|  |  |
| --- | --- |
| Resident name: |  |
| Resident GMC number: |  |
| Training year: | Choose an item.  |
| Assessor name: |  |
| 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 2**

**Refraction**

**Learning Outcomes**

This table specifies the curriculum requirements for refraction at Level 1 and Level 2. All requirements have to be met for entry into Level 3.

|  |  |  |
| --- | --- | --- |
| **Level** | **Learning outcome** | **Descriptor** |
| 1  | [Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses](https://curriculum2024.rcophth.ac.uk/outcome/independently-perform-a-patient-assessment-and-investigations-sufficient-to-identify-describe-and-interpret-clinical-findings-to-arrive-at-differential-diagnoses/) | Understand and interpret an optometric examination, including the assessment of vision and binocular vision. ​ Interpret the refraction result.   |
| Understand when refraction is indicated, how it is performed and recorded. ​  |
| Become familiar with practice of retinoscopy and perform retinoscopy to understand this.   |
| 2  | [Independently manage patients at an appropriate work rate](https://curriculum2024.rcophth.ac.uk/outcome/independently-manage-patients-at-an-appropriate-work-rate-employing-the-most-appropriate-clinical-examination-equipment-and-investigation-modalities-12/) | Perform refraction and understand the relevance and importance of the refraction.  |
| Assess a patient’s spectacles using neutralisation techniques and focimetry.​  |
| Assess a patient’s binocular co-operation and assess whether optical correction for this is necessary.  |
| Perform a cycloplegic refraction and understand the relevance and importance of the refraction.  |

**Resident self-assessment**

Please use the entrustment scale below to document your progression until 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 resident is competent 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 resident is competent to this Level in each mandatory requirement*****Yes/No/Reservations/No evidence*** | **Comments**  |
| --- | --- | --- |
| 1. **Mandatory requirements in outpatients (please review where these have been performed by other assessors)**
* A formative tool should be used if a resident is not achieving the expected level.
* Where the form of the evidence is not prescribed, select evidence type in Comments.
* All these competencies must be signed off by an individual with appropriate expertise in refraction, e.g. optometrist, consultant paediatric ophthalmologist or cataract surgeon
 |
| DOPS Focimetry (mandatory WPBA) | Choose an item. | Click or tap here to enter text. |
| CRSret Cycloplegic refraction (mandatory WPBA) | Choose an item. | Click or tap here to enter text. |
| Non-cycloplegic retinoscopy of myope | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Non-cycloplegic retinoscopy of hyperope | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Full subjective refraction – sphere refinement | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Full subjective refraction – cylinder refinement | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Full subjective refraction – binocular balance tecniques | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| 1. **Other mandatory requirements**
 |
| Review of logbook (at least 50 refractions with a minimum of 10 of each type (cycloplegic, non-cycloplegic, subjective refraction of sphere and cylinder)) | 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. |
| 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 resident 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. |