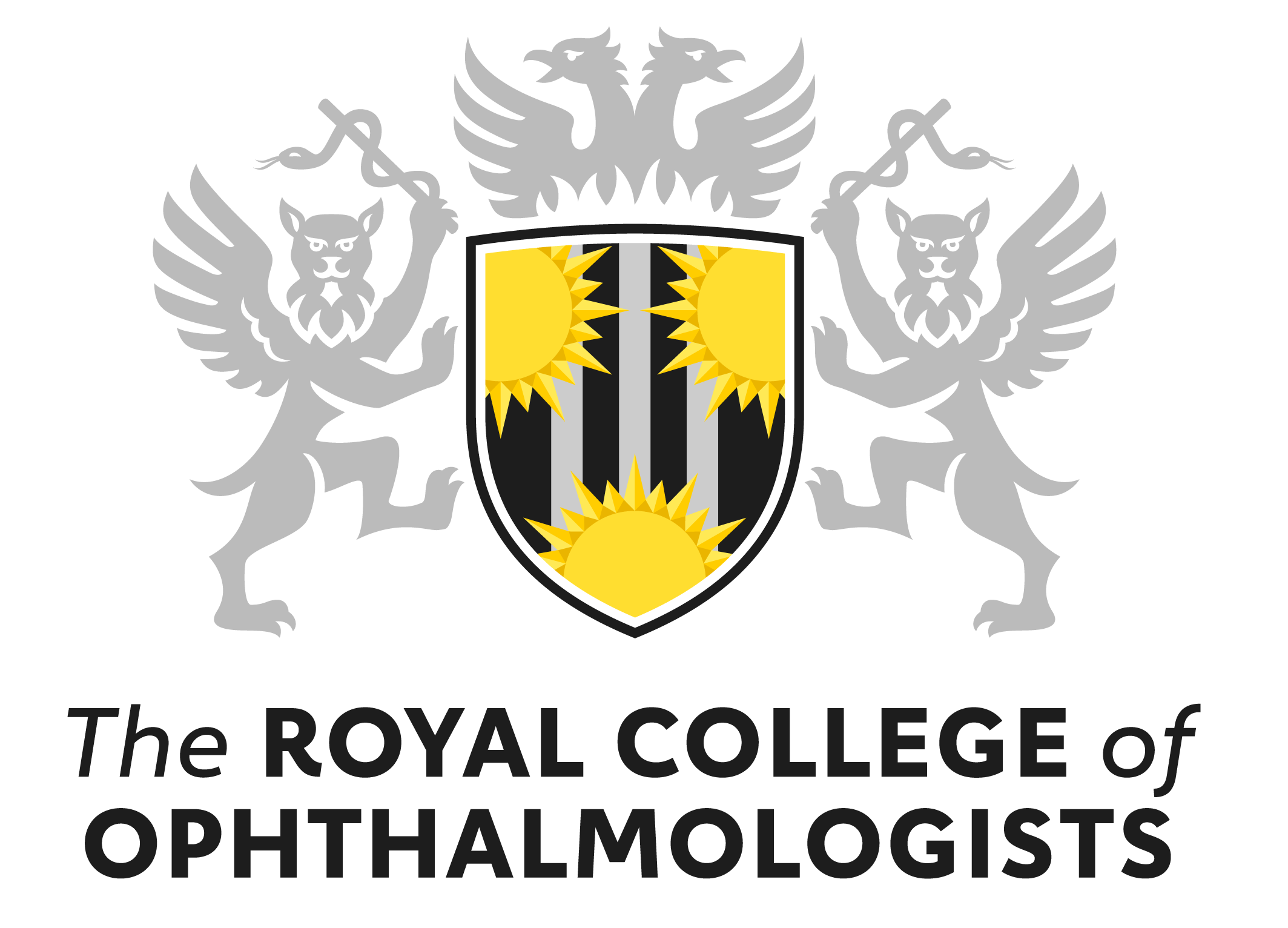
|  |  |
| --- | --- |
| Trainee name: |  |
| Trainee GMC number: |  |
| Training year: | Choose an item. |
| Assessor name: |  |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 4**

**Providing clinical care for community patients**

**Learning Outcomes**

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

* [Demonstrate advanced skills necessary to assess the eye health needs of a population and analyse local priorities.](https://curriculum2024.rcophth.ac.uk/outcome/demonstrate-advanced-skills-necessary-to-assess-the-eye-health-needs-of-a-population-and-analyse-local-priorities/)
* [Evaluate design and delivery of care pathways.](https://curriculum2024.rcophth.ac.uk/outcome/evaluate-design-and-delivery-of-care-pathways/)
* [Demonstrate skills to assess and assure high quality outcomes in Community Ophthalmology Services.](https://curriculum2024.rcophth.ac.uk/outcome/demonstrate-skills-to-assess-and-assure-high-quality-outcomes-in-community-ophthalmology-services/)
* [Be an effective clinical leader, supervisor and trainer of the multi-disciplinary team.](https://curriculum2024.rcophth.ac.uk/outcome/be-an-effective-clinical-leader-supervisor-and-trainer-of-the-multi-disciplinary-team/)

**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. | | |
| Understand local eye health needs, value of services and financial pressures1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Ability to supervise and train trainees in community ophthalmology to Level 3 and other health professionals1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Health services evaluation project/quality improvement project1 | 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 community setting where possibly (consider handling of referrals, communication with primary care, virtual clinics, teleophthalmology, etc.) | 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. |