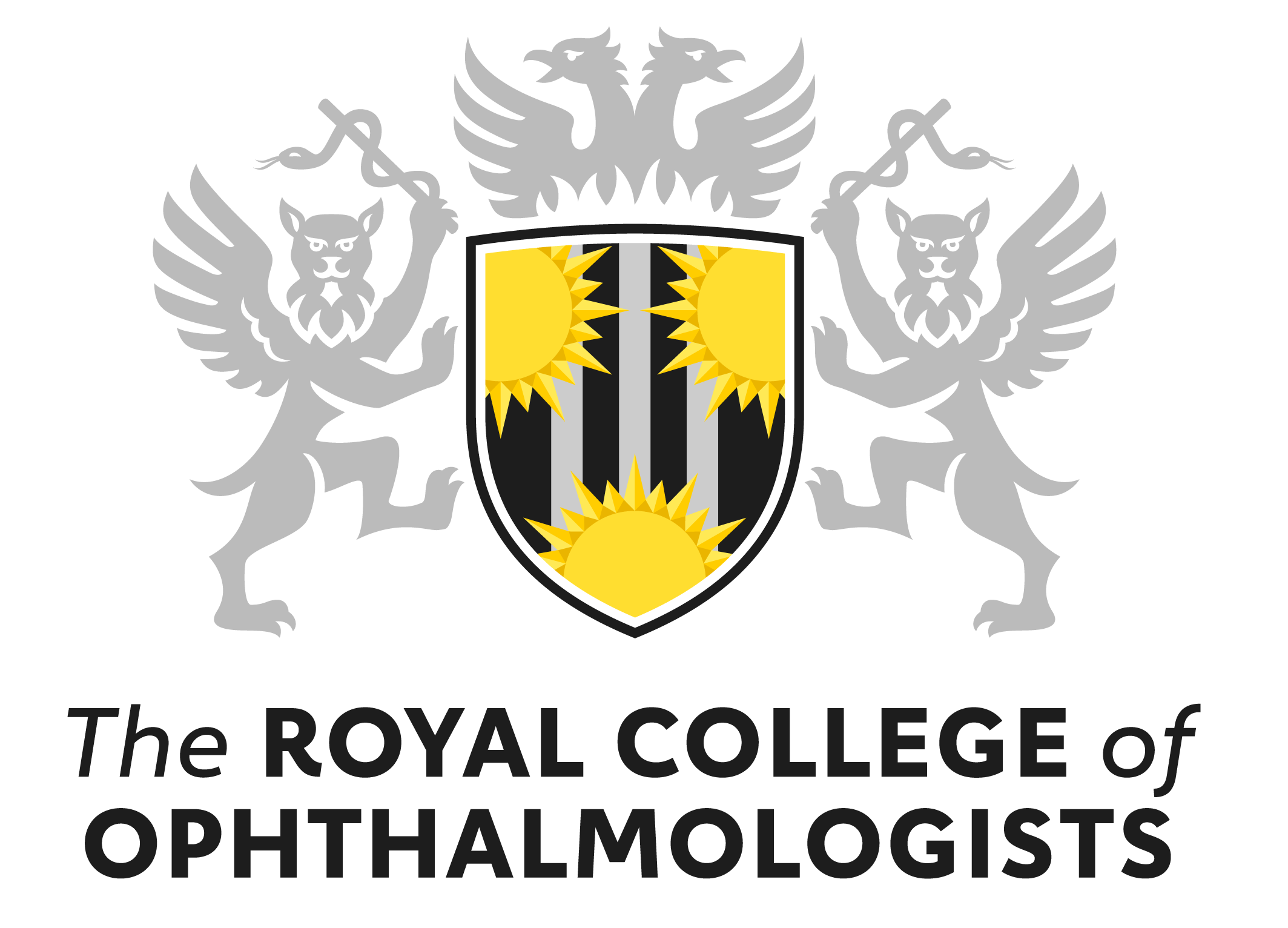
|  |  |
| --- | --- |
| Trainee name: |  |
| Trainee GMC number: |  |
| Training year: | Choose an item. |
| Assessor name: | Pre-populated |
| Assessor status: | Choose an item. |
| Assessor status – if Other, please specify: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date.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



**CURRICULUM 2024**

**Ophthalmic Specialist Training**

**Entrustable Professional Activity for Level 4**

**Providing clinical care for complex paediatric 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-9/).
* [Manage the complexity and uncertainty of paediatric ophthalmology cases.](https://curriculum2024.rcophth.ac.uk/outcome/manage-the-complexity-and-uncertainty-of-paediatric-ophthalmology-cases/)
* [Apply management and team working skills appropriately, including in complex, dynamic situations.](https://curriculum2024.rcophth.ac.uk/outcome/demonstrate-team-working-and-management-skills-including-in-complex-dynamic-situations-2/)
* [Be an effective supervisor, teacher and trainer of paediatric ophthalmology.](https://curriculum2024.rcophth.ac.uk/outcome/be-an-effective-supervisor-teacher-and-trainer-of-paediatric-ophthalmology/)

**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.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| CRS1 Consultation skills in paediatric ophthalmology | Choose an item. | Click or tap here to enter text. |
| Independent management of the paediatric care clinic1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Complex strabismus and nystagmus management1,2 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Management of complications of strabismus surgery and re-do surgery1,2 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Diagnosis and treatment of ROP1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Collaborative working with tertiary and special interest teams1 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Ability to supervise and train trainees and other health professionals in paediatric 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)**   1 A formative tool should be used if a trainee is not achieving the expected level. Please select evidence type in Comments.  2 Can be achieved either in Section A (Outpatients) or Section B (Theatre) | | |
| OSATS1 Surgical skills - paediatrics | Choose an item. | Click or tap here to enter text. |
| DOPS Botulinum Injection | Choose an item. | Click or tap here to enter text. |
| DOPS Laser for retinal problems (e.g.ROP) | Choose an item. | Click or tap here to enter text. |
| EPA L4 Managing a paediatric operating list | Choose an item. | Click or tap here to enter text. |
| Complex strabismus and nystagmus management1,2 | Choose an item. | Choose an item. |
| Click or tap here to enter text. |
| Management of complications of strabismus surgery and re-do surgery1,2 | 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 logbook | Choose an item. | Click or tap here to enter text. |
| Review of personal audit of surgical outcomes | 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. |