|  |  |
| --- | --- |
| 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 complex neuro-ophthalmology 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 clinical management and surgical skills.](https://curriculum2024.rcophth.ac.uk/outcome/demonstrate-advanced-clinical-management-and-surgical-skills-8/)
* [Manage the complexity and uncertainty of neuro-ophthalmology cases.](https://curriculum2024.rcophth.ac.uk/outcome/manage-the-complexity-and-uncertainty-of-neuro-ophthalmology-cases/)
* [Apply management and team working skills appropriately, including in complex, dynamic situations.](https://curriculum2024.rcophth.ac.uk/outcome/apply-management-and-team-working-skills-appropriately-including-in-complex-dynamic-situations-7/)
* [Be an effective supervisor, teacher and trainer of neuro-ophthalmology cases.](https://curriculum2024.rcophth.ac.uk/outcome/be-an-effective-supervisor-teacher-and-trainer-of-ocular-motility-cases/)

**Trainee self-assessment**

 Please use the entrustment scale below to document your progression until Level 4 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 neuro-ophthalmology | Choose an item. | Click or tap here to enter text. |
| DOPS Botulinum toxin injection to extraocular muscles1,2 | Choose an item. | Click or tap here to enter text. |
| Independent management of the neuro-ophthalmology clinic1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Forced duction test1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Use and interpretation of appropriate neuroimaging1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Use of and interpretation of appropriate electrodiagnostic testing1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Ability to supervise and train trainees and other health professionals in neuro-ophthalmology to Level 3 in a clinic setting1 | 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)**
 |
| OSATS1 Temporal Artery Biopsy | 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. |