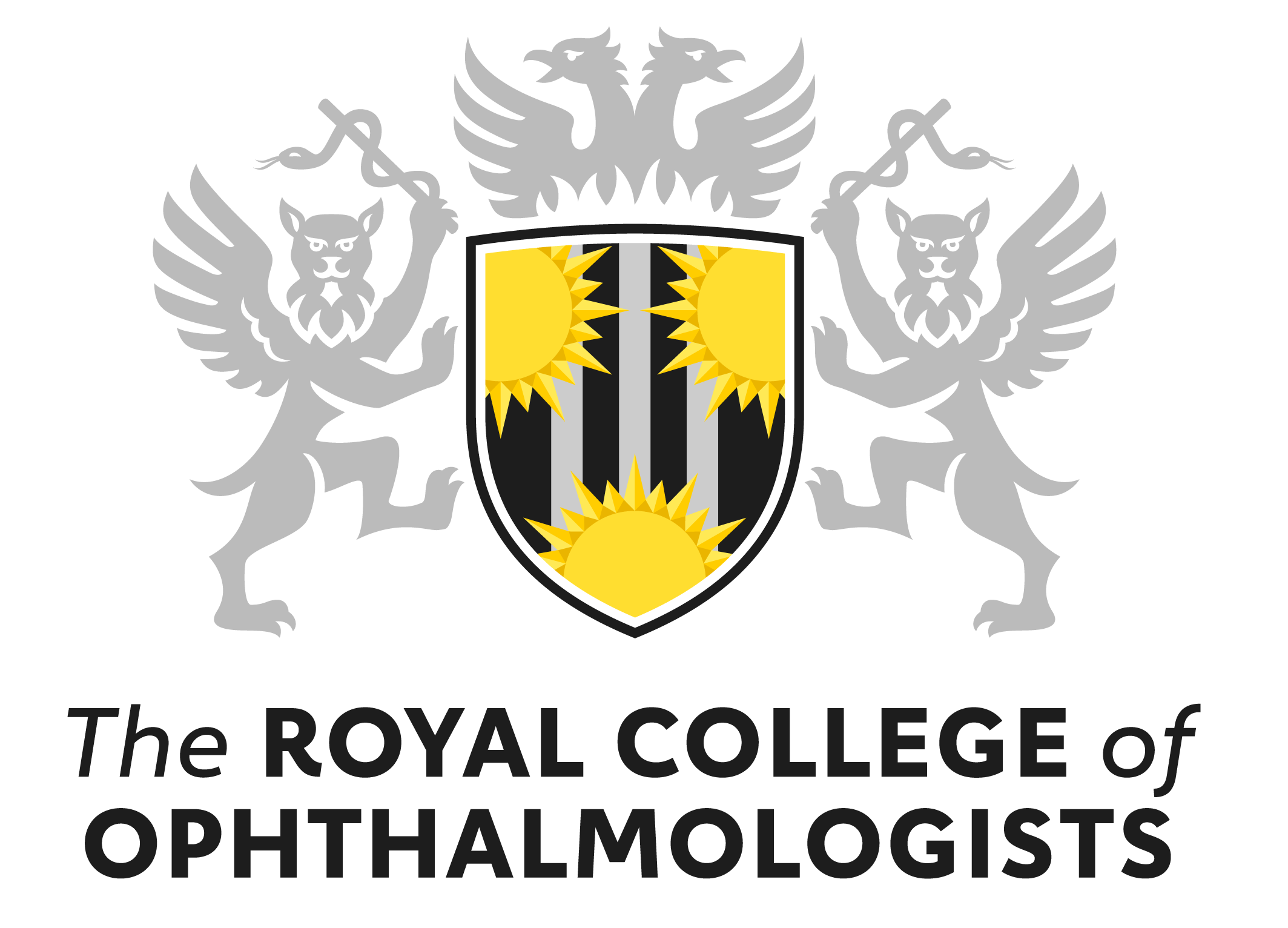
|  |  |
| --- | --- |
| Trainee name: |  |
| Trainee GMC number: |  |
| Training year: | Choose an item. |
| Assessor name: |  |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 2**

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

**Learning Outcomes**

Trainees and trainers should refer to the [descriptors](https://curriculum2024.rcophth.ac.uk/learning-outcomes/level-2-los-and-descriptors-all-domains/) within each learning outcome below as a guide when completing this form.

* Manages patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
* Refines the differential diagnoses and management plan by application of clinical knowledge.
* Is aware of common public health issues and requirements specific to ophthalmology.
* Understands the environmental impact of eye health care.

**Trainee self-assessment**

Please use the entrustment scale below to document your progression until Level 2 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 requirements in outpatients (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. | | |
| CRS1 Consultation skills | Choose an item. | Click or tap here to enter text. |
| CRS10d Fundus assessment – binocular indirect ophthalmoscope | Choose an item. | Click or tap here to enter text. |
| CRSret Cycloplegic refraction | Choose an item. | Click or tap here to enter text. |
| Use a pachymeter1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Insertion of bandage contact lens1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Removal of corneal foreign body1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Laser to lens capsule1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Laser for raised IOP1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Laser retinopexy1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Interpret orthoptic assessment1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Interpret FFA1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| 1. **Mandatory assessments 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. | | |
| 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. |
| Lateral canthotomy/cantholysis1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Interpret biometry1 | 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. |