elective evidence may also be included – further OSATS and Direct Observation of Procedural Skills (DOPS) – and inclusion of these additional SLEs is mandatory wherever the assessor has indicated that the ophthalmologist in training is not achieving the expected level. This ensures focused, formative feedback is given.

After reviewing and considering the evidence, assessors make and record a decision about the degree of independence a doctor can safely work with in relation to the relevant Learning Outcomes. The degree of entrustment is described as below, depending on level:
- Observing
- Needs Direct Supervision
- Needs Indirect Supervision
- Competent to Level

Longitudinal development of the ophthalmologist in training is captured: a) as they move up through the entrustment descriptors within the level at which they are working and b) as they reach competence for the Learning Outcomes of a level and move through the critical progression point.

Feedback is given for each piece of evidence. As well as a confirmation statement (Yes or No) about whether the evidence presented confirms entrustment to practice independently in the area under consideration, a narrative to support that decision and suggested areas for further development is required.

Furthermore, where the entrustment level is below competent, a narrative is required to include the evidence that is needed to increase the entrustment recommendation.

The form concludes with further space for feedback about what was particularly good and actions that have been agreed between the supervisor and the ophthalmologist in training for further development.

As well as recording within the tool, feedback must be given directly to the doctor in training, and the assessment therefore requires a specific feedback meeting.

The EPAs will be used by ESs, along with the other evidence identified in the Assessment Blueprint, to make a recommendation at the end of the training year and inform the ARCP process.

Ensuring validity

Regarding content validity, the EPAs for this Programme of Assessment have been developed through an iterative process and piloted and supported by those who will work with them, trainers and doctors in training. The fact that the EPAs map directly to the Learning Outcomes in the Patient Management domain means they align completely to the curricular requirements of an ophthalmologist working at the particular level being assessed.

Explicit criteria enhance both the validity and reliability of the assessment process. The high-level Learning Outcomes included on the EPA form will link directly to the relevant descriptors once in electronic format. This means ophthalmologists in training and supervisors will be able to easily assure themselves of the competencies that must be included in their assessment. In addition, the EPA for 'Managing an Operating list' includes descriptors of a 'very good trainee' and a 'poor trainee' to increase reliability of the assessment.

HPAC (2016:44) suggests entrustment formats may have advantages over other summative assessment formats in terms of authenticity and rigour, as the assessor's judgement is more closely aligned to their own duties in this context to uphold standards. This gives some assurance about the conduct of assessors.

The EPA format encourages reflection on the evidence used to reach the judgement, and this is mandated wherever the doctor in training is judged not to be attaining the expected standards, increasing transparency of the decision making.

The EPA includes evidence from MARs, which introduces multiple judgments to this single assessment as well as an opportunity of incongruence and potential unfairness to be noticed and remediated.

Clear guidance with regard to the approach and standards for the EPAs will be articulated in the Assessment Handbook.

Objective Assessment of Surgical and Technical Skills (OSATS)

This summative assessment is being retained from the current programme of assessment, where it has been utilised for several years and found to be useful and valid. It is used to assess ocular surgery and can be applied at any level of training and to any procedure. Descriptors are given to describe 'very good trainee' and 'poor trainee'.

For this iteration, the four-point rating scale 'Poor, fair, good and very good,' used for the criteria that make up the assessment, has been replaced with 'Major concerns, Minor concerns, Meets expectations and Exceeds expectations'. Consultation with doctors in training and trainers has occurred extensively following feedback from individuals and external assessors that the term 'fair' had a wide range of interpretation and led to reduced reliability of this assessment tool.

The summative statement at the conclusion of the assessment is an entrustment one for the entire procedure ('observing, direct supervision, indirect supervision, competent, supervising'). Longitudinal development of the doctor in training is captured both by progression through the scale of each criterion and then as further competence is achieved through the entrustment statements.

Formative feedback is captured in two free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

The Entrustment statement as the summation of this assessment is particularly helpful in relation to its utility to aid safe decisions about a doctor's competence to perform particular surgical procedures and helps assure high quality care for patients.

Some summative OSATS are mandatory in some EPAs and are embedded in those assessment forms; in addition, doctors in training are strongly encouraged to use OSATS regularly in a formative manner to collect high quality recorded feedback.

Direct Observation of Procedural Skills – Biometry (DOPSBi)

This single DOPS assessment tool has been retained as a summative assessment in the new programme to assess biometry skills. This procedure requires a high degree of accuracy and is essential to achieve the best refractive results after cataract surgery. Failure to do so could result in patient morbidity following this most common of procedures. We therefore considered a summative assessment, which has proved valid and helpful in the current programme of assessment, still has utility in this situation.

For this iteration, as described for the OSATS, the four-point rating scale 'Poor, fair, good and very good,' used for the criteria that make up the assessment, has been replaced with 'Major concerns, Minor concerns, Meets expectations and Exceeds expectations'.

The summative statement at the conclusion of the assessment is an entrustment one for the entire procedure ('observing, direct supervision, indirect supervision, competent, supervising').

Formative feedback is captured in two free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

The Entrustment statement as the summation of this assessment is particularly helpful in relation to its utility to aid safe decisions about a doctor's competence to perform particular practical procedures and helps assure high quality care for patients.

Generic Skills Assessment Tool (GSAT)

The assessment of progression against the Learning Outcomes of the curricular domains requires a global professional judgement of a range of different skills and behaviours to make decisions about a doctor's suitability to take on particular responsibilities to progress to the next level of the training programme, and eventually to consultant practice at CCT. Whilst the Learning Outcome statements in the Patient Management domain describe activities that meet the criteria for consideration of entrustment, those in the other domains are competencies rather than activities and are not suitable for an EPA.

As an alternative tool for these domains, to capture and document a global summative judgment, the RCOphth have adopted and adapted the Plastic Surgery Curriculum Multi Consultant Report. This follows a short iterative process involving doctors in training and trainers who are members of the RCOphth Curriculum Sub-committee.

The doctor in training will enter a narrative to describe the evidence they are presenting and practice that has been observed by the assessor to evidence competency against the relevant Learning Outcome. They will then self-assess using the global statement 'meets expectations for level' where this is appropriate. The assessor will then review and assess the evidence, makes a summative, global statement of 'meets expectations for level' where appropriate and provides formative feedback (regardless of the summative statement). The feedback will highlight areas of particular excellence and guide further development. As well as recording

within the tool, feedback must be given directly to the doctor in training and the assessment therefore requires a specific feedback meeting.

Two assessments should be undertaken against each curricular domain in any training year. One at the mid-point and one towards the end of the year, in advance of the ARCP.

Although simple, the utility of this tool is dependent on its electronic nature, using a portfolio link to the syllabi, for valid assessment of the uploaded evidence against the essential descriptors. For this reason, it has not been possible to pilot this tool in advance of the development of the new ePortfolio.

The RCOphth undertake to pilot the GSAT in an iterative process and refine it appropriately according to feedback.

The GSAT must be completed by a trained consultant assessor. A different assessor may be selected for the different curricular domains, although often a single supervisor will be able to complete several. The assessor may be involved with an ophthalmologist in training in one of several capacities, for example as ES, CS or academic/research supervisor. The GSAT, both the self-assessment and the assessor judgement, will be used by the ES to make a recommendation at the end of the training year and inform the ARCP process. As with other tools, wide discrepancy between the two assessments will allow identification of over or under confidence and support further trainee reflection for insight.

Multi-Assessor Report (MAR)

This summative assessment tool has been directly adapted from the JRCTB Multiple Consultant Report. It has been altered to 'multiple assessor' to reflect the multi-professional working environment of Ophthalmology and the value of capturing the opinions of colleagues such as Orthoptists, Optometrists, Advanced Clinical Practitioners and Senior Technicians, and Nursing staff. The form is designed to capture the opinions of senior colleagues who have supervised the doctor in training and are able to comment on various important aspects of clinical performance.

The RCOphth undertake to pilot the MAR in an iterative process and refine it appropriately according to feedback.

The form is additional to the Multi-Source Feedback (MSF), as it is intended to focus specifically on clinical performance. Assessors rate the doctor in training on a range of criteria using the scale 'Major concerns, Minor concerns, Meets expectations and Exceeds expectations'. The responses contribute to the EPA and a list of appropriate respondents is agreed with the NCS. In most special interest areas (SIAs) two-four respondents per 6-month post should be obtained. The ES will also view these assessments and reflect them in their ESR.

Multi-Source Feedback (MSF)

The MSF is a tool that has been used for several years in the current programme of assessment. It assesses professional competence within a team working environment with assessments of the doctor's performance from a range of peers and colleagues, covering different professions, grades and environments (e.g. out-patients, theatre, administration). The doctor in training selects their assessors and this list is approved by the ES before the process is carried out electronically in an anonymised fashion. Feedback is provided in the form of a table providing collated scores and anonymised written comments. This is released first to the ES, who should meet with the doctor in training to discuss the feedback on their

performance. As well as providing feedback for reflection, the MSF enables any serious concerns to be highlighted to the ES in confidence, allowing appropriate action to be taken.

The ES will consider this evidence in writing their ESR and making a recommendation to the ARCP panel.

Surgical logbook

The Eye Logbook allows the doctor's competence as assessed by the OSATS, DOPS and EPAs to be placed in the context of experience. Although not a formal assessment, ophthalmologists in training are required to keep a log of all operative procedures in which they have been involved, including the level of supervision (A-Assisting, PS-Performed supervised, P-Performed independently, SJ-Supervising a junior). The logbook demonstrates the breadth of experience, particularly essential for the assessment of Level 4 Learning Outcomes.

Audit

Ophthalmologists in training are required to keep and present a continuous complications audit of their cataract surgery; this allows reflection and developmental planning with their CSs and ESs. Benchmarking against peer norms enables outliers to be highlighted and early appropriate action to be taken in the interest of patient safety.

As doctors approach the end of training, they are required to present audits of outcomes of their surgical procedures. Accepted national or international standards are used as benchmarks and this information is an important consideration for an ARCP panel in deciding that a doctor has reached the standard of competency required for CCT.

6. Supervised Learning Events (SLEs)

A Supervised Learning Event (SLE) is an interaction between a doctor in training and a trainer which leads to immediate feedback and reflective learning. They are designed to help doctors in training develop and improve their clinical and professional practice, and to set targets for future achievements.

Former workplace-based assessments from the previous programme of assessment have been adapted by removing the summative statements and focussing instead on the formative narrative.

There is no minimum number of SLEs and quality will be of more value than quantity. A useful SLE will stretch the doctor in training, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for them to receive developmental feedback.

Clinical Rating Scale (CRS)

These are tools retained from the existing programme of assessment. They were initially adapted from the mini-CEX assessments used in Foundation Training. They are used to assess clinical skill competencies, principally around ophthalmic examination and use of equipment, skills few doctors have achieved prior to OST1. There are fourteen specific forms for different skills. Their purpose it to provide feedback on skills essential to providing good clinical care. The forms provide descriptors of 'very good trainee' and 'poor trainee'.

Longitudinal development of the doctor in training is captured by progression through the scale of each criterion.

Formative feedback is captured in two free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Case-based Discussions (CbDs)

These are tools retained from the existing programme of assessment. The assessment covers a doctor's clinical judgement, decision making skills, case-note writing and clinical management. This is a formative assessment, and cases should be chosen that have created challenge, doubt or difficulty in order to maximise the learning opportunity. Discussion should be structured and in-depth. It should allow the assessor to explore how the doctor in training compiles, prioritises and applies knowledge. Discussion can be extended to other scenarios or situations, for example to encompass ethical frameworks of practice.

Case-based discussions can take place during or at the end of a clinical session such as an out-patient clinic, focussing on a patient the doctor in training has had a significant role in managing. They could also reflect a case presentation a doctor in training has made at a post-graduate meeting or where cases are discussed as part of one-to-one or small group teaching.

The case discussion is graded according to the level at which the assessor considers the doctor in training to be working ('Working towards Level 1, Level 1, Level 2, Level 3, Level 4').

Longitudinal development of the trainee is captured by progression through the scale of each criterion.

Formative feedback is captured in two free text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Direct Observation of Procedural Skills (DOPS)

This tool has been adapted from the previous summative tool. It is used to assess procedural skills and gain formative feedback.

Longitudinal development of the doctor in training is captured by progression through the scale of each criterion.

Formative feedback is captured in two free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Ensuring validity

Workplace-based assessments have been in routine practice for several years and are an embedded part of assessment strategy across medical specialties reflecting their value to day-to-day supervision for both doctor in training and trainers. There is, however, limited evidence supporting their validity and reliability, which is reflective of their heterogeneous nature, difficulty in identifying measurable behavioural change and a diverse population of doctors in training and trainers employing them.

It is clear that a range of assessment tools is preferable to give a rounded view of a doctor in training across many domains and this programme of assessment employs that principal.

The RCOphth will continue to evaluate the performance of these assessment tools and refine the guidance to use them as indicated.

7　Guidance for Annual Review of Competency Progression (ARCP)

The ARCP is a formal Statutory Education Body (SEB) process overseen on their behalf by a TPD. It scrutinises the doctor's suitability to progress through the training programme and it is incumbent on the doctor in training to provide evidence in their portfolio on which the panel can make this decision. Throughout training there should be engagement with the GMC's GMP framework and the learning process (curriculum, formative and summative assessment) by regular participation in SLEs, AoPs and utilising the ePortfolio to demonstrate the requirements of the GMC-approved curriculum and associated assessment system have been met.

Example of evidence include:
- Educational and clinical supervision – documentation of meetings and outcomes
- Regular participation in EPAs, SLEs and AoPs
- Examination outcomes
- Professional Development Plan (PDP)
- Reflective entries
- Logbook
- Record of training and teaching events
- Teaching resources
- Audits
- Clinical governance/quality improvement activities
- Presentations/research/publications
- Evidence of Continual Professional Development (CPD) and educational meetings attended

The ES should utilise much of this evidence when completing the ESR, as this will be used to inform the ARCP panel.

The ARCP panel makes the final summative decision determining whether the doctor in training is making the appropriate progress and is able to move to the next level of training or to achieve CCT.

Satisfactory completion of Level 1 training requirements
Assessments supporting the Level 1 Learning Outcomes focus on acquiring the knowledge base required to be a safe and effective ophthalmologist. An ophthalmologist working at Level 1 will be able to independently perform a patient assessment and basic investigation. They will be able to identify, describe and interpret clinical findings. They will be able to arrive at differential diagnoses, using their basic clinical science knowledge. They will be able to suggest management plans for low complexity patients. They will work effectively with the multi-professional team.

Doctors in training must demonstrate they have achieved the Level 1 Learning Outcomes including:

- Up-to-date ePortfolio (see list of example evidence above)
- One ESR every 6 months
- Part 1 FRCOphth examination
- One EPA from each 6-month post
- CRS assessments (CRS1-11)

- Case-based discussions
- OSATS1 for Cataract Surgery and Lid Surgery
- Logbook showing surgical log with details of Performed/Performed Under/Assisted At (P/PS/A)
- MAR(s) as requested by NCS
- A satisfactory DOPS or other evidence to demonstrate
  - Aseptic technique
  - Operating microscope
  - Use of the exophthalmometer
  - Assessment of lacrimal function
  - Corneal scrape
  - Removal of sutures
  - Punctal plug insertion
  - Interpretation of automated visual fields

- One MSF for each 12-month training period
- Cataract complications audit (from each 12-month training period)
- GSAT (one from each 6-month post) for each non-Patient Management domain
- Form R for each 12-month training period (SOAR declaration in Scotland)

Satisfactory completion of Level 2 training requirements

An ophthalmologist working at Level 2 will be able to independently manage low complexity patients at an appropriate work rate employing the most appropriate clinical examination and investigation modalities. They will refine differential diagnoses and management plans by application of their clinical knowledge. They will be aware of public health issues relevant to ophthalmology.

Doctors in training must demonstrate they have achieved the Level 2 Learning Outcomes including:

- Up-to-date ePortfolio (see list of example evidence above)
- One ESR every 6 months
- Refraction Certificate examination
- One EPA from each 6-month post
- CRS assessments (CRS1, CRS10d, CRSRet)
- Case-based discussions
- OSATS1 for Cataract Surgery, Lid Surgery and other transferable microsurgical skills
- Logbook showing surgical log with details of P/PS/A
- MAR(s) as requested by NCS
- Satisfactory DOPS or other evidence to demonstrate
  - Assessment of lacrimal function
  - Use of a pachymeter
  - Insertion of a bandage contact lens
  - Removal of corneal foreign body
  - Removal of ocular surface sutures
  - Laser to lens capsule
  - Laser for raised intraocular pressure (IOP)
  - Laser retinopexy
  - Lateral canthotomy

- Lateral cantholysis
- Interpret orthoptic assessment
- Interpret biometry

- One MSF for each 12-month training period
- Cataract complications audit (from each 12-month training period)
- GSAT (one from each 6-month post) for each non-Patient Management domain
- Form R for each 12-month training period (SOAR declaration in Scotland)

Satisfactory completion of Level 3 training requirements

An ophthalmologist working at Level 3 will be able to independently assess and manage moderate complexity patients demonstrating an understanding of appropriate procedures and selecting the most appropriate treatment. They will work at the level expected of a consultant general ophthalmologist, i.e. not a specialist in the area. They will recognise when specialist expertise is required and refer appropriately. They will independently perform low complexity procedures relevant to the specialty.

Doctors in training must demonstrate they have achieved the Level 3 Learning Outcomes including:

- Up-to-date ePortfolio (see list of example evidence above)
- One ESR every 6 months
- Part 2 FRCOphth examination
- One EPA Level 3 for each of the Level 3 SIAs
- CRS assessment (CRS1)
- DOPSBi assessment
- Case-based discussions
- OSATS1 for Cataract Surgery, Lid Surgery and other transferable microsurgical skills, as appropriate to each SIA
- Logbook showing surgical log with details of P/PS/A
- MAR(s) as requested by NCS
- Satisfactory DOPS/OSATS or other evidence to demonstrate
  - Anterior chamber paracentesis
  - Anterior orbital biopsy
  - Aqueous and vitreous sampling
  - Assessment of lacrimal function
  - Botulinum toxin injection
  - Corneal gluing
  - Corneal graft suture removal
  - Corneal trauma repair
  - Examination for non-accidental injury
  - Examination for suspected NAI
  - External dacryocystorhinostomy
  - Eyelid laceration repair
  - Indirect laser to the retina
  - Indirect ophthalmoscopy with indentation
  - Initial management of orbital emergencies
  - Interpretation and use of ICG and FFA, OCT, AF and electrophysiology
  - Interpretation of orthoptic assessment
  - Interpretation of orthoptic examination

- Interpretation of Scan Ultrasound
- Laser for IOP (including YAG PI and SLT)
- Lateral cantholysis
- Local anaesthesia
- Nasal endoscopy
- Ocular surface protection
- Periocular and intraocular drug delivery
- Referral for genetic counselling
- Refraction
- Retinal laser treatment
- Sub-tenon's injection
- Surgical management of oculoplastic adnexal and lacrimal conditions
- Tarsorrhaphy
- Ultrasound of vitreous, retina and choroid
- Use of neuroimaging
- Vitreous biopsy

- One MSF for each 12-month training period
- Cataract complications audit (from each 12-month training period)
- GSAT (one from each 6-month post) for each non-Patient Management domain
- Form R for each 12-month training period (SOAR declaration in Scotland)

Satisfactory completion of Level 4 training requirements (CCT)

An ophthalmologist working at Level 4 will demonstrate the advanced clinical management and surgical skills expected of a consultant with a special interest in this area. They will be able to manage the complexity and uncertainty of the SIA. They will be an effective teacher and trainer.

Doctors in training must demonstrate they have achieved the Level 4 Learning Outcomes including:

- Up-to-date ePortfolio (see list of example evidence above)
- One ESR every 6 months
- Two EPAs out of twelve (minimum of one every 6 months)
- Two EPA Level 4 Theatre List for each surgically based SIA (Oculoplastics, Cornea, Cataract, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatrics)
- CRS assessment (CRS1)
- Case-based discussions
- OSATS1 for microsurgical skills where a surgically-based SIA is undertaken (Oculoplastics, Cornea, Cataract, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)
- Satisfactory DOPS/OSATS or other evidence (e.g. managing an operating list) to demonstrate competence in the areas described in the EPA L4 of the chosen SIA.
- A logbook indicating the described breadth of surgical experience (see Patient Management Level 4 syllabi)
- A logbook indicating supervision of juniors (up to Level 3) in the chosen SIA (Oculoplastics, Cornea, Cataract, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology) and supervision of juniors (up to Level 4) in cataract surgery (Cornea, Glaucoma and Vitreoretinal Surgery SIAs only)
- MAR(s) as requested by NCS

- One MSF for each 12-onth training period
- Cataract complications audit (from each 12-month training period where Cataract Level 4 SIA is undertaken)
- Audit of surgical outcomes for each surgically-based SIA undertaken (Oculoplastics, Cornea, Cataract, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)
- GSAT (one from each 6-month post) for each non-Patient Management domain
- Form R for each 12-month training period (SOAR declaration in Scotland)

8　Feedback and Reflection

Reflection and feedback are an integral component to all assessments, and they should therefore take place regularly throughout each year of the training programme. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently. Feedback should be of high quality and should include an action plan for future development. In order to maximise benefit, reflection and feedback should take place as soon as possible after an event. Both doctors in training and trainers should recognise and respect cultural differences when giving and receiving feedback.

Giving feedback

Feedback is sometimes seen as merely providing a commentary on what the doctor in training has achieved, or what corrections need to be made. When performed well, feedback:

- Improves the doctor's awareness of their strengths and areas for development;
- Boosts the doctor's confidence, self-esteem and motivation, thereby leading to greater progress;
- Can be used for developmental activity to develop generic skills and a greater dialogue between the doctor in training and the assessor/supervisor.

To provide high-quality feedback the assessor/supervisor should devote adequate professional time.

What makes feedback more effective?

Effective feedback has the following characteristics:
- Feedback is timely and provided as near as possible to the activity or assessment.
- Feedback must be focussed on the behaviour / capability and not on the person, ensuring that the Learning Outcome achievement is the primary focus.
- Feedback must be understandable and useful to the doctor in training.
- Feedback must be constructive. It must also consider how future developments and assessments can be supported, e.g. where does this fit with generic skills?
- Feedback should be encouraging and supportive, building on strengths but also identifying areas for development and supporting the doctor in training to produce clear action plans to address these.
- Feedback supports the doctor in training in becoming self-aware and forming their own judgements about their own performance and level of work.

Feedback tools

AoPs and SLEs – each assessment tool included in this Programme of Assessment includes free-text boxes to document the narrative of the feedback given. This is divided into sections

to include the acknowledgment of what was particularly good, identification of areas for development and an agreed plan to address the identified developmental needs.

MSF – this is a method used to assess common skills including behaviours, team working and communication skills of doctors in training. It is described in more detail in the Assessment of Performance section above.

Reflective practice

Reflective practice is strongly encouraged and will be a key underpinning concept of the whole curriculum. Identifying the many approaches and opportunities to learn from experiences will require ophthalmologists in training to consider the impact of actions and the outcomes. Learning from experiences, both positive and negative, is a powerful learning tool.

9   Ensuring Quality

A robust quality assurance and improvement framework is required to support an effective assessment strategy. The purpose of this is to promote the improving quality of the doctor's and ensure that the regular review and evaluation of this strategy is maintained.

The framework to support this Programme of Assessment will comprise a number of quality improvement tools and processes that impact on the overarching aspects of assessment.

Effective recruitment mechanisms. It is important that the right person is recruited into the ophthalmology programme and that doctors in training are not set up to fail before they have begun. The RCOphth recruitment process includes testing of aptitude and attributes along with any existing skills and knowledge specific to ophthalmology.

Support for induction periods and review of induction. The RCOphth provides guidance through online workshops and resources.

Gathering and responding to trainee feedback. Analysis of the GMC NTS, and other surveys carried out directly by the RCOphth and / or its committees will be key to identifying both concerns and good practice.

Quality assurance of examinations. This takes a variety of forms during the development, delivery, standard setting and review stages.

Quality of assessors and supervisors. This is supported by a well-established RCOphth Training the Trainers (TTT) programme.

Monitoring and support for ARCP. There is an externality process to ensure that the Gold Guide requirements are met across all Postgraduate Deaneries and HEE local offices. Improvement aspirations include additional training and standardisation activities.

Along with these mechanisms there will be scheduled review points for the evaluation of the effectiveness and impact of this strategy. By applying the framework processes outlined above, the RCOphth will ensure that assessment is monitored and reviewed in a structured, planned and risk-based manner.

10 Ensuring Equality, Diversity and Inclusion in Assessment

The RCOphth has considered any actual or potential adverse effects of implementation on those with protected characteristics (as defined in the Equality Act, 2010), including consideration of any likely effect on Less Than Full Time (LTFT) doctors in training. The RCOphth seeks to address issues of equality, diversity and fairness in a range of ways, including:

- Examination and assessment content authored, implemented and reviewed by a diverse range of individuals. Equality and diversity data are gathered regularly for clinicians involved in the work of RCOphth committees with responsibility for examinations and assessment.
- Training for examiners and assessors includes consideration of potential adverse effects and how to ensure these are removed or mitigated when designing, authoring and administering examinations and assessments.
- Feedback is gathered from candidates following centrally administered examinations and assessments, and from the entire trainee cohort through the GMC NTS and RCOphth-led surveys.
- The RCOphth provides Reasonable Adjustments where evidence supporting a request exists, and use online examination and assessment systems which can be adjusted (e.g. text, font size and colour) where necessary to meet specific access needs.
- Outcomes for examinations and assessments are monitored to identify any trends that may post a concern with regards to equality, diversity or fairness.

Additional consideration with regard to the implementation of this programme of assessment have been:

- The planned TTT programme that will be cascaded through the regions for CSs and ESs and the supporting Assessment Handbook will both draw attention to the barriers faced by specific groups of doctors.
- Including multiple judgements mapped to each set of Learning Outcomes will reduce the impact of disadvantage from interpersonal interactions and any local context that may put some groups of doctors in training at a disadvantage.
- The inclusion of clear, useable assessment criteria contributes to the openness and accountability of the whole process.
- The assessment handbook will encourage ESs to explore the underlying reasons where there is incongruence between doctor in training self-assessment and trainer assessment.

The RCOphth is committed to the following actions to enhance its existing work in relation to ensuring equality, diversity and fairness in assessment:
- To continue to review the nominations and appointment process to positions responsible for examinations and assessments, ensuring equality of opportunity and access.
- To increase the number of characteristics for which examination data is routinely reviewed.
- To implement a range of measures to improve the quality and quantity of the data set that the RCOphth hold related to protected characteristics for all those

involved in training and assessment, enabling more comprehensive analysis and reporting.

- To develop improved training related to equality and diversity for all clinicians with a role in the examinations and assessments.
- To implement improvements to the review of the complaints log, ensuring that any issues and / or trends are identified promptly and acted on accordingly.