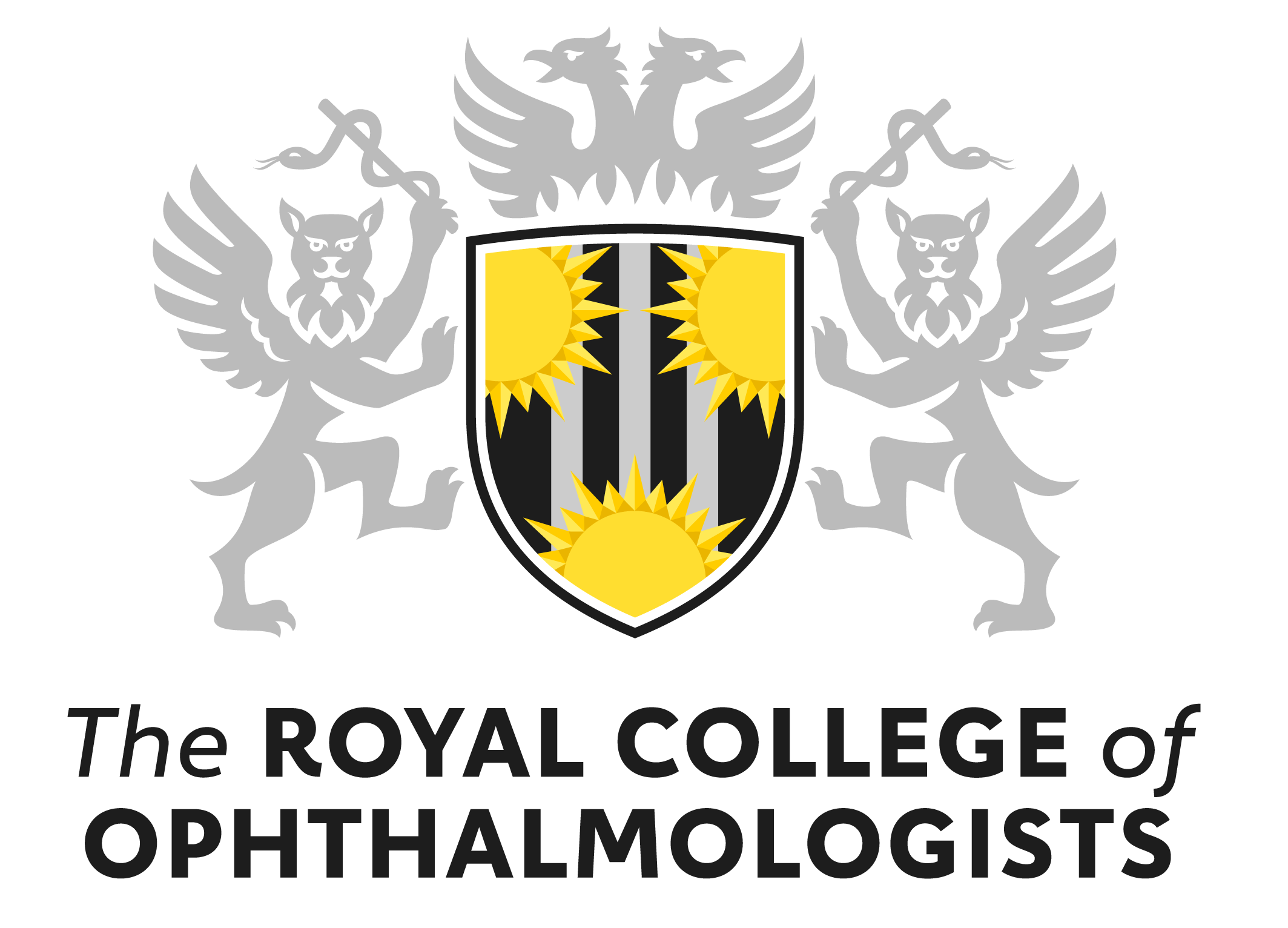
|  |  |
| --- | --- |
| Trainee name: |  |
| Trainee GMC number: |  |
| Training year: | Choose an item. |
| Assessor name: |  |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 3**

**Providing clinical care for moderate complexity glaucoma patients**

**Learning Outcomes**

Trainees and trainers should refer to the descriptors within each learning outcome below as a guide when completing this form.

* [Independently assess and manage moderate complexity patients, demonstrating an understanding of glaucoma procedures and select the most appropriate treatment according to current accepted practice.](https://curriculum2024.rcophth.ac.uk/outcome/independently-assess-and-manage-moderate-complexity-patients-demonstrating-an-understanding-of-glaucoma-procedures-and-selecting-the-most-appropriate-treatment-according-to-current-accepted-practice/)
* [Risk assess and prioritise patients appropriately, recognising the need for special interest area input.](https://curriculum2024.rcophth.ac.uk/outcome/risk-assess-and-prioritise-patients-appropriately-recognising-the-need-for-special-interest-input-4/)
* [Independently perform low complexity glaucoma procedures.](https://curriculum2024.rcophth.ac.uk/outcome/independently-perform-low-complexity-glaucoma-procedures/)

**Trainee self-assessment**

Please use the entrustment scale below to document your progression until Level 3 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 in glaucoma | Choose an item. | Click or tap here to enter text. |
| Laser for IOP (including YAG PI and SLT)1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Acute management of angle closure glaucoma1 | 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. | | |
| OSATS1 Cataract Surgery | Choose an item. | Click or tap here to enter text. |
| OSATS1 Microsurgical skills – glaucoma surgery | Choose an item. | Click or tap here to enter text. |
| Local anaesthesia1 | 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. |