|  |  |
| --- | --- |
| Trainee name | *Click or tap here to enter text.* |
| Trainee GMC number | *Click or tap here to enter text.* |
| Training year | Choose an item. |
| Assessor name | *Click or tap here to enter text.* |
| Assessor status | Consultant |
| *If Assessor is Other, please specify* | *Click or tap here to enter text.* |
| Date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Clinical Scenario | 60 y.o. with T2 IDDM. Poor R vision for 6 weeks, dense vitreous haemorrhage. No previous laser. |
| Diagnosis | Diabetic vitreous haemorrhage |
| Overall difficulty of case | Simple |
| Level | Choose an item. |

[**Level 1**](https://curriculum2024.rcophth.ac.uk/wp-content/uploads/2023/10/Level-1-LOs-and-descriptors-all-domains.pdf) 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.

[**Level 2**](https://curriculum2024.rcophth.ac.uk/wp-content/uploads/2023/10/Level-2-LOs-and-descriptors-all-domains.pdf) 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.

[**Level 3**](https://curriculum2024.rcophth.ac.uk/learning-outcomes/) 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.

[**Level 4**](https://curriculum2024.rcophth.ac.uk/learning-outcomes/) 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 special interest area. Thy will be an effective teacher and trainer.

**Please rate the competence the ophthalmologist in training has shown in the following areas.**

| **Topic** | **Please choose Major concerns, Minor concerns or Meets expectations from the drop-down list** |
| --- | --- |
| Medical Record Keeping | Meets expectations |
| Clinical Assessment | Meets expectations |
| Investigation and Referrals | Minor concerns |
| Diagnosis and Treatment | Meets expectations |
| Follow-up and Future Planning | Meets expectations |
| Professionalism | Meets expectations |
| Clinical Judgment | Meets expectations |
| Recognition and Reflection of Personal Limits | Meets expectations |
| Involvement and Leadership of the Multi-disciplinary Team | Meets expectations |
| Awareness of Guidelines, Protocols and Evidence | Meets expectations |
| Evaluation of Published Developments | Meets expectations |

|  |  |
| --- | --- |
| **Overall assessment of this case-based discussion** | Meets expectations |

**Please use the boxes below for free-text comments and recommendations for further training.**

|  |  |
| --- | --- |
| Please note any aspects which were especially good  Recognised vitreous haemorrhage and identified early NVE in other eye. Good explanation of risks and benefits of vitrectomy, stressing final VA cannot be predicted. | Please note any suggestions for improvement and action points  Vitrectomy may be urgent if no prior laser. Always do B-scan in these eyes to determine if there is a PVD or not. |
| Agreed action plan  Read up studies of the role of anti-VEGF in diabetic vitreous haem | |

***This form should now be linked to the appropriate EPA.***

**Signature of assessor: Signature of trainee:**