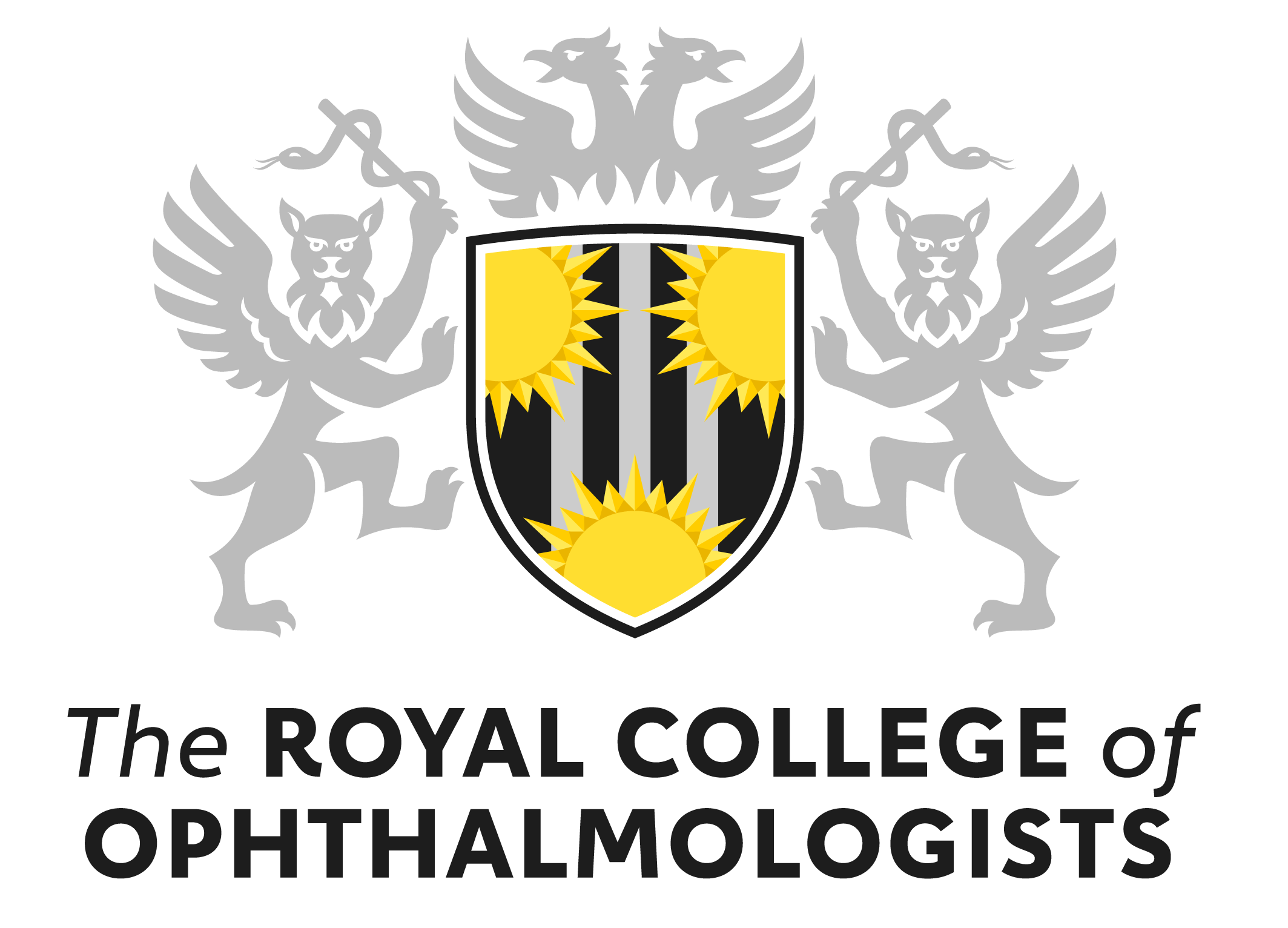
|  |  |
| --- | --- |
| Trainee name: | Pre-populated |
| Trainee GMC number: | Pre-populated |
| Training year: | Choose an item. |
| Assessor name: | Pre-populated |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click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



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 1**

**Providing clinical care for low complexity general ophthalmology patients**

**Learning Outcomes**

Trainees and trainers should refer to the [descriptors](https://curriculum2024.rcophth.ac.uk/wp-content/uploads/2023/10/Level-1-LOs-and-descriptors-all-domains.pdf) within each learning outcome below as a guide when completing this form.

* Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnoses.
* Formulates and initiates a management plan for low complexity cases.
* Justifies the diagnoses and plans with reference to basic and clinical science.
* Works effectively with patients and the multi-professional team.
* Understands the role of a Community Ophthalmology Service.
* Communicates and delivers feedback to referrers and patients to support integrated care.

**Trainee self-assessment**

Please use the entrustment scale below to document your progression until Level 1 competence has been reached.

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

**Trainer assessment**

1. Please choose one of the following to indicate whether the evidence submitted indicates that the trainee is competent to this Level in each mandatory requirement:

* Yes it does (YES)
* I have reservations about whether evidence meets standards (RESERVATION)
* No it does not (NO)
* There is no evidence (NO EVIDENCE)

1. Please include a narrative to support your decision and suggest areas for further development in the Comments box.

| **Mandatory requirements** | **The evidence submitted indicates that the trainee is competent to this Level in each mandatory requirement**  ***Yes/No/Reservations/No evidence*** | **Comments** |
| --- | --- | --- |
| 1. **Mandatory requirement in outpatients (please review where assessments have been signed off by other assessors)**   1 A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| CRS1 Consultation skills | Choose an item. | Click or tap here to enter text. |
| CRS2 Assess vision | Choose an item. | Click or tap here to enter text. |
| CRS3 Assess visual fields | Choose an item. | Click or tap here to enter text. |
| CRS5 External eye examination | Choose an item. | Click or tap here to enter text. |
| CRS6 Assess pupils | Choose an item. | Click or tap here to enter text. |
| CRS7 Assess ocular motility | Choose an item. | Click or tap here to enter text. |
| CRS8 Assess intra-ocular pressure | Choose an item. | Click or tap here to enter text. |
| CRS9 Slit lamp | Choose an item. | Click or tap here to enter text. |
| CRS10a Fundus assessment – direct ophthalmoscope | Choose an item. | Click or tap here to enter text. |
| CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent | Choose an item. | Click or tap here to enter text. |
| CRS10c Fundus assessment – diagnostic contact lens | Choose an item. | Click or tap here to enter text. |
| CRSGon Gonioscopy | Choose an item. | Click or tap here to enter text. |
| Corneal scrape1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Use an exophthalmometer1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Assess lacrimal function1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Punctal plug insertion1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Interpretation of automated visual fields1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Removal of sutures1,2 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| 1. **Mandatory requirements in theatre (please review where these have been performed by other assessors)**   1 A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| OSATS1 Microsurgical skills | Choose an item. | Click or tap here to enter text. |
| OSATS1 Cataract Surgery | Choose an item. | Click or tap here to enter text. |
| OSATS1 Lid surgery | Choose an item. | Click or tap here to enter text. |
| Operating microscope1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Removal of sutures1,2 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| 1. **Other mandatory requirements** | | |
| 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. |
| Longitudinal observation by consultant assessor in the theatre and simulation 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. |
| Case-based Discussions (CbDs) – *please specify number in Comments* | Choose an item. | Click or tap here to enter text. |
| Indicate whether one or more MARs have been reviewed before completing this EPA | Choose an item. | Click or tap here to enter text. |
| Please indicate the name and role of all assessors who completed the MAR(s) |  | Click or tap here to enter text. |

**Based on my observations and the evidence indicated I consider that the overall level of entrustment for this trainee is:**

|  |  |
| --- | --- |
| **Overall level of entrustment for this activity** | Observing  Needs Direct Supervision  Needs Indirect Supervision  Competent to this Level |

**Anything especially good?**

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

**Please indicate what additional evidence is needed to reach that level of entrustment if you are unable to recommend the appropriate level of entrustment due to limited evidence.**

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