OST Curriculum 2024

Curriculum 2024 Handbook

August 2024

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1 Introduction

The **Curriculum 2024 Handbook** constitutes the formal guidance on the programme of assessment to be used by all ophthalmologists in training starting on or transferring to the new OST Curriculum in August 2024. It has been developed by the Ophthalmic Specialty Training Project Board and shared with the General Medical Council (GMC).

This document must be read in conjunction with the **OST Curriculum 2024**, which describes the scope of practice of an ophthalmologist completing the curriculum – divided into domains of professional skills and knowledge – as well as the level of performance expected at advancement points. Assessments are mapped to high-level, overarching Learning Outcomes which define such critical points, three during training (Levels 1-3) and one (Level 4) before completion of the programme. A suite of supplementary syllabi provides detailed descriptors for all the activities that will be assessed during training.

This document:

- describes the overall approach to assessment and differences between the 2010 and the 2024 curricula.
- provides details of new and established assessment forms with guidance on their usage.
- forms the basis of other training and guidance materials about assessment.

The **Assessment Blueprint** provides a handy summary of the assessment requirements. Competence against all the Learning Outcomes at the four critical points will allow training advancement and lead to the Certificate of Completion of Training (CCT). The **Matrix of Progression** (Appendix 1) outlines the annual requirements for progression for ARCP and is also a stand-alone document on the RCOphth Curriculum microsite.

2 Programme of assessment purpose

A programme of assessment is defined as the integrated framework of exams, assessments in the workplace and judgment made during an approved programme of training. A comprehensive programme of assessment:

- Ensures that training doctors acquire the full range of specialty knowledge, skills, attitudes and behaviours, as well as the generic professional capabilities that meet the requirements of Good Medical Practice (GMP).
- Provides robust evidence for decisions that are made about readiness to advance to the next stage of training.
- Supports doctors in their learning by providing feedback at all stages of their progression, and encourages reflection.
- Identifies training doctors who are struggling to achieve competence or are in difficulty, enabling appropriate, structured and targeted support.
- Reassures stakeholders that safe decisions are made about competence to perform in practice.

Assessments take place throughout the training programme, providing continuous formative feedback and evidence of learning.

An effective programme of assessment should:

- Include formative and summative tools that support both practical and theoretical models of assessment methodologies.
- Have assessment criteria that are clear and explicit, and a process in which stakeholders have confidence.
- Ensure that all assessments are carried out by assessors with the relevant skills, knowledge, training and support to make fair and consistent judgments.
- Actively encourage trainee-led training, with full engagement in reflective practice.
- Promote equality, diversity and inclusion to ensure that assessments are fair and equitable.

The type of assessment must be appropriate to the purpose. Some assessments are formative, ensuring training doctors receive immediate feedback, and these can be employed to help to identify areas for development, guide learning, reassure about knowledge and skills, prompt reflection and nurture appropriate attitudinal responses. These assessments may also be collated and used to give a rounded view of a doctor's performance, contributing to summative judgements.

Other assessments are summative and utilised to make an overall judgment regarding competence, fitness to practice or qualification for progression to higher levels of responsibility.

Central to the programme of assessment is the professional, accountable judgement by trainers to ensure training doctors have met the Learning Outcomes and expected levels of performance set out in the curriculum.

3 OST Curriculum 2024 structure

OST Curriculum 2024 aims to prioritise trainee-led evidence to show competence in all the domains that make up a consultant ophthalmologist's practice. Its key objectives are:

- To describe specific professional capabilities that incorporate the knowledge, skills and attitudes needed to practice ophthalmology at consultant level.
- To set the expected standards of knowledge and performance of professional skills for each stage of training through a series of high-level, overarching Learning Outcomes.
- To define the critical points at which the required standards must be achieved.

The significant differences between the 2010 and 2024 curricula are:

- **Trainee focus** – Trainees can choose what evidence to present to display competence. OST Curriculum 2024 no longer requires evidencing 180 individual learning outcomes and all numbers of procedures or Workplace-based Assessments (WpBAs) have been removed, as required by the GMC. Any such numbers given in this document are indicative only. It is for the trainer and the trainee to determine if competence has been achieved with the evidence provided. Trainees are expected to carry out a much greater degree of self-assessment, which is embedded within the new assessment tools.

- **Flexibility** – Curriculum 2024 is designed to be more flexible as it is competency-based, as opposed to time-based. The trainee will be able to move to the higher Level once the

requirements of the previous Level have been achieved and evidenced, regardless of where they are in terms of their OST programme.

- **Different structure** – Curriculum 2024 is structured according to Levels and Domains of practice, with detailed descriptors underpinning high-level, overarching Learning Outcomes. Levels need to be achieved as summarised in Table 1 to be awarded the CCT.

Table 1 - Domains and Levels

DOMAIN	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Patient Management	✓	✓	✓	2 out of 12 SIAs
Health Promotion	✓	✓	✓	✓
Leadership and Team Working	✓	✓	✓	✓
Patient Safety and Quality Improvement	✓	✓	✓	✓
Safeguarding and Holistic Patient Care	✓	✓	✓	✓
Education and Training	✓	✓	✓	✓
Research and Scholarship	✓	✓	✓	✓

- **Domains of practice** – Curriculum 2024 is divided into the seven Domains of clinical practice above, which are framed around the Generic Professional Capabilities (GPCs). These Domains are areas against which trainees must demonstrate capability through achievement of all Learning Outcomes before being awarded the CCT.

- **Levels** – Trainees will advance from Level 1 to 4, completing all Learning Outcomes required for each Level before moving to the next. For the Patient Management domain:
    - Level 1 is management of low complexity patients.
    - Level 2 is management of low complexity patients at appropriate rate.
    - Level 3 is management of moderate complexity patients (of the type expected from a consultant not specialising in that area) and surgical treatment of low complexity patients.
    - Level 4 is management of uncertainty and complexity of specialty patients as expected of a consultant with a special interest in that area.

- **Special Interest Areas** – Curriculum 2024 has twelve Special Interest Areas (SIAs) in the Patient Management domain. Trainees must complete all Learning Outcomes at Level 3 in all seven Domains, after which they will choose to specialise in two of the twelve Level 4 SIAs for the last 12 to 18 months of training (indicative times, ranges apply to some SIAs to make rotas manageable).

- **Learning Outcomes and descriptors** – The syllabi include descriptors designed to guide trainees and trainers in what must be evidenced to demonstrate achievement of the Learning Outcomes. OST Curriculum 2024 has a dedicate microsite, embedded within the main RCOphth website, where you can learn about which Learning Outcomes are required per Level and view their accompanying descriptors. The ePortfolio has links to facilitate navigation to individual Learning Outcomes pages and lists of descriptors. The

evidence is reviewed through the ePortfolio by Named Clinical Supervisors (NCSs), Educational Supervisors (ESs) and by a panel at the Annual Review of Competency Progression (ARCP).

- **Changes to assessment forms** – Entrustable Professional Activity (EPA) tools are used to assess Learning Outcomes in the Patient Management domain, whereas a level-specific Generic Skills Assessment Tool (GSAT) is used to assess Learning Outcomes in the six generic Domains. EPA forms replace clinical supervisor reports and rely on the completion of at least one Multi-Assessor Report (MAR), the number of which is decided by the NCS at the outset. Established WpBA tools have been adapted to focus on the formative narrative, as opposed to a granular assessment of competencies. Many WpBAs are no longer mandatory, thereby significantly reducing the overall number of assessments needed. Supervised Learning Events (SLEs) are designed to help doctors in training develop and improve their clinical and professional practice, and to set targets for future achievements. Repeated SLEs allow trainees to demonstrate skills development over time.

Table 2 – Assessment forms

ASSESSMENT FORM	HOW MANY	WHO SIGNS OFF	OTHER TOOLS TO COMPLETE ASSESSMENT
EPA – holistic assessment of competence in Patient Management Domain	Level 1 and 2 – one every six months Level 3 – at least one every six months, sign-off in all 12 SIAs Level 4 – at least one every six months, sign-off in 2 chosen SIAs	NCS	Longitudinal observations MAR(s) Mandatory WpBAs Optional WpBAs
GSAT – assessment of competence in all other generic, non-clinical Domains	One every six months	Global judgment, ultimate responsibility lies with ES	Evidence per Domain is trainee-driven
MAR – clinical assessment from other assessors as not all competences may have been witnessed by NCS	No specified number – NCS to stipulate	Other supervising consultants or clinicians Other qualified professionals (e.g. orthoptists, optometrists, nurse practitioners)	Direct observation Other indirect evidence or feedback

Selection of Assessors

Trainees may request any colleague to complete a WpBA if the latter has the skills and knowledge necessary to make a competent assessment as appropriate to the procedure under review. In general, trainee assessors should be at least two Levels above the trainee being assessed, e.g. Level 2 WpBAs or MAR should only be signed off by a consultant, suitably experienced specialty and specialist grade (SAS) doctor or a Level 4 trainee. However, the NCS can advise as to who is appropriate to supervise and feedback on WpBAs,

and trainees should ensure this is discussed with the NCS prior to getting any forms signed off. They may recommend suitable non-medical health professionals within the team to sign off Clinical Rating Scale (CRS) forms as appropriate. Professional hospital/Trust emails, as opposed to personal addresses, must be used to request completion of WpBAs. College Tutor endorsement to become a registered ePortfolio assessor is not required.

Supervisor roles

Named Clinical Supervisors (NCS) – a new role – and ESs consider the evidence to make a professional judgement as to whether the trainee has achieved each Learning Outcome and is ready to be signed off at a Level. Supervisors who hold either of these roles are trainers recognised by the GMC. The RCOphth strongly supports the provision of adequate, equivalent time in their job plan for the ES and NCS to carry out their duties. The RCOphth advises a minimum of 0.25 PA per trainee per role (for both NCS and ES).

Named Clinical Supervisors are trainers responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. NCSs have a more formalised role than previously, and greater responsibility in terms of judging the level of entrustment. NSCs should complete EPAs after consultation with other supervisors (Assessors) in the post. There should be one NCS for every six months in Level 1 and 2 and one NCS for every SIA every six months for Level 3 and 4. The NCS should:

- Be familiar with the requirements of the curriculum, particularly those set out in the Patient Management syllabi.
- Oversee clinical training and ensure the trainee is given the opportunity to meet the post's clinical requirements as set out in the relevant Patient Management syllabus, as appropriate for the trainee's Level of training.
- Meet the trainee in the first two weeks of their rotation to:
    - Agree the number of MARs to be completed with the trainee at the beginning of the post, and any additional MARs agreed to be necessary.
    - Agree if any additional WpBAs, over and above what specified in the EPA, are required to be completed in that post.
- Complete the relevant EPA at the end of the post by checking the mandatory WpBAs specified in the EPA, checking any additional WpBAs, reviewing any completed MARs and meeting with the trainee.
- Liaise as appropriate with the ES.

Educational Supervisors are trainers responsible for the overall supervision and management of a specified trainee's educational progress during a clinical training placement or series of placements. There should be one ES per post. The ES should:

- Understand role by:
    - Being familiar with the structure of the training programme.
    - Being aware of local and regional policies for trainee support.
    - Understanding own role in the ARCP process and the trainee's revalidation.
- Meet their trainee in the first two weeks of their post to:
    - Ensure the trainee understands the curriculum requirements and develops a personal developmental plan that considers individual needs and learning opportunities.
    - Ensure that the trainee is aware of and has contacted their NCS.

- Meet the trainee regularly to review progress with their personal learning plan, reviewing the ePortfolio, ensuring it is maintained and encouraging reflection on the curriculum and GMC's GMP.
- Liaise with the NCS as appropriate, provide honest and constructive feedback from information from the EPA, GSAT and MSF.
- Review completed EPAs and sign off GSATs, although this form is primarily trainee-driven.
- Complete the Educational Supervisor Report (ESR) in preparation for the ARCP, including noting any serious incident or complaint involvement and making a global assessment recommendation to the ARCP panel. The ESR must indicate whether the trainee is working towards a Level or if they have achieved all the Learning Outcomes in all domains as listed in the current Level.
- Have career discussions with the trainee and ensure they have access to specific advice and support.
- Identify trainees in difficulty and provide support as necessary at a local level, in conjunction with the local office of NHS E or Deanery/Training Programme Director (TPD)/ Director of Medical Education/College Tutor, in line with local and regional policies.
- Encourage trainees to undertake the annual GMC National Trainee Survey.

4 RCOphth Examinations

Part 1 FRCOphth

Trainees are required to pass this examination **by the end of Level 1**. It comprises theoretical papers based on the Learning Outcomes for the first two years of training. This includes basic sciences, theoretical optics and pathology.

Refraction Certificate

Trainees are required to have passed the Part 1 FRCOphth examination, which tests theoretical knowledge, before taking the practical Refraction Certificate. They are required to pass the Refraction Certificate examination **by the end of Level 2**

Part 2 FRCOphth Written

Trainees are required to have passed the Part 1 FRCOphth examination before taking the first component of the Part 2 examination**.** It comprises theoretical papers based on the Learning Outcomes from Level 1, 2 and 3.

Part 2 FRCOphth Oral

Trainees are required to have passed the Part 1 FRCOphth, the Refraction Certificate and the Part 2 FRCOphth Written examinations before taking the final component of the Part 2 examination. It comprises a structured viva and an objective structured clinical examination (OSCE) based on the Learning Outcomes from Level 1, 2 and 3. Completion of all examinations is required **by the end of Level 3**.

5 New assessment tools

Entrustable Professional Activity (EPA)

EPAs have been developed to map to the Learning Outcomes for each Level of the OST Curriculum 2024 in the Patient Management domain. The purpose of the EPA is to assess the level that a trainee can be entrusted with independent practice in the context of meaningful clinical activity. The EPA allows the NCS to make and document a decision about the degree of independence a doctor can safely work with. This decision is made about a relatively wide area of practice, which is described by high-level, overarching Learning Outcomes. The EPA requires simultaneous proficiency in multiple competencies and is a more suitable focus for assessment than separate competencies. The ePortfolio allows the NCS to make summative entrustment decisions and select the degree of entrustment using the following scale:

- Observing
- Needs Direct Supervision
- Needs Indirect Supervision
- Competent to Level

Longitudinal development is captured as the trainee:

- moves up through the entrustment scale within the Level at which they are working.
- reaches competence for the Learning Outcomes of that Level and advances to the next Level.

The EPA form has been designed to include a self-assessment element to facilitate professional insight and reflection on the evidence to be used to reach the judgement. ESs review EPAs and complete the ESR to inform decisions taken by the ARCP panel at the end of each training year or at critical advancement points. While longitudinal, periodic observation of performance is a key aspect on which to base the entrustment decision, NCSs must consider some mandatory pieces of evidence. Additional evidence may be supplied by the trainee to demonstrate competence across all the requirements for each Level. See the Level Guides (1, 2, 3, 4) prior to preparing the EPA, particularly about the other evidence that trainees may be either required or choose to submit. Elective evidence requesting focused, formative feedback may also be included wherever the NCS has indicated that the trainee is not achieving the expected degree of entrustment.

As well as a confirmation statement about whether the evidence presented corroborates entrustment to practice independently in the area under consideration, it is required to provide a narrative to support that decision and suggested areas for further development. Where the degree of entrustment is below competent, a narrative is required and must include the evidence that is needed to increase the entrustment recommendation. Space is also given for feedback about what was particularly good and actions that have been agreed for further development.

How to complete an EPA

- Completed examples of EPAs for Competent, Direct or Indirect Supervision are in the Level 1 Guide and Level 3 Guide. **Please note that these Word templates will look**

differently in the ePortfolio. Some fields in the EPA will be auto-populated by the ePortfolio.

- The trainee should complete the self-assessment prior to review by the NCS.
- The trainee should link to the evidence they have on the ePortfolio to demonstrate that they have achieved each requirement. It is about quality, not quantity, and **one piece of evidence may be used for more than one Learning Outcome.**
- If the first example linked to gives a clear indication that it meets the standards required, it is up to the NCS to decide how thoroughly to review links to evidence. A common-sense approach would be for the trainee to link only to good quality example(s), and the NCS could then decide whether to go further. The trainee should not link large numbers of documents, each with weak evidence (e.g. anonymised patient letters), in the hope that it will be acceptable when summated.
- NCSs should note who has supervised and signed off WpBAs and alert ES if there are any concerns regarding the appropriateness of supervisors chosen by the trainee.
- The 'other mandatory requirements' listed in the EPA are mandatory in the sense that these are necessary areas of evidence for the NCS to consider when making their decision as to the level of entrustment for the relevant EPA. These requirements are not subject to mandatory quantitative expectations such as set numbers of CbDs or durations of periods of observation.
- Some of the mandatory WpBAs in Level 1 are required to be repeated at higher Levels (e.g. CRS1). It is thus important for the trainee to demonstrate development of the skills required over time, and to be able to apply and tailor them to the SIAs. Other mandatory WpBAs do not need to be repeated and therefore the Level required to be demonstrated is that expected of a competent independent practitioner (i.e. a newly qualified consultant).
- It is important to remember that competence in the EPA should be benchmarked to the Level of the assessment. Where the final entrustment on the scale is below the maximum possible, the assessor will need to add a narrative about the evidence that is needed to increase the entrustment recommendation. Where a trainee has not yet had the experience or opportunity for a higher degree on the scale to be attained, this can be indicated without an exhaustive list of all areas to be developed. However, where a trainee might have been expected to achieve a higher degree on the scale, it is imperative that the narrative is detailed and specific to help the trainee understand what is required.
- NCSs should view any completed MARs (there is no mandated number) as part of the evidence to be used to make the entrustment decision.
- Some competencies may appear in an EPA of more than one SIA *(see Table 3)*. Where a competency has already been signed off in one EPA, this can be taken as evidence of competence and transferred to the other EPA. **The competency assessment does not need to be re-assessed.**

Table 3 – competences that appear in more than one EPA

Level	**Competence**	**SIA**
Level 3	Local anaesthesia *(theatre)*	Cataract, Oculoplastics & Orbit, Cornea, Vitreoretinal

Level	Competence	SIA
Level 3	Aqueous / vitreous biopsy *(clinic or theatre, depending on SIA)*	Cataract Surgery, Vitreoretinal Surgery, Urgent Eye Care
Level 3	Botulinum toxin injection *(clinic or theatre, depending on SIA)*	Oculoplastics, Neuro-ophthalmology, Ocular Motility
Level 3	Interpretation of FFA and ICG *(clinic)*	Medical Retina, Uveitis
Level 3	Interpretation of orthoptic assessment/examination *(clinic)*	Neuro-ophthalmology, Ocular Motility, Paediatric Ophthalmology
Level 3	Periocular and intraocular drug delivery *(theatre)*	Cataract Surgery, Uveitis
Level 3	Corneal gluing *(clinic)*	Cornea & Ocular Surface, Urgent Eye Care
Level 4	Temporal artery biopsy *(theatre)*	Neuro-opthalmology, Oculoplastics & Orbit

- Where a WpBA is not completed, it will be important for the trainee to provide other evidence to demonstrate that they have achieved a specific outcome. There are few mandatory DOPS across all SIAs in OST Curriculum 2024; however, the relevant practical skills must be evidenced for the EPA.
- A feedback meeting should be arranged if the trainee and NCS disagree about the level of entrustment. The ePortfolio will only accept an EPA as complete if the chosen degree of entrustment is the same.
- The EPA may need to be repeated If the NCS decides that it is inadequate, and extra time might be needed. This should be highlighted to the ES.
- The trainee is signed off by the NCS as competent to a Level only when **all** the Learning Outcomes of the SIA for that Level have been achieved.

Generic Skills Assessment Tool (GSAT)

GSATs have been developed to map to the Learning Outcomes for each Level of the OST Curriculum 2024 in all six generic Domains. This tool is used to make a global professional judgement of a range of different skills and behaviours to make decisions about advancing to the next Level of the training programme and eventually to consultant practice at CCT. Whilst the Learning Outcomes in the Patient Management domain describe activities that meet the criteria for consideration of entrustment, those in the generic Domains are competencies rather than activities.

The GSAT is, first and foremost, a self-assessment by the trainee. It is used by the ES to make a recommendation and inform the ARCP process. Two assessments should be undertaken in any training year, one at the mid-point and one towards the end of the year, in advance of the ARCP.

Evidence can come from multiple different sources such as: case-based discussions; undertaking mandatory Trust training, e.g. on Health and Safety; passing exam(s); personal audits; departmental audits; attending teaching sessions. Examples of evidence are listed in each Level Guide (1, 2, 3, 4) and are not mandatory. They are simply there to provide guidance. The emphasis should be on the quality of evidence, and it may be that one piece of evidence can demonstrate achievement against more than one Learning Outcome. It may not be possible at times to provide evidence for every Learning Outcome and a subjective judgement may need to be made.

There is a GSAT for each Level of training that covers the same six non-clinical Domains, and for each Level there are different Learning Outcomes, which are specified on the GSAT forms. For advice about the expectations for each Level, there is a link on each domain title in the GSAT to the relevant section of the RCOphth Curriculum microsite which contains a helpful list of descriptors**.**

How to complete a GSAT

- The trainee should pre-populate the GSAT for their current Level with the relevant supporting information.
- The trainee should link to the evidence they have on the ePortfolio to demonstrate that they have achieved each specific outcome. It is about quality, not quantity, and **one piece of evidence may be used more for more than one Learning Outcome.**
- Unlike the EPA, the GSAT does not mandate any WpBAs. It is up to the trainee to identify the evidence they think will best demonstrate achievement of a learning outcome.
- The trainee can use the same box to comment; for example, if there is no specific evidence but they can demonstrate they have achieved a Learning Outcome or, if they consider they have not, offer a plan as to how they will acquire the evidence.
- The ES reviews the trainee self-assessment, including links to evidence, once the trainee has submitted it for review. They will indicate whether, in their view, the trainee meets or does not meet expectations for each Learning Outcome.
- If the first example linked to gives a clear indication that it meets the standards required, it is up to the ES to decide how thoroughly to review links to evidence. A common-sense approach would be for the trainee to link only to good quality example(s), and the ES could then decide whether to go further. The trainee should not link large numbers of documents, each with weak evidence (e.g. anonymised patient letters), in the hope that it will be acceptable when summated.
- The ES should comment on the Level achieved overall in each domain. Both trainee and ES should agree whether there are areas that need work before advancing to the next Level. Comments in specific boxes, after each domain is considered, are especially important if the trainee does not meet the expected requirements for the Level.
- The GSAT may need to be repeated if the ES decides that it is inadequate, and extra time might be needed.
- All Learning Outcomes must be completed in all Domains across the Level to advance to the next Level.

Multi-Assessor Report (MAR)

This summative assessment tool has been designed to reflect the multi-professional working environment and to capture the opinions of other consultants, senior trainees and other colleagues such as orthoptists, optometrists, advanced clinical practitioners and senior technicians, and nursing staff, who have supervised the trainee and are able to comment on important aspects of clinical performance.

The form is additional to the Multi-Source Feedback (MSF) as it is intended to focus specifically on clinical performance. There are several professional practices, competencies and skills that the contributor(s) is asked to comment on. They should indicate whether the trainee meets or does not meet expectations in each of the areas that are relevant to their experience with the trainee.

The responses contribute to EPAs and a list of appropriate respondents is agreed with the NCS at the outset. The ES will also view these assessments and reflect them in their ESR. This tool has been designed to capture the overall impressions and observations of clinicians and healthcare professionals who have supervised the trainee – it is not specific to a particular case or cases, nor is it specific to a Level. It allows them to comment on the clinical knowledge and skills of the trainee and supports the completion of the EPA. There is no requirement to check formal evidence on the ePortfolio.

The NCS reviews the MAR(s) before completing the EPA. Free comments are encouraged to allow the NCS filling in the EPA to gain a better understanding of how the trainee is progressing, as well as the ES to reflect them in their report. The free comments are visible to the trainee and can be useful to receive constructive feedback. The ES will also review the MAR and consider whether there are any issues to follow up or areas of concern.

The MAR can also be used at any time to record any concerns with a trainee. There is no mandatory number of MARs, although normally they will be completed twice a year to support the EPA.

How to complete a MAR

- The NCS determines at the outset the number and likely contributors to the MAR for every rotation on a six-month rolling basis.
- Each contributor should consider whether the trainee meets or does not meet the expectations in each area, from their own experience with that trainee. If the contributor has no evidence or experience in that area, they should choose N/A.
- Comments are encouraged but not mandatory. The more information the contributor is able to offer, the more helpful the MAR will be.
- The ES will review the MAR and consider whether there are any issues to follow up or areas of concern.

6 Modified WpBAs

Objective Assessment of Surgical and Technical Skills (OSATS)

This tool is used to assess ocular surgery and can be applied at any Level of training and to any procedure.

Descriptors of ‘very good trainee’ and ‘poor trainee’ are given and longitudinal development of the trainee is captured by progression through a three-point rating scale per each criterion: major concerns, minor concerns, meets expectations.

An overall assessment is then made as the whether the trainee meets or does not meet expectations.

Formative feedback is captured in free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Some OSATS are mandatory in some EPAs. Trainees are strongly encouraged to use OSATS regularly in a formative manner to collect high-quality, recorded feedback.

Direct Observation of Procedural Skills (DOPS)

This tool is used to assess procedural skills. Longitudinal development of the trainee is captured by progression through a three-point rating scale per each criterion: major concerns, minor concerns, meets expectations.

An overall assessment is then made as the whether the trainee meets or does not meet expectations.

Formative feedback is captured in free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Direct Observation of Procedural Skills – Biometry (DOPSBi)

This assessment tool is used to assess biometry skills and achieve the best refractive results after cataract surgery.

Longitudinal development of the trainee is captured by progression through a three-point rating scale per each criterion: major concerns, minor concerns, meets expectations.

An overall assessment is then made as the whether the trainee meets or does not meet expectations.

Formative feedback is captured in free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Clinical Rating Scale (CRS)

These tools are used to assess clinical skill competencies, principally around ophthalmic examination and use of equipment, skills few doctors have achieved prior to OST1. Their purpose is to provide feedback on skills essential to providing good clinical care. There are fourteen specific forms for different skills:

- CRS1 Consultation skills
- CRS2 Assess vision
- CRS3 Assess visual fields
- CRS5 External eye examination
- CRS6 Assess pupils
- CRS7 Assess ocular motility
- CRS8 Assess intra-ocular pressure
- CRS9 Slit lamp
- CRS10a Fundus assessment – direct ophthalmoscope
- CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent
- CRS10c Fundus assessment – diagnostic contact lenses
- CES10d Fundus assessment – indirect ophthalmoscope
- CRSgon Gonioscopy
- CRSret Cycloplegic refraction

The forms provide descriptors of ‘very good trainee’ and ‘poor trainee’. They may be repeated with longitudinal development of the trainee captured by progression through the scale of each criterion. The standard for competence is that of a newly qualified consultant, an independent practitioner. Once considered competent, the assessment does not need to

be repeated, except for CRS1 (Consultation skills). The latter must be tailored and focussed appropriately to the subject of the individual SIAs and show advancement between Levels, as well as further advancement by Level 4.

Although all CRS tools are formative, they are listed as mandatory evidence, especially for EPA Level 1. The NCS must summate the evidence within the ePortfolio to determine competence in these clinical examination skills. Where the NCS has directly observed the trainee performing these skills, it may be easy to state that the required standard has been reached. Where areas have not been directly observed by the NCS, they can consider evidence from other practitioners through the MAR to make the decision.

Case-based Discussion (CbD)

This tool is intended to assess aspects of patient management, communication (written and verbal) and clinical reasoning, judgement and decision-making, and additionally leadership and management skills. They complement the assessment of these skills that takes place in the Part 2 FRCOphth examination.

Cases should be chosen if they have created challenge, doubt or difficulty in order to maximise the learning opportunity. Discussion should be structured and in-depth and trainers should encourage trainees to discuss clinical problems regularly. The expectation is to be able to manage a range of clinical scenarios, which may involve referrals from other health professionals, patient self-referrals or screening for ophthalmic disease. Below is a list of typical problems that may present to an ophthalmologist.

Table 4 – list of typical problems

Symptoms	**Signs**
Decreased Vision • Transient • Sudden • Gradual • Painful Diplopia Distortion Dry Eyes Floaters Headache Night Blindness Pain • Ocular • Periocular Red Eye Trauma Visual Disturbance Watery	Ametropia Corneal Opacities Conjunctival Pigmentation Dysgenesis/Colobomata Lens Opacities Lid Lumps Lid Malposition Macular Exudation Nystagmus Ocular Tumours Optic Disc Atrophy/Swelling Proptosis Pupil Abnormalities Raised Intraocular Pressure Retinal Haemorrhages Retinal Pigmentation Strabismus Visual Field Defects Visual Handicap in a Child Vasculature abnormalities

Using these commonly encountered scenarios enhances the value of on-the-job learning, increasing learning efficiency and relevancy.

During an out-patient clinic: trainers and trainees may wish to allocate 5-10 minutes to discuss the management of the patient. The trainee should have had some direct clinical role with the patient, e.g. history taking, clinical examination, investigations ordered or interpreted, management decisions, management of complications, critical incidents.

At the end of an out-patient clinic: trainers and trainees may wish to allocate some time at the end of clinic to review a small number of case notes where the trainee has had a significant role in the management of the patient.

Case presentations during postgraduate teaching: trainees are often asked to present cases at local or regional postgraduate teaching sessions. A nominated trainer should complete a CbD form with the trainee after the presentation.

During a designated teaching session: Trainers and trainees may wish to allocate a period of one-to-one teaching or small group teaching where cases are discussed and a CbD form has been completed.

How to complete a CbD

The purpose of the CbD is to give trainees the opportunity to demonstrate achievement of Learning Outcomes in relation to an individual case they were involved in. In particular, the trainee should be able to demonstrate how they approach their practice. That is, application of medical knowledge, rationale for clinical decision making and the ethical/legal framework of their practice, if appropriate.

The trainee should present the case and detail their involvement. The discussion should start from the trainee's own entry in the case record which may, in part, be used to demonstrate appropriate information handling.

Longitudinal development of the trainee is captured by progression through a three-point rating scale per each topic: major concerns, minor concerns, meets expectations.

An overall assessment of the specific case-based discussion is then made as the whether the trainee meets or does not meet expectations.

Formative feedback is captured in free-text boxes around aspects of the assessment that were particularly good, suggestions for development and an agreed action plan.

Multi-Source Feedback (MSF)

The MSF assesses professional competence within a team-working environment, where the trainee's performance is assessed by a range of peers and colleagues covering different professions, grades and environments (e.g. outpatients, theatre, administration). The trainee selects a minimum of 11 assessors (up to 15) who can be approached to give feedback. The recommended combination of assessors, where applicable, should include:

- 2 consultant clinical supervisors
- 2 more senior trainees
- 1 senior nurse in the operating theatre (if the trainee has been performing surgery)
- 1 senior nurse in the out-patient department
- 1 other member of the out-patient staff (nurse/optometrist/orthoptist)
- 1 member of the administrative or secretarial team who regularly deals with the trainee's work

This is initiated by the trainee before the process is carried out electronically in an anonymised fashion. The trainee selects those who can be approached to give feedback in

accordance with the recommended combination of assessors. The trainee and ES should discuss and agree the list before starting the process electronically. Care should be taken to use only professional hospital/Trust emails, not personal addresses. Feedback is provided in the form of a table generating collated scores and anonymised written comments. The anonymised summary report that is generated after an MSF has closed will only be visible to the ES in the first instance. It should be released to the trainee by the ES afterwards. The ES should meet with the trainee to discuss the feedback on their performance. As well as providing feedback for reflection, the MSF enables any serious concerns to be highlighted to the ES in confidence, allowing appropriate action to be taken.

The ES will consider this evidence in writing their ESR and making a recommendation to the ARCP panel.

7 Annual Review of Competency Progression (ARCP)

The ARCP is a formal Statutory Education Body (SEB) process overseen on their behalf by a TPD. It is used each year to review trainee progression against standards set down in the curriculum for their training programme. These standards are set down in the Matrix of Progression (Appendix 1) which has been developed to assist trainees, ES and ARCP Panels. It is incumbent on the trainee to provide portfolio evidence to the ARCP panel to demonstrate that all curriculum requirements have been met. ARCP panels expect the following evidence to be included in portfolios:

- Educational and clinical supervision – documentation of meetings and outcomes
- Regular participation in the mandated programme of assessment (EPAs, GSATs, MARs, WpBAs, MSF)
- Surgical logbook
- Audits as required
- Examination outcomes
- Professional Development Plan (PDP)
- Reflective entries
- Record of training and teaching events
- Teaching resources
- Clinical governance/quality improvement activities
- Presentations/research/publications
- Evidence of Continual Professional Development (CPD)

The ES should utilise much of this evidence when completing the ESR as this will be used to inform the ARCP panel. The decision regarding the appropriate Level of training should be reached unanimously before the ARCP and recorded in the ESR. There will be no right to appeal at any point. The ARCP panel makes the final summative decision determining whether the trainee has progressed at the appropriate rate and is able to move to the next OST year, or advance to the next Level of training if at a critical point, before being awarded the CCT at the end of the programme.

A trainee may not have yet demonstrated to the ARCP panel that they are ready to move to the next Level; however, they must show that they are making appropriate progress towards it as laid out in the Matrix of Progression.

At each ARCP, it will be expected that the trainee will have uploaded the relevant evidence to their portfolio for the Level they are working towards *(see table 2 and 3)*, even if their NCS or ES cannot yet sign them off at that Level.

Surgical logbook

A surgical logbook allows competence that has been measured using various assessment tools to be placed in the context of experience. Although not a formal assessment, trainees are mandated to use the Eye Logbook platform to keep a log of all operative procedures in which they have been involved, including the level of supervision (A-Assisting, PS-Performed supervised, P-Performed independently, SJ-Supervising a junior). The logbook demonstrates the breadth of experience, particularly essential for the assessment of Level 4 Learning Outcomes. During Level 4, in particular, the supervision of more junior trainees must be documented and it is important to demonstrate maintenance of skills as well as new procedures undertaken in Level 4 SIAs.

Audit

Training ophthalmologists are expected to keep and present a continuous complications audit of their cataract surgery. This allows reflection and developmental planning with their supervisors. Benchmarking against peer norms enables outliers to be highlighted and early appropriate action to be taken in the interest of patient safety.

As doctors approach the end of training, they are required to present audits of outcomes of their surgical procedures. By the end of training, they need to undertake a prospective audit of 50 consecutive cataract cases where the surgery is performed within three calendar years of achieving Level 4 Cataract Surgery. Post-operative refractive data must be provided on at least 10% of cases.

Accepted national or international standards are used as benchmarks and this information is an important consideration for an ARCP panel in deciding that a doctor has reached the standard of competency required for CCT.

Level 1 training requirements

During this stage (usually spanning the OST1-2 years), trainee ophthalmologists develop clinical and procedural skills which are essential for both acute care and general ophthalmology. They also develop values and behaviours in all other curriculum Domains, including reflective practice and communication, and acquire the basic science knowledge essential for the practice of ophthalmology, which is assessed by the Part 1 FRCOphth examination.

Assessments supporting the Level 1 Learning Outcomes focus on acquiring the knowledge base required to be a safe and effective ophthalmologist. **Trainees have an indicative maximum of two years to be signed off in all Level 1 competences**, although it is expected that many will achieve competence by the end of OST1.

The Level 1 Guide lists which evidence is required to demonstrate meeting all Level 1 Learning Outcomes. In addition, trainees must:

- Have a satisfactory ARCP Outcome
- Pass the Part 1 FRCOphth examination
- Provide a surgical logbook with details of A/PS/P
- Ensure that one MSF is completed for each 12-month training period
- Maintain a cataract complications audit

- Complete Form R, SOAR declaration or equivalent for each 12-month training period (or a SOAR declaration if training in Scotland)

Level 2 training requirements

The theme of general ophthalmology continues at this stage with trainee ophthalmologists adopting spiral learning and demonstrating increasing independence and efficiency. They continue to use skills of reflection and self-awareness to recognise their own achievements and limitations. They begin supervision of more junior doctors where appropriate.

At the end of this stage the Refraction Certificate examination must have been passed to progress further. This test of knowledge involves an understanding of theoretical principles of optics, refraction and the related clinical skills, essential for higher practice.

All Level 2 competences must have been signed off by the end of OST3.

The Level 2 Guide lists which evidence is required to demonstrate meeting all Level 2 Learning Outcomes. In addition, trainees must:

- Have a satisfactory ARCP Outcome
- Pass the Refraction Certificate examination
- Provide a surgical logbook with details of A/PS/P
- Ensure that one MSF is completed for each 12-month training period
- Maintain a cataract complications audit
- Complete Form R, SOAR declaration or equivalent for each 12-month training period (or a SOAR declaration if training in Scotland)

Level 3 training requirements

During this stage (usually spanning the OST3 to mid-way OST6 years), training ophthalmologists rotate through posts to receive mandatory training in the specific clinical skills related to the twelve SIAs. Trainees develop transferable surgical skills as they move between these specialty posts and continue to consolidate their cataract surgical skills. Progression in cataract surgery is demonstrated by the completion of more complex procedures, a continuous cataract complications audit and formative assessments. Other surgical and procedural skills are also assessed formatively. Clinical knowledge is assessed by the final Part 2 FRCOphth examination.

- Level 3 will generally range between 2.5 to 3.5 years.
- **Trainees have an indicative maximum of 5 ½ years to be signed off in all Level 3 competences.**
- Cataract Surgery, Urgent Eye Care and Community Ophthalmology SIAs will not need dedicated postings because competencies are acquired simultaneously.

The Level 3 Guide lists which evidence is required to demonstrate meeting all Level 3 Learning Outcomes. In addition, trainees must:

- Have a satisfactory ARCP Outcome
- Pass the Part 2 FRCOphth examination (both Written and Oral components)
- Provide a surgical logbook with details of A/PS/P
- Ensure that one MSF is completed for each 12-month training period
- Maintain a cataract complications audit
- Complete Form R, SOAR declaration or equivalent for each 12-month training period (or a SOAR declaration if training in Scotland)

Level 4 training requirements (CCT)

During the final stage of the programme (which may vary in duration), training ophthalmologists develop Level 4 skills of at least two SIAs within the Patient Management domain.

Trainees planning to work in localities where it is necessary to provide a more generalist ophthalmology service could continue to develop their skills in Urgent Eye Care and/or Community Ophthalmology along with their cataract expertise.

- A minimum of two Level 4 SIAs are needed to be recommended for CCT.
- **Level 4 training cannot start until Level 3 in all 12 SIAs and all six generic, non-clinical Domains is completed, except for Level 4 Cataract Surgery (see below).**
- Level 4 entry criteria for Cornea and Ocular Surface Disease, Glaucoma and Vitreoretinal Surgery SIAs is to have been signed off in Level 4 Cataract Surgery in addition to the above. This may well be achieved by the time Level 3 is completed in all other SIAs. In exceptional circumstances, this condition may be waived in consultation with the Chair of the Training Committee and the Chair of the Curriculum Sub-committee.

The Level 4 Guide lists which evidence is required to demonstrate meeting Level 4 Learning Outcomes. Trainees must:

- Provide two EPA Level 4 Managing an Operating List for each surgically-based SIA (Oculoplastics, Cornea and Ocular Surface Disease, Cataract Surgery, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)
- Provide a surgical logbook indicating the expected breadth of surgical experience and indicating supervision of juniors (up to Level 3) in the chosen SIA (Oculoplastics, Cornea and Ocular Surface Disease, Cataract Surgery, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology) and supervision of juniors (up to Level 4) in Cataract Surgery (only for Cornea and Ocular Surface Disease, Glaucoma and Vitreoretinal Surgery)
- Complete a cataract complications audit where Level 4 Cataract Surgery training is undertaken
- Complete an audit of surgical outcomes for each surgically-based SIA undertaken (Oculoplastics, Cornea, Cataract, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)

In addition:

- Have a satisfactory ARCP Outcome
- Ensure that one MSF is completed for each 12-month training period
- Complete Form R, SOAR declaration or equivalent for each 12-month training period (or a SOAR declaration if training in Scotland)

8 Feedback and Reflection

Reflection and feedback are an integral component to all assessments and should take place regularly throughout each year of the training programme. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently. Feedback should be of high quality and should include an action plan for future development. Reflection and feedback should take place as soon as possible after an event

to maximise benefit. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

Giving feedback

Feedback is sometimes seen as merely providing a commentary on what the doctor in training has achieved, or what corrections need to be made. When performed well, feedback:

- Improves the doctor's awareness of both their strengths and areas for development.
- Can be used for developmental activity to develop generic skills and a greater dialogue between the trainee and the trainer.

The trainer should devote adequate professional time to give high-quality feedback

What makes feedback more effective?

Effective feedback has the following characteristics:

- Feedback is timely and provided as near as possible to the activity or assessment.
- Feedback must be focussed on the behaviour / capability and not on the person, ensuring that achieving the Learning Outcome is the primary focus.
- Feedback must be understandable and useful to the trainee.
- Feedback must be constructive. It must also consider how future developments and assessments can be supported, e.g.: where does this fit with generic skills?
- Feedback should be encouraging and supportive, building on strengths but also identifying areas for development and supporting the trainee to produce clear action plans to address these.
- Feedback supports the trainee in becoming self-aware and forming their own judgements about their own performance and level of work.

Feedback tools

Each assessment tool included in this programme of assessment provides free-text boxes to document the narrative of the feedback given. This is divided into sections to include the acknowledgment of what was particularly good, identification of areas for development and an agreed plan to address the identified developmental needs.

The MSF is a method used to assess common skills including behaviours, team working and communication skills.

Reflective practice

Reflective practice is strongly encouraged and will be a key underpinning concept of the whole curriculum. Identifying the many approaches and opportunities to learn from experiences will require trainees to consider the impact of actions and the outcomes. Learning from experiences, both positive and negative, is a powerful learning tool.

9 Level 1 Guide

Level 1 expectations

Trainees are expected to achieve Level 1 at the latest by the end of OST2 by acquiring the basic science knowledge essential for the practice of ophthalmology (assessed by the Part 1 FRCOphth) examination, and the necessary clinical skills and knowledge (as specified in the EPA Level 1). Trainees will also show evidence of expected development of generic professional skills. A Level 1 trainee will work with indirect supervision in the general ophthalmology setting.

Assessments supporting the Level 1 Learning Outcomes focus on acquiring the knowledge base required to be a safe and effective ophthalmologist. An ophthalmologist working at Level 1 will be able to independently perform a patient assessment and basic investigation. They will be able to identify, describe and interpret clinical findings. They will be able to arrive at differential diagnoses, using their basic clinical science knowledge. They will be able to suggest management plans for low complexity patients. They will work effectively with the multiprofessional team. Full details of the descriptors supporting each Learning Outcome can be found in the RCOphth curriculum microsite.

How to achieve Level 1 - Essential evidence on ePortfolio

1. EPA Level 1 – one for every six months until final one signed off by Named Clinical Supervisor (NCS) as 'Competent' in Patient Management Domain Level 1. The requirements for the Level 1 EPA are summarised in **Table A.** Thie Guide also contains examples of completed EPAs (competent/indirect supervision/direct supervision) below – note that these are Word documents and will look different in the ePortfolio.
2. Generic Skills Assessment Tool (GSAT) Level 1 – one for every six months until final one signed off by Educational Supervisor (ES) as achieving the competencies required to complete this Level in the six Generic (non-Patient Management) Domains. Examples of evidence that can be used in the Level 1 GSAT are summarised in **Table B.**
3. Educational Supervisor Report (ESR) – one for every six months and final one confirming a review of the ePortfolio indicating that Level 1 competencies have been achieved in all seven Domains
4. Pass Part 1 FRCOphth examination
5. Logbook
6. Professional Development Plan (PDP)
7. Multi-source Feedback (MSF) – one for every calendar year
8. Cataract Complications Audit
9. Form R, SOAR declaration or equivalent
10. Satisfactory outcome in ARCP

Please also see Level 1 training requirements in the section on ARCP and the Learning Outcomes on the curriculum microsite.

Table A Curriculum requirements as listed in Level 1 EPA

*A formative tool should be used if a trainee is not achieving the expected level. These requirements can be demonstrated by DOPS, OSATS, direct observation or observation by another team member.

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Can be achieved either in Outpatients or Theatre	Other mandatory requirements
CRS1 Consultation skills CRS2 Assess vision CRS3 Assess visual fields CRS5 External eye examination CRS6 Assess pupils CRS7 Assess ocular motility CRS8 Assess intra-ocular pressure CRS9 Slit lamp CRS10a Fundus assessment – direct ophthalmoscope CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent CRS10c Fundus assessment – diagnostic contact lens CRSGon Gonioscopy Corneal scrape* Use an exophthalmometer* Assess lacrimal function* Punctal plug insertion* Interpretation of automated visual fields*	OSATS1 Microsurgical skills OSATS1 Cataract Surgery OSATS1 Lid surgery Operating microscope*	Removal of sutures*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi Assessor Report

Table B Examples of evidence that can be used in the GSAT Level 1

CbDs and Reflections can be used to demonstrate evidence under each Learning Outcome.

Learning Outcome	Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used
Domain: Health Promotion	
Provide appropriate lifestyle advice.	• Promote immunisation • Avoidance of allergens • Diet and Nutrition • Advice on sources of information • Smoking cessation • AREDS supplementation in advanced AMD
Adopt local and national guidelines of prevention of infection.	• Use/create eye local eye casualty guideline • Audits • Infection control protocols • Endophthalmitis prevention • Contact lens guidance • Hand hygiene • PPE guidance for appropriate respiratory diseases
Advise appropriately about the systemic side-effects of drugs.	• Systemic side-effects of antimuscarinics, beta blocker eye drops, doxycycline administration • Make recommendations for bone protection
Know the principles of screening.	• Principles of screening (e-LFH) • Examples include hydroxychloroquine; diabetic retinopathy; retinopathy of prematurity; fungaemia in immunocompromised patients. • Part 1 FRCOphth
Use and promote means of eye injury protection.	• Blunt and penetrating eye injury and foreign bodies – reiterate the importance of protective glasses to prevent eye injury working with high velocity machinery or patients with corneal susceptibility (Ehlers Danlos, High myopia) • Avoidance of fireworks in blast injury cases • High velocity machinery to wear protective goggles • DOPS – removal foreign body • OSATS – lid repairs • Eye protection advice/driving advice for patients on cycloplegia
Domain: Leadership and Team Working	
Know about leadership competencies in the nine behavioural dimensions as defined by the NHS Leadership Academy: inspiring shared purpose; leading with care; evaluating	• Go through the https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/nine-leadership-dimensions/ • Certificate of learning

Learning Outcome	**Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used**
information; connecting our service; sharing the vision; engaging the team; holding to account; developing capability; influencing the results.	• 01_01 Introduction to Leadership and LeAD • https://portal.e-lfh.org.uk/Component/Details/510250 • Attend leadership courses • Rota co-ordinator
Know the principles of leadership and identify areas for own development.	• Completion of self-learning • https://portal.e-lfh.org.uk/Component/Details/511042
Domain: Patient Safety and Quality Improvement	
Know the principles, recognise the contribution to improved practice, and take part in clinical governance, audit and quality improvement activities.	• Clinical governance • Quality Improvement • Portfolio • Part 2 FRCOphth • Undertake a QIP project; supervise another team member in a project; demonstrate management of a complaint with report and be involved in the investigation; investigate an incident.
Identify appropriate information from a variety of data sources.	• *Evidence-based approach* • Quality Improvement • Sources of Information Epidemiology/ Evidence-based medicine • Portfolio • Part 2 FRCOphth • MSF • Research/publication
Domain: Safeguarding and Holistic Care	
Understand and promote professional responsibility of safeguarding.	• Involvement in safeguarding case • Non-accidental Injury – screening • Portfolio Part 2 FRCOphth • Adult Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510406 • Evidence of generic skill courses and essential courses like fire safety, information governance, infection control, etc. • https://www.e-lfh.org.uk/ - contains several links that could be used to support this learning, there are too many to list so the trainee can look and see if any are appropriate to undertake if they have seen a case they may relate to recently.

Learning Outcome	**Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used**
	• e.g. safeguarding adults, supporting children and young persons with learning difficulties, dementia etc
Demonstrate familiarity with local safeguarding procedures and contacts.	• Use RCOphth NAI proforma • Laser safety course • Adult Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510406 • Evidence of generic skill courses and essential courses like fire safety, information governance, infection control, etc. Portfolio Part 2 FRCOphth
Demonstrate awareness of possibility of non-accidental injury in vulnerable patients.	• Adult Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510406 Child Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510412 • CPD from teaching/meetings
Document safeguarding concerns accurately and refers to senior staff.	• Safeguarding • M+M meeting • Refer to appropriate safeguarding personnel, ECLO, seniors • Adult Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510406 Child Safeguarding Level 1 • https://portal.e-lfh.org.uk/Component/Details/510412 • MSF • Case relating to vision/visual field and driving • Case relating to Amaurosis/TIA/Stroke and advice regarding driving • Case relating to CVI registration and ECLO/low visual aid referral • Reflective piece on breaking bad news on condition and effect on driving
Domain: Education and Training	
Ensure patient safety is paramount in all training and learning events.	• Use EyeSi simulation and wetlab • Courses – simulation training • Record of discussion with supervisor of an adverse outcome

Learning Outcome	**Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used**
	• reflective piece on how patient safety was included in a training or learning event and why important • M&M meeting, • Reflective entry from complications log where supervisor was sought to help fix a complication
Actively participate in own induction and training.	• Use EyeSi simulation and wetlab • Evidence of participation in local departmental induction and training • evidence of attendance in hospital and departmental post-graduate teaching • MSF
Deliver teaching activities under guidance.	• MDT teaching/medical student training • Contribution to local teaching session that is supervised • Medical Student teaching; • evidence of oral/poster presentation in regional teaching, national, international meeting • Present at regional trainees research symposium
Deliver patient education.	• Evidence of participation in patient education event, support groups meeting, developing patient information leaflets, videos • MSF
Domain: Research and Scholarship	
Adopt an evidence-based approach to clinical practice.	• Personal/departmental audits • Evidence of involvement in journal club, local teaching, presentation/research publications • Research Agreement
Critically appraise existing published research.	• Evidence of involvement in journal club, local teaching, presentation/research publications • Research Agreement
Understand research and deliver oral presentations.	• Local PG teaching/journal club • Regional teaching • Research publication/oral or poster presentation in local, regional, national and international meetings • Research Agreement

Sample completed EPA Level 1 – Competent

Ophthalmic Specialist Training
Entrustable Professional Activity for Level 1
Providing clinical care for low complexity general ophthalmology patients

Learning Outcomes

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

- Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.
- Formulates and initiates a management plan for low complexity cases.
- Justifies the diagnoses and plans with reference to basic and clinical science.
- Works effectively with patients and the multi-professional team.
- Understands the role of a Community Ophthalmology Service.
- Communicates and delivers feedback to referrers and patients to support integrated care.

Trainee self-assessment

Please use the entrustment scale below to document your progression until Level 1 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	Competent to this Level	

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)
2. 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** ***Yes/No/Reservations/No evidence***	**Comments**
A. Mandatory requirements in outpatients (where these have been performed by other assessors, please review) [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	Yes	Trainee has been signed off for these skills by a consultant and experienced nurse practitioners. They will need to continue practicing more but showing positive progress.
CRS2 Assess vision	Yes	As above
CRS3 Assess visual fields	Yes	As above
CRS5 External eye examination	Yes	As above
CRS6 Assess pupils	Yes	As above
CRS7 Assess ocular motility	Yes	As above
CRS8 Assess intra-ocular pressure	Yes	As above
CRS9 Slit lamp	Yes	As above
CRS10a Fundus assessment – direct ophthalmoscope	Yes	As above
CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent	Yes	As above
CRS10c Fundus assessment – diagnostic contact lens	Yes	As above
CRSGon Gonioscopy	Yes	As above
Corneal scrape[1]	Yes	DOPS Has been able to do it under observation and independently
Use an exophthalmometer[1]	Yes	Observation by another team member

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
		Click or tap here to enter text.
Assess lacrimal function[1]	Yes	DOPS
		Click or tap here to enter text.
Punctal plug insertion[1]	Yes	DOPS
		Click or tap here to enter text.
Interpretation of automated visual fields[1]	Yes	Observation by another team member
		Learning how to interpret visual fields. To continue reading about different presentations
Removal of sutures[1,2]	Yes	Direct observation
		Click or tap here to enter text.
B. Mandatory requirements in theatre (where these have been performed by other assessors, please review) [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 Microsurgical skills	Yes	OSATS
OSATS1 Cataract Surgery	Yes	OSATS
OSATS1 Lid surgery	Yes	OSATS
Operating microscope[1]	Yes	OSATS
		Click or tap here to enter text.
Removal of sutures[1,2]	Yes	Direct observation
		In clinic as above
C. Other mandatory requirements		
Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible	Yes	Trainee was directly supervised in outpatient clinic and on call settings. I have directly observed all competencies required for all LOs at this level except Exophthalmometry. I have also not observed the

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
		trainee managing misdirection of cilia.
Longitudinal observation by consultant assessor in the theatre and simulation setting	Yes	Happy with progress of trainee. Continue attending theatre and practicing in a simulation setting using the EyeSi and the resources provided by the deanery
Review of record keeping and letters	Yes	Discussed with them their letters and their written notes findings
Case-based Discussions (CbDs) – *please specify number in Comments*	Yes	Done 4 CBDs- one of them covers an oculoplastics case in which trainee performed exophthalmometry
Indicate whether one or more MARs have been reviewed before completing this EPA	Yes	Click or tap here to enter text.
Please indicate the name and role of all assessors who completed the MAR(s)		Two MARs filled- one by consultant and one by level 4 trainee. The Consultant MAR indicates that oculoplastics competencies have been achieved.

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?

This trainee has been showing good progress. Trainee has been enthusiastic and built a good rapport with all the staff in the department. He has been able to improve both clinically and surgically. He has also booked a course on leadership skills. He has done one audit and is working on his research skills.

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.

Sample completed EPA Level 1 – Indirect supervision

Ophthalmic Specialist Training

Entrustable Professional Activity for Level 1

Providing clinical care for low complexity general ophthalmology patients

Learning Outcomes

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

- Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.
- Formulates and initiates a management plan for low complexity cases.
- Justifies the diagnoses and plans with reference to basic and clinical science.
- Works effectively with patients and the multi-professional team.
- Understands the role of a Community Ophthalmology Service.
- Communicates and delivers feedback to referrers and patients to support integrated care.

Trainee self-assessment

Please use the entrustment scale below to document your progression until Level 1 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)
2. 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** ***Yes/No/Reservations/No evidence***	**Comments**
A. Mandatory requirements in outpatients (where these have been performed by other assessors, please review) [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	Yes	Complaints by staff and patients over trainee attitude. This was discussed with trainee. They were keen to reflect and consider how to address this aspect of their practice. Some examination skills learnt well but need more supervision doing other examinations such as gonioscopy. Some examination did not have any evidence on the portfolio.
CRS2 Assess vision	Yes	As above
CRS3 Assess visual fields	Yes	As above
CRS5 External eye examination	Yes	As above
CRS6 Assess pupils	No evidence	As above
CRS7 Assess ocular motility	No evidence	As above
CRS8 Assess intra-ocular pressure	Yes	As above
CRS9 Slit lamp	Yes	As above
CRS10a Fundus assessment – direct ophthalmoscope	No evidence	As above
CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent	Yes	As above
CRS10c Fundus assessment – diagnostic contact lens	No evidence	As above
CRSGon Gonioscopy	No	As above

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
Corneal scrape[1]	No evidence	Choose an item.
		Trainee reports achieving this competency but needs evidence as WpBA or Observation by another team member or MAR
Use an exophthalmometer[1]	Yes	DOPS
		As above
Assess lacrimal function[1]	Reservation	Direct observation
		Needs more practice to ensure competency
Punctal plug insertion[1]	No evidence	Choose an item.
		As above
Interpretation of automated visual fields[1]	Yes	Direct observation
		Learning how to interpret visual fields. To continue reading about different presentations
Removal of sutures[1,2]	No evidence	Choose an item.
		Click or tap here to enter text.
B. Mandatory requirements in theatre (where these have been performed by other assessors, please review) [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 Microsurgical skills	Yes	OSATS
OSATS1 Cataract Surgery	Reservation	Need further training in theatre and more opportunities to be competent at surgical steps
OSATS1 Lid surgery	No evidence	Click or tap here to enter text.
Operating microscope[1]	Reservation	OSATS
		As above
	No evidence	Choose an item.

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
Removal of sutures[1,2]		Click or tap here to enter text.
C. Other mandatory requirements		
Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible	Choose an item.	Trainee making good progress. Able to assess and manage simple cases in the area of glaucoma and oculoplastics. However still needs indirect supervision to manage corneal cases. Also has had limited exposure to neuroophthalmology cases and needs advice on these patients.
Longitudinal observation by consultant assessor in the theatre and simulation setting	No	Surgically, trainee has not been in theatre with me. See MAR. Logbook shows seven complete cases.
Review of record keeping and letters	Yes	No issues here
Case-based Discussions (CbDs) – *please specify number in Comments*	Yes	4
Indicate whether one or more MARs have been reviewed before completing this EPA	Yes	MAR reviewed. One MAR from other supervising Consultant indicates that the trainee has had very little chance to do cataract surgery. Has completed only seven complete cases. No concerns regarding skill but rather just a lack of opportunity.
Please indicate the name and role of all assessors who completed the MAR(s)	Dr Bloggs	Consultant

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?

Trainee making good progress and has been in Level 1 for 12 months. Surgical opportunities have been limited but no concerns regarding skills and keenness to learn.

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.

1. Complete mandatory WpBAs as above
2. Seek opportunities to increase surgical exposure so that cataract numbers can be built up to reflect competence to this Level
3. Focus on competence in cornea and neuroophthlamology - evidence to be provided in the form of MAR or by Direct Supervision by next NCS
4. Review of personal reflection piece relating to feedback about trainee's perceived inappropriate attitude

Sample completed EPA Level 1 – direct supervision

Ophthalmic Specialist Training
Entrustable Professional Activity for Level 1
Providing clinical care for low complexity general ophthalmology patients

Learning Outcomes

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

- Performs a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at a differential diagnosis.
- Formulates and initiates a management plan for low complexity cases.
- Justifies the diagnoses and plans with reference to basic and clinical science.
- Works effectively with patients and the multi-professional team.
- Understands the role of a Community Ophthalmology Service.
- Communicates and delivers feedback to referrers and patients to support integrated care.

Trainee self-assessment

Please use the entrustment scale below to document your progression until Level 1 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)
2. 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** ***Yes/No/Reservations/No evidence***	**Comments**
A. Mandatory requirements in outpatients (where these have been performed by other assessors, please review) [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	Reservation	Complaints by staff and patients over trainee attitude. This was discussed with trainee. They were keen to reflect and improve. Some examination skills learnt well but need more supervision doing other examinations such as gonioscopy. Some examination did not have any evidence on the portfolio.
CRS2 Assess vision	Yes	As above
CRS3 Assess visual fields	Reservation	As above
CRS5 External eye examination	Yes	As above
CRS6 Assess pupils	No evidence	As above
CRS7 Assess ocular motility	No evidence	As above
CRS8 Assess intra-ocular pressure	Yes	As above
CRS9 Slit lamp	Yes	As above
CRS10a Fundus assessment – direct ophthalmoscope	Yes	As above
CRS10b Fundus examination using slit lamp condensing lenses e.g. 90D/78D or equivalent	Yes	As above
CRS10c Fundus assessment – diagnostic contact lens	No evidence	As above

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
CRSGon Gonioscopy	No	As above
Corneal scrape[1]	No	Choose an item. As above
Use an exophthalmometer[1]	No	Choose an item. As above
Assess lacrimal function[1]	No	Choose an item. As above
Punctal plug insertion[1]	Yes	Choose an item. As above
Interpretation of automated visual fields[1]	Yes	Choose an item. As above
Removal of sutures[1,2]	No	Choose an item. As above
B. Mandatory requirements in theatre (where these have been performed by other assessors, please review) [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 Microsurgical skills	Yes	Click or tap here to enter text.
OSATS1 Cataract Surgery	Reservation	Click or tap here to enter text.
OSATS1 Lid surgery	No evidence	Click or tap here to enter text.
Operating microscope[1]	No	Choose an item. Click or tap here to enter text.
Removal of sutures[1,2]	No	Choose an item. Click or tap here to enter text.
C. Other mandatory requirements		
Longitudinal, periodic observation by consultant	Reservation	Trainee attendance to clinic was adequate.

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
assessor in the outpatient and/or on call setting, where possible		Trainee in clinic was not making progress to at least improve their slit lamp examination skills. Trainee also was off sick when rotaed to be on-calls and was unable to do on-call commitment safely without direct supervision after 6 months in the rotation
Longitudinal observation by consultant assessor in the theatre and simulation setting	Reservation	Attendance at theatre was poor. Trainee did manage to do one full cataract case. Explained to the trainee the need to attend regularly and watch consultant operating to improve their skills and knowledge
Review of record keeping and letters	Yes	No issues here
Case-based Discussions (CbDs) – *please specify number in Comments*	Yes	2
Indicate whether one or more MARs have been reviewed before completing this EPA	Yes	Click or tap here to enter text.
Please indicate the name and role of all assessors who completed the MAR(s)	Consultant	Dr Bloggs

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?

Overall, trainee has shown insight and ability reflect on the feedback given. Trainee has passed Part 1 FRCOphth.

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. 1. To improve attendance in theatre in order to achieve surgical competencies required at this level 2. Complete mandatory WpBAs as above 3. Reflection and implementation of change in approach and attitude as in feedback above 4. Ensure that all competencies are either directly observed or evidenced by WpBAs or MAR

10 Level 2 Guide

Level 2 Expectations

At this stage the theme of general ophthalmology continues with doctors in training adopting spiral learning and demonstrating increasing independence and efficiency. They will continue to use skills of reflection and self-awareness to recognise their own achievements and limitations. They will begin supervision of more junior doctors, where this is appropriate. At the end of this stage all doctors in training must have passed the Refraction Certificate examination to progress further. This test of knowledge involves an understanding of theoretical principles of optics, refraction and the related clinical skills, essential for higher practice.

An ophthalmologist working at Level 2 will be able to independently manage low complexity patients at an appropriate work rate employing the most appropriate clinical examination and investigation modalities. They will refine differential diagnoses and management plans by application of their clinical knowledge. They will be aware of public health issues relevant to ophthalmology. Full details of the descriptors supporting each Learning Outcome can be found in the curriculum microsite.

How to achieve Level 2 - Essential evidence on ePortfolio

1. EPA Level 2 – one for every six months until final one signed off by NCS as 'Competent' in Patient Management Domain Level 2. The requirements for the Level 2 EPA are summarised in **Table A.**
2. GSAT Level 2 – one for every six months until final one signed off by ES as achieving the competencies required to complete this Level in the six Generic (non-Patient Management) Domains. Examples of evidence that can be used in the Level 2 GSAT are summarised in **Table B.**
3. Refraction Certificate
4. Educational Supervisor Report - one for every six months and final one confirming a review of the ePortfolio indicating that Level 2 competencies have been achieved in all seven Domains
5. Pass in Refraction Certificate examination
6. Logbook
7. Professional Development Plan
8. MSF - one for every calendar year
9. Cataract Complications Audit
10. Form R, SOAR declaration or equivalent
11. Satisfactory outcome in ARCP

Please also see Level 2 training requirements in the section on ARCP and the Learning Outcomes on the curriculum microsite.

Table A Curriculum requirements as listed in Level 2 EPA

*A formative tool should be used if a trainee is not achieving the expected level. These requirements can be demonstrated by DOPS, OSATS, direct observation or observation by another team member.

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
CRS1 Consultation skills	OSATS1 Microsurgical skills OSATS1 Cataract Surgery	Longitudinal, periodic observation by

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
CRS10d Fundus assessment – binocular indirect ophthalmoscope CRSret Cycloplegic refraction Use a pachymeter* Insertion of bandage contact lens* Remove of corneal foreign body* Laser to lens capsule* Laser for raised IOP* Laser retinopexy* Interpret orthoptic assessment* Interpret FFA*	OSATS1 Lid surgery Lateral canthotomy/cantholysis* Interpret biometry*	consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters Multi-assessor report

Table B Examples of evidence that can be used in the GSAT Level 2

CbDs and Reflections can be used to demonstrate evidence under each Learning Outcome.

Learning outcome	Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used
Domain: Health Promotion	
Be aware and respect the impact of social, economic, cultural and religious factors on health.	• Evidence of community ophthalmology attachment • Cultural: corneal donations/retrievals and its implications. • Social and economic: deprivation and transport. Evidence of detailing examples of people with limited means of transport and being remote. Booking Taxis. Late presentation of cataract and advanced disease secondary to socioeconomic deprivation. • Religion: drops in Ramadan – educational element. Fasting
Have detailed knowledge of National Screening Programmes especially with reference to Ophthalmic diseases.	• Placements in paeds (ROP), Med ret (diabetic screening), or glaucoma • Demonstrate understanding of UK visual screening for children. An example could be including familial retinoblastoma cases, or cases who have been referred as a part of hydroxychloroquine screening or diabetic retinopathy screening
Domain: Leadership and Teamworking	
Document and evidence leadership behaviours.	• Reflective practice • Courses – e.g. TTT • Certificate of learning • 01_01 Introduction to Leadership and LeAD • https://portal.e-lfh.org.uk/Component/Details/510250

Learning outcome	Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used
	• Completion for Level 1 also counts towards Level 2 evidence • https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/ • Audit / QIP project/or evidence of research project • Write a reflective piece about own attributes and skills in communication, handling feedback, coping with stress, developing resilience, leadership styles that fit your strengths and stretching oneself to develop further
Practice within a multidisciplinary team to develop leadership projects.	• Manage rota • Human factors training • Certificate of course • Evidence of practice within a multidisciplinary team • Chairing a meeting • Learning appraisal skills • Training on team building • Undertaking patient improvement activity
Domain: Patient Safety and Quality Improvement	
Apply clear and appropriate clinical reasoning to make safe decisions.	• Portfolio • Part 2 FRCOphth • MSF
Practice in line with latest evidence.	• Portfolio • Part 2 FRCOphth • MSF
Maintain appropriate audits of practice.	• Portfolio • Part 2 FRCOphth • Surgical logbook; details of complications; Cataract Complications Audit • MSF
Apply quality improvement methods.	• Portfolio • Part 2 FRCOphth • QI project, Audit • MSF
Domain: Safeguarding and Holistic Care	
Recognise where specialised management techniques may be necessary for those with special needs.	• CBDs • Refer to ECLO • Consent and capacity training • Adult Safeguarding Level 2 • https://portal.e-lfh.org.uk/Component/Details/510406 CbD re: patient with special needs attending clinic or theatre • Evidence of knowledge in sight impaired registration, DLVA requirements • CBD or reflection on support needed/referral to ECLO • DVLA:https://portal.e-lfh.org.uk/Component/Details/506969

Learning outcome	Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used
	• ECLO and wider visual support: • https://portal.e-lfh.org.uk/Component/Details/506975 • Case relating to vision/visual field and driving • Case relating to Amaurosis/TIA/Stroke and advice regarding driving • Case relating to CVI registration and ECLO/low visual aid referral • CBD/reflection relating patient with dementia/learning difficulties needing consent
Domain: Education and Training	
Plan and provide education and training activities for medical trainees and other professionals.	• Evidence of medical student teaching, nurses, optometrist or junior trainee • Evidence of developing a teaching session • contribution to regional teaching session or to medical students or other professionals • Reflect on teaching • Feedback
Give constructive feedback on learning activities.	• Feedback form completed at end of teaching session with own constructive feedback • MAR from a non-clinical supervisor • Feedback on regional teaching
Domain: Research and Scholarship	
Implement an evidence-based approach to shared decision making and enhancing patient outcomes	• Involvement in MDT • CbD • Undertake a literature review to answer a clinical question • Research Agreement
Demonstrate competencies for commencing clinical research.	• GCP course – online/in person • Research ethics course • Collect evidence of research skills; evidence of a publication is strong evidence or research project undertake • Good Clinical Practice training • Carry out lit search on topic • Evidence of discussions with supervisor on research projects e.g a project proposal • Write ethics application • eLearning/courses on research skills e.g GCP training, research skills modules from MSc course, Trust R+D training courses • Research Agreement
Distil research, deliver poster presentations and improve oral presenting.	• Journal club • Regional teaching • Research publication/oral or poster presentation in local, regional, national and international meetings

Learning outcome	**Suggested examples of evidence and topics on which related CbDs and reflective pieces can be used**
	• Critical appraisal clinical trial presented at regional meeting/journal club • Research Agreement

11 Level 3 Guide

Level 3 expectations

During this stage doctors intraining will rotate through posts to receive mandatory training in the specific clinical skills related to the main ophthalmic SIAs. This is essential to prepare ophthalmologists to work in specialty-based hospital eye services within their capabilities. Doctors in training will develop transferable surgical skills as they move between these specialty posts and will continue to consolidate their cataract surgical skills. Progression in cataract surgery will be demonstrated by performing complete procedures, a continuous cataract complications audit and formative assessments. Other surgical and procedural skills will also be assessed formatively. Clinical knowledge will be assessed by the final Part 2 FRCOphth examination. Throughout this stage of training, generic professional capabilities will continue to be assessed through the ePortfolio and multiple consultant assessments.

An ophthalmologist working at Level 3 will be able to independently assess and manage moderate complexity patients demonstrating an understanding of appropriate procedures and selecting the most appropriate treatment. They will work at the level expected of a consultant general ophthalmologist, i.e. not a specialist in the area. They will recognise when specialist expertise is required and refer appropriately. They will independently perform low complexity procedures relevant to the specialty. Full details of the descriptors supporting each Learning Outcome can be found in the curriculum microsite.

How to achieve Level 3 - Essential evidence on ePortfolio

1. EPA Level 3 – one for each of the Level 3 SIAs (overall requirement of minimum of one every 6 months) until final one signed off by NCS as 'Competent' in Patient Management Domain Level 3. The requirements for the Level 3 EPA are summarised in **Table A.** This Guide also contains a completed sample EPA for Community Ophthalmology – note that this is a Word document and it will look different in the ePortfolio.
2. GSAT Level 3 – one for every six months until final one signed off by ES as achieving the competencies required to complete this Level in the six Generic (non-Patient Management) Domains. Examples of evidence that can be used in the Level 3 GSAT are summarised in **Table B**.
3. Educational Supervisor Report - one for every six months and final one confirming a review of the ePortfolio indicating that Level 3 competencies have been achieved in all seven Domains.
4. Pass in Part 2 FRCOphth examination
5. Logbook
6. Professional Development Plan
7. MSF - one for each 12 month training period
8. Cataract Complications Audit – for each 12 month training period
9. Form R, SOAR declaration or equivalent – for each 12 month training period
10. Satisfactory outcome in ARCP

Please also see Level 3 training requirements in the section on ARCP and the Learning Outcomes on the curriculum microsite.

Table A Curriculum requirements as listed in Level 3 EPA for each SIA

*A formative tool should be used if a trainee is not achieving the expected level. These requirements can be demonstrated by DOPS, OSATS, direct observation or observation by another team member.

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
OCULOPLASTICS		
CRS1 Consultation skills in oculoplastics Assessment and detailed interpretation of lacrimal function (syringing / sac wash-out)* Botulinum toxin injection for induction of ptosis* Initial management of sight-threatening orbital emergencies (e.g. orbital cellulitis)*	OSATS1 Lid surgery OSATS1 Lateral canthotomy and cantholysis Local anaesthesia* Tarsorrhaphy* Eyelid laceration repair* Eyelid lesion biopsy*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
CORNEA & OCULAR SURFACE DISEASE		
CRS1 Consultation skills in cornea and ocular surface disease Corneal gluing*	OSATS1 Microsurgical skills - cornea and ocular surface disease Corneal trauma repair (may be as part of larger globe repair)* Corneal graft suture removal* Local anaesthesia*	Ocular surface protection (e.g. Botox, Amniotic membrane, tarsorrhaphy)* - either Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
		Multi-assessor report
CATARACT SURGERY		
CRS1 Consultation skills in cataract surgery DOPSBi Perform and interpret biometry	OSATS1 Cataract Surgery Local anaesthesia* Aqueous / vitreous biopsy* Anterior chamber paracentesis* Periocular and intraocular drug delivery*	Logitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of continuous audit of complications of cataract surgery Review of logbook Review of record keeping and letters CbDs Multi-assessor report
GLAUCOMA		
CRS1 Consultation skills in glaucoma Laser for IOP (including YAG PI and SLT)* Acute management of angle closure glaucoma*	OSATS1 Cataract Surgery OSATS1 Microsurgical skills – glaucoma surgery Local anaesthesia*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
UVEITIS		
CRS1 Consultation skills in uveitis Interpretation and use of ICG and FFA*	DOPS Periocular and intraocular drug delivery	Aqueous and vitreous sampling* - either Outpatients or TheatreLongitudinal, periodic observation by consultant assessor in the

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
Interpretation of electrophysiology*		outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
MEDICAL RETINA		
CRS1 Consultation skills in medical retina Interpretation of FFA, ICG, OCT, AF, electrophysiology * Interpretation of electrophysiology* Retinal laser treatment*	OSATS1 Intravitreal injections Sub-tenon's injection*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
VITREORETINAL SURGERY		
CRS1 Consultation skills in vitreoretinal surgery Ultrasound of the vitreous cavity, retina and choroid* CRS2 Assess vision Indirect laser to the retina*	OSATS1 Cataract Surgery OSATS1 Microsurgical skills – vitreoretinal surgery Local anaesthesia* Vitreous biopsy*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
OCULAR MOTILITY		
CRS1 Consultation skills in ocular motility	DOPS Forced duction test OSATS1 Surgical skills – extraocular muscle surgery Interpretation of orthoptic exam*	Botulinum toxin injection* - either Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
NEURO-OPHTHALMOLOGY		
CRS1 Consultation skills in neuro-ophthalmology Botulinum toxin treatment* Use of neuroimaging* Liaison with other medical and surgical specialties as needed* Interpretation of orthoptic assessment*		Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
PAEDIATRIC OPHTHALMOLOGY		
CRS1 Consultation skills in paediatric ophthalmology Indirect ophthalmoscopy with indentation (ROP screening)*	OSATS1 Surgical skills – extraocular muscle surgery	Longitudinal, periodic observation by consultant assessor in the outpatient

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
Examination for suspected NAI* Referral for genetic counselling* Interpretation of the orthoptic examination* Refract and provide glasses prescription*	DOPS Assessment of lacrimal function, including probing in children	and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
COMMUNITY OPTHALMOLOGY		
Knowledge of community ophthalmology commissioning frameworks, local community ophthalmology provision and referral pathways* Knowledge of screening programmes* Application of improvement methodologies*		Longitudinal, periodic observation by consultant assessor in the outpatient and community setting where possible (consider handling of referrals, communication with primary care, virtual clinics, teleophthalmology, etc.) Review of record keeping and letters CbDs Multi-assessor report
URGENT EYE CARE		
CRS1 Consultation skills in urgent eye care Corneal gluing*	OSATS1 Microsurgical skills – urgent eye care Lateral cantholysis*	Vitreous biopsy* - either Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report

Table B Examples of evidence that can be used in the GSAT Level 3

CbDs and Reflections can be used to demonstrate evidence under each Learning Outcome.

Learning outcome	Suggested examples of evidence and topics on which related CBDs and reflective pieces can be used
DOMAIN: HEALTH PROMOTION	
Demonstrate leadership in the promotion of eye and general health in the wider community.	• M+M meetings – present any cases of endophthalmitis • Reflective piece following involvement with Integrated care system pathways (regional) for eye disease e.g. dry eye disease • Patient information leaflets for general eye health (e.g. contact lens wear guidance) • QIP in a community ophthalmology clinic e.g in virtual access clinics.
Promote immunisation.	• Recommend tetanus in trauma cases • Recommend flu vaccine and covid vaccine to elderly and immunosuppressed.
DOMAIN: LEADERSHIP AND TEAMWORKING	

Demonstrate the authority, capacity and motivation to implement change.	• Undertake management course
	• Certificate of learning
	• CLE 04 - Managing Services
	• https://portal.e-lfh.org.uk/Component/Details/393939
	• https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/
	• Examples of training undertaken covering 9 leadership behaviours:
	  ○ Undertake management training course with reflective notes or
	  ○ shadow senior manager or
	  ○ visit hospital or community service scheme and write reflective notes.
	• Ability to manage and lead teams when on call: MSF/CS/ ESR
	• Participation in committees e.g., RCOphth role/ trust working parties/ HEENE roles such a Doctors in Training representative

Design own projects related to leadership and management with outcomes predetermined to reflect on success.	• QIPs
	• Examples include:
	  ○ writing a business case e.g., for a piece of equipment.
	  ○ Learning about finance or commissioning within the NHS to share the knowledge with others, introducing a new guideline or piece of equipment

DOMAIN: PATIENT SAFETY AND QUALITY IMPROVEMENT	
Design and implement	• Portfolio • Part 2 FRCOphth

Learning outcome	**Suggested examples of evidence and topics on which related CBDs and reflective pieces can be used**
quality improvement programmes to improve clinical effectiveness, patient safety and patient experience.	• QI project • Audit
Analyse and critique published research.	• Portfolio Part 2 FRCOphth • Journal club attendance • PG teaching
DOMAIN: SAFEGUARDING AND HOLISTIC CARE	
Take responsibility for safeguarding of children and vulnerable adults, referring and taking appropriate action.	• Adult Safeguarding Level 2 - https://portal.e-lfh.org.uk/Component/Details/511209 Child Safeguarding Level 2 – • https://portal.e-lfh.org.uk/Component/Details/510418 • CBD re: • Performing an NAI screening in a child • Involving/initiating a safeguarding incident • Portfolio • Part 2 FRCOphth
Apply mental capacity legislation in clinical practice.	• Undertake Mental Capacity Act (MCA) training and demonstrate booking best interests meeting Hold best interests meeting with supervision • Trust Deprivation of Liberty training • MCA: https://portal.e-lfh.org.uk/Component/Details/598749 • Best interest: https://portal.e-lfh.org.uk/Component/Details/597891
Apply appropriate equality and diversity legislation in clinical practice.	• Trust equality and diversity training • Reflective piece/CBD of case involving issues of equality and diversity
DOMAIN: EDUCATION AND TRAINING	
Create learning opportunities for others.	• Supervise juniors – logbook • CSR • Thank you note for teaching or learning support from junior trainee or other professional • Feedback from medical students
Provide objective assessment.	• Objective feedback on teaching or training received • reflective piece • OSCE examiner for medical school

Learning outcome	**Suggested examples of evidence and topics on which related CBDs and reflective pieces can be used**
Design and contribute to patient education	• Evidence of participation in patient education events, patient support group meetings etc • Design or revise patient information leaflets or videos • Involvement in other forms of patient education
DOMAIN: RESEARCH AND SCHOLARSHIP	
Implement service improvement by revision and development of guidelines, treatments and practical procedures using current clinical research and contemporary evidence.	• Involvement in QI project, audit, evaluation, writing business case • Developing departmental guidelines, • Developing teaching handbook • Evidence of participation in the NIHR Associate Principal Investigator Scheme
Lead research / teaching sessions and critically appraise oral presentations.	• Chair local postgrad teaching • Chair simulation course • Evidence of presentation in local and regional teaching • Evidence of feedback given • Evidence of organising teaching session • Publications

Sample completed EPA Level 3 – Community Ophthalmology

Ophthalmic Specialist Training
Entrustable Professional Activity for Level 3
Providing clinical care for moderate complexity community patients

Learning Outcomes

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

- Understands the provision of community ophthalmology and screening programmes.
- Understands the epidemiology of eye disease and visual impairment and public health approaches to blindness prevention.
- Understands the role of commissioning in eye health care.

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)

2. 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** ***Yes/No/Reservations/No evidence***	**Comments**
A. Mandatory requirements in outpatients (where these have been performed by other assessors, please review) [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)		
Knowledge of community ophthalmology commissioning frameworks, local community ophthalmology provision and referral pathways[1]	Yes	Direct observation Trainee has done inspire course and has read the guidelines on local community ophthalmology referral protocols. Trainee has worked closely with ECLO clinic to learn what help is provided in the community. Trainee has also reviewed under supervision acute referral from optometry to the hospital.
Knowledge of screening programmes[1]	Yes	Direct observation Understands well the screening programmes carried in the community such as diabetic retinopathy screening
Application of improvement methodologies[1]	Yes	Direct observation Actively involved in auditing referral from the community to the hospital
B. 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)	Yes	Trainee has done under supervision a virtual clinic in glaucoma during his RSTAC sessions and has been supervised triaging referral letters from the community opticians. Letters to opticians written by trainees have been reviewed and were appropriately written

Mandatory requirements	**The evidence submitted indicates that the trainee is competent to this Level** ***Yes/No/Reservations/No evidence***	**Comments**
Review of record keeping and letters	Yes	As above
Case-based Discussions (CbDs) – *please specify number in Comments*	Yes	2
Indicate whether one or more MARs have been reviewed before completing this EPA	Yes	Two MARs completed by consultants. As above, trainee deemed competent
Please indicate the name and role of all assessors who completed the MAR(s)	Dr Bloggs	Supervising consultant

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?

Trainee has shown good understanding of the community ophthalmology role and protocols. Trainee has been actively involved in triaging referrals, doing virtual clinics and reading about the screening programs available in the community. Trainee has been advised to continue triaging referrals and being involved in teaching community opticians within the hospital as he becomes more senior.

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.

12 Level 4 Guide

Level 4 expectations

During the final 18 months of the programme doctors in training must achieve Level 4 competency in at least two Special Interest Areas (SIA) in the Patient Management domain and Level 4 in the other six domains, to complete their training and obtain a CCT. This is expected to happen for most doctors in training by the end of OST7; however, there is a degree of flexibility allowing some doctors to complete training in less time (the indicative minimum time will be 5 ½ years). The indicative time for Level 4 training varies according to the SIA as shown in the table below.

It is expected that most doctors in training will complete Level 4 training in the Cataract Surgery SIA. Cataract surgery training will be taken throughout as currently occurs, and it is therefore expected that many will have completed the Level 4 training in Cataract Surgery by mid-OST6. This will allow focus on the other Level 4 SIAs during the final 12-18 months of the 7-year training programme.

The indicative times for Level 4 training are listed below – ranges apply to some SIAs to make rotas manageable. These are only indicative times as completion of Levels in Curriculum 2024 is competency-based and not time or number-based.

Special Interest Area (SIA)	**Indicative time**
Oculoplastics and Orbit	up to 18 months
Cornea and Ocular Surface Disease	up to 18 months
Cataract Surgery	6-12 months, which should be integrated longitudinally across the entire training programme
Glaucoma	up to 18 months
Uveitis	12-18 months
Medical Retina	12-18 months
Vitreoretinal Surgery	up to 18 months
Ocular Motility	12-18 months
Neuro-ophthalmology	12-18 months
Paediatric Ophthalmology	12-18 months
Urgent Eye Care	6-12 months
Community Ophthalmology	6-12 months

An ophthalmologist working at Level 4 will demonstrate the advanced clinical management and surgical skills expected of a consultant with a special interest in this area. They will be able to manage the complexity and uncertainty of the SIA. They will be an effective teacher and trainer. Full details of the descriptors supporting each Learning Outcome can be found in the curriculum microsite.

How to achieve Level 4 - Essential evidence on ePortfolio

1. EPA Level 4 – Two EPAs out of twelve (minimum of one every 6 months). See **Table A** for the specific requirements for each EPA.
2. EPA Level 4 Operating List - for each surgically based SIA (Oculoplastics, Cornea & Ocular Surface Disease, Cataract Surgery, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)
3. GSAT Level 4 – GSAT (one from each 6-month post) for each non-clinical domain. Examples of evidence that can be used in the Level 4 GSAT are summarised in **Table B.**
4. Educational Supervisor Report - one for every six months and final one confirming a review of the ePortfolio indicating that Level 4 competencies have been achieved in all seven Domains.
5. Logbook indicating the described breadth of surgical experience (see Patient Management Level 4 syllabi)
6. Logbook indicating supervision of juniors (up to Level 3) in the chosen SIA (Oculoplastics, Cornea & Ocular Surface Disease, Cataract Surgery, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology) and supervision of juniors (up to Level 4) in Cataract Surgery (only where Cornea, Glaucoma and Vitreoretinal Surgery have been chosen as Level 4 SIAs)
7. Cataract complications audit (from each 12-month training period where Cataract Level 4 SIA is undertaken)
8. Audit of surgical outcomes for each surgically based SIA undertaken (Oculoplastics, Cornea & Ocular Surface Disease, Cataract Surgery, Glaucoma, Vitreoretinal Surgery, Ocular Motility and Paediatric Ophthalmology)
9. MSF - one for each 12 month training period
10. Form R, SOAR declaration or equivalent – for each 12 month training period
11. Satisfactory outcome in ARCP

Please also see Level 4 training requirements in the section on ARCP and the Learning Outcomes in the curriculum microsite.

Table A Curriculum requirements as listed in Level 4 EPA for each SIA

*A formative tool should be used if a trainee is not achieving the expected level. These requirements can be demonstrated by DOPS, OSATS, direct observation or observation by another team member.

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
OCULOPLASTICS		
CRS1 Consultation skills in oculoplastics Independent management of the oculoplastics clinic*	OSATS1 Surgical skills – eyelid and adnexal surgery OSATS1 Temporal artery biopsy	Nasal endoscopy* - either Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
Management of thyroid eye disease* Participation in MDT meetings* Ability to supervise and train trainees and other health professionals in oculoplastic Surgery to Level 3 in a clinic setting*	OSATS1 Removal of eye (enucleation and evisceration) EPA L4 Managing an oculoplastics operating list Surgical management of oculoplastic adnexal and lacrimal conditions including complex entropion, Ectropion, ptosis, surgical excisions, and peri-ocular reconstruction* Anterior orbital biopsy* External dacryocystorhinostomy*	and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of logbook Review of personal audit of surgical outcomes Review of record keeping and letters CbDs Multi-assessor report
CORNEA & OCULAR SURFACE DISEASE		
CRS1 Consultation skills in cornea and ocular surface disease Independent management of the cornea and ocular surface clinic* Management of complex corneal, ocular surface and anterior segment disease including use of systemic immunomodulators* Management of post refractive surgery complications e.g. ectasia, epithelial in growth* Ability to supervise and train trainees in corneal and ocular surface disease to Level 3 and other health professional in a clinic setting*	OSATS1 Surgical skills – cornea and ocular surface OSATS1 Cataract surgery EPA L4 Managing a corneal and ocular surface operating list Complex cataract surgery, pre-existing corneal abnormalities, absence of capsular support, etc.* Corneal grafting* Ocular surface biopsy* Pterygium surgery and amniotic membrane graft* Conjunctival manipulation* Collagen crosslinking* Ability to supervise and train in cataract surgery to Level 4*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of logbook Review of personal audit of surgical outcomes Review of record keeping and letters CbDs Multi-assessor report
CATARACT SURGERY		
CRS1 Consultation skills in cataract surgery	OSATS1 Managing range of complex cataract surgery cases and different IOL types	Longitudinal, periodic observation by consultant assessor in the outpatient

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
Independent management of the cataract clinic* Perform and interpret biometry in complex cases*	EPA L4 Managing a cataract operating list Performance of anterior vitrectomy* Placement of secondary IOL* Management of complication including capsule tears and iris complications* Ability to supervise and train trainees in cataract surgery to Level 3 and other health professionals in a theatre setting*	and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of logbook Review of 'continuous audit of complications of cataract surgery' and evidence of ability to manage complications Review of 'Outcomes 50 consecutive cataract surgery' personal audit (to be completed within 3 years of achieving Level 4 Cataract Surgery) Review of record keeping and letters CbDs Multi-assessor report
GLAUCOMA		
CRS1 Consultation skills in glaucoma Independent management of the glaucoma clinic* Ability to supervise and train trainees in glaucoma surgery to Level 3 and other health professional in a clinic setting*	OSATS1 Microsurgical skills – glaucoma surgery OSATS1 Cataract surgery EPA L4 Managing a glaucoma operating list Complex cataract surgery: shallow anterior chamber, poor dilation, pseudoexfoliation, previous glaucoma surgery, etc.* Ability to supervise and train in cataract surgery to Level 4*	Medical and surgical management of glaucoma patients including trabeculectomy or non-penetrating glaucoma surgery and cyclodestructive procedures* - either Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of logbook Review of personal audit of surgical outcomes

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
		Review of record keeping and letters CbDs Multi-assessor report
UVEITIS		
CRS1 Consultation skills in uveitis Independent management of the uveitis eye care clinic* Advanced interpretation of electrophysiology and multi-modal imaging modalities: e.g. FFA/ICG/Blue light autofluorescence and EDI-OCT* Prescribe steroid sparing agents and/or biologic therapies* Liaise with physicians for systemic management of patients* Ability to supervise and train trainees and other health professionals in uveitis to Level 3 in a clinic setting*		Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
MEDICAL RETINA		
CRS1 Consultation skills in medical retina Independent management of the medical retina clinic* Advanced interpretation of multi-modal imaging* Use of appropriate pharmacological and laser therapies* Indirect laser and subthreshold laser treatment* Photodynamic therapy* Order appropriate genetic testing and interpret results*		Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of personal audit of treatment outcomes Review of record keeping and letters CbDs Multi-assessor report

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
Ability to supervise and train trainees in intravitreal injections and laser techniques up to Level 3 and other health professional in a clinic setting*		
VITREORETINAL SURGERY		
CRS1 Consultation skills in vitreoretinal surgery Independent management of vitreoretinal clinic* Management of endophthalmitis, vitreous haemorrhage, sub-retinal haemorrhage, uncomplicated rhegmatogenous retinal detachment, vitreo-macular traction, epiretinal membrane, macular hole* Ability to supervise and train trainees in vitreoretinal surgery to Level 3 and other health professional in a clinic setting*	OSATS1 Cataract surgery OSATS1 Microsurgical skills - vitreoretinal surgery EPA L4 Managing a vitreoretinal operating list Complex cataract surgery, post vitrectomy, posterior polar cataract, etc.* Management of complications of cataract surgery* Ability to supervise and train in cataract surgery to Level 4*	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters Review of logbook Review of personal audit of surgical outcomes CbDs Multi-assessor report
OCULAR MOTILITY		
CRS1 Consultation skills in ocular motility Independent management of the ocular motility clinic* Complex strabismus assessment and management* Ability to supervise and train trainees and other health professionals in ocular motility disease surgery to Level 3 in a clinic setting*	OSATS1 Surgical skills (extraocular muscle surgery) DOPS Botulinum toxin EPA L4 Managing an ocular motility operating list	Management of complications of strabismus surgery and re-do surgery* - either in Outpatients or Theatre Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters Review of logbook Review of personal audit of surgical outcomes

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
		CbDs Multi-assessor report
NEURO-OPHTHALMOLOGY		
CRS1 Consultation skills in neuro-ophthalmology Independent management of the neuro-ophthalmology clinic* Forced duction test* Use and interpretation of appropriate neuroimaging* Use of and interpretation of appropriate electrodiagnostic testing* Ability to supervise and train trainees and other health professionals in neuro-ophthalmology to Level 3 in a clinic setting*	OSATS1 Temporal Artery Biopsy	Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters CbDs Multi-assessor report
PAEDIATRIC OPHTHALMOLOGY		
CRS1 Consultation skills in paediatric ophthalmology Independent management of the paediatric care clinic* Diagnosis and treatment of ROP* Collaborative working with tertiary and special interest teams* Ability to supervise and train trainees and other health professionals in paediatric ophthalmology to Level 3 in a clinic setting*	OSATS1 Surgical skills – paediatrics DOPS Botulinum Injection DOPS Laser for retinal problems (e.g. ROP) EPA L4 Managing a paediatric operating list	Complex strabismus and nystagmus assessment* - either Theatre or Outpatients Management of complications of strabismus surgery and re-do surgery* - either Theatre or Outpatients Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of logbook Review of personal audit of surgical outcomes Review of record keeping and letters

Mandatory requirements in Outpatients	Mandatory requirements in Theatre	Other mandatory requirements
		CbDs Multi-assessor report
COMMUNITY OPTHALMOLOGY		
Understand local eye health needs, value of services and financial pressures Ability to supervise and train trainees in community ophthalmology to Level 3 and other health professionals Health services evaluation project/quality improvement project		Longitudinal, periodic observation by consultant assessor in the outpatient and community setting where possible (consider handling of referrals, communication with primary care, virtual clinics, teleophthalmology, etc.) Review of record keeping and letters CbDs Multi-assessor report
URGENT EYE CARE		
CRS1 Consultation skills in urgent eye care Independent management of the urgent eye care clinic* Ultrasound of the vitreous cavity, retina and choroid- performance and interpretation* Ability to supervise and train trainees in urgent eye care to Level 3 and other health professionals in a clinic setting*	OSATS1 Ocular/adnexal trauma	OSATS1 Vitreous biopsy and intravitreal injection in endophthalmitis* - either Theatre or Outpatients Longitudinal, periodic observation by consultant assessor in the outpatient and/or on call setting, where possible Longitudinal observation by consultant assessor in the theatre and simulation setting Review of record keeping and letters Review of logbook CbDs Multi-assessor report

Table B Examples of evidence that can be used in the GSAT Level 4

CbDs and Reflections can be used to demonstrate evidence under each Learning Outcome.

Learning outcome	Suggested examples of evidence and topics on which related CBDs can be used
DOMAIN: HEALTH PROMOTION	
Develop special interest area specific guidance for health promotion.	• New local guidelines • Develop or update patient information leaflet in SIA for health promotion
Be an effective supervisor and guide in the area of health promotion.	• Logbook, Audit, reflective practice • Evidence of supervision of more junior trainee in explaining health promotion strategy to patients • Evidence of involvement in patient engagement events • Evidence of supervision or providing training for other members of multidisciplinary team in health promotion in SIA
DOMAIN: LEADERSHIP AND TEAMWORKING	

Critically evaluate own skills in leadership, with particular reference to the quality of patient care.	• Audit, reflective practice
	• Examples include:
	  ○ Audit of own or departmental outcomes with reflection
	  ○ SIA audit
	  ○ Audit of own surgical outcomes; cataract for example or ptosis if doing oculoplastics
	• Supervising, challenging, influencing and appraising colleagues and peers to enhance performance and to support development
	• Critically appraise performance of colleagues, peers and systems and escalate concerns
	• Attend and contribute to clinical governance meetings, e.g. confirmed log of meetings attended/evidence of participation in governance

Promote service improvement through: quality, innovation, productivity and prevention (QIPP); supervision of the multidisciplinary team; effective management of incidents and complaints.	• QIPP, M+M, SAI's involved in/ RCA meetings • Undertake a quality, innovation, productivity and prevention (QIPP) project • Supervision of the multidisciplinary team e.g., run a theatre list/ outpatient clinic • Effective management of incidents and complaints • Demonstrate management of a complaint with report and be involved in the investigation • Demonstrate training in root cause analysis • Demonstrate understanding of risk register and risk assessment • Provide proof of supervision ability • Simulation/clinical setting/theatre
DOMAIN: PATIENT SAFETY AND QUALITY IMPROVEMENT	
Share improved practice with others and be able to defend changes made.	• Portfolio • Part 2 FRCOphth • Research/publication

Critically evaluate own skills in quality improvement.	• Portfolio • Part 2 FRCOphth • QI Project/Audit; reflection piece on own work
Promote clinical governance and quality improvement in the wider organisation / NHS.	• Portfolio • Part 2 FRCOphth • QI project, Audit
DOMAIN: SAFEGUARDING AND HOLISTIC CARE	
Critically evaluate personal and wider organisational responses to safeguarding issues	• Adult and Child Safeguarding Level 3 https://portal.e-lfh.org.uk/Component/Details/510424 • Safeguarding Children: Level 3 – Parental Risk Factors https://portal.e-lfh.org.uk/Component/Details/510430 • Safeguarding Children: Level 3 – Unexplained Injuries https://portal.e-lfh.org.uk/Component/Details/510436 • Safeguarding Children: Level 3 – Disability and Neglect https://portal.e-lfh.org.uk/Component/Details/510442 • Safeguarding Children: Level 3 – Fabricated and Induced Illness https://portal.e-lfh.org.uk/Component/Details/510448 • Deprivation of Liberty Safeguards (DoLS) training • Audit/QIP in Safeguarding standards • Reflective piece/CBD in a more complex case involving support for visual impairment/additional needs
Supervise and support other professionals with regard to safeguarding.	• Teaching for colleagues • Supervising more junior trainee or members of multidisciplinary team; arranging best interests meeting or undertaking MCA training or arranging for patient with special needs to attend clinic/procedure/theatre. • Arranging teaching session on MCA/DOLS training etc
Demonstrate effective specialised management techniques for those with special needs.	• Undertaking best interests meeting; make specific enhancements to support patient in theatre, clinic, procedure undertaken • Audit/QIP in Safeguarding standards • Reflective piece/CBD in a more complex case involving support for visual impairment/additional needs • Creating or updating patient information leaflets
DOMAIN: EDUCATION AND TRAINING	
Demonstrate readiness to act as a clinical and educational trainer.	• Take on supervision roles, training skills, mentoring, supervising in theatre, logbook • Appropriate Training the Trainers course(s) to be a registered Clinical Supervisor • PG Cert or MSc in medical education • TTT course • College faculty for surgical courses/examiner
Balance service and training needs.	• Demonstrate ability to supervise or assist more junior trainees or other professionals in clinic but manage clinic in timely manner • CSR • Supervising juniors on theatre

Be able to identify and support a trainee experiencing difficulty.	• Supervise, support and encourage other trainees • Module on trainee in difficulty in Training the Trainers courses
DOMAIN: RESEARCH AND SCHOLARSHIP	
Understand the principles of research methods, research governance, application of ethics to research and the translation of research into practice.	• Research/publication, evidence of submission of application for funding for research project • Evidence of participation in the NIHR Associate Principal Investigator Scheme • Evidence of involvement in ethics submission for research project; use own or contemporary research to revise/develop local guidelines • GCP course
Promote innovation in ophthalmology.	• Publication – 1st author • Evidence review for own research project/publication; evidence of submission for funding for research project; complete and publish peer-reviewed paper • Evidence of participation in the NIHR Associate Principal Investigator Scheme

Glossary of terms

ARCP	Annual Review of Competency Progression
CbD	Case-based Discussion
CCT	Certificate of Completion of Training
CPD	Continual Professional Development
CRS	Clinical Rating Scale
DOPS	Direct Observation of Procedural Skills
EPA	Entrustable Professional Activity
ES	Educational Supervisor
ESR	Educational Supervisor Report
GMP	Good Medical Practice
GPCs	Generic Professional Capabilities
GSAT	Generic Skills Assessment Tool
MAR	Multi-Assessor Report
MSF	Multisource Feedback
NCS	Named Clinical Supervisor
OSATS	Objective Assessment of Surgical and Technical Skills
OST	Ophthalmic Specialist Training
PDP	Professional Development Plan
SEB	Statutory Education Body
SIA	Special Interest Area
SLE	Supervised Learning Event
WpBA	Workplace-based Assessment

Appendix 1 ARCP Matrix of Progression

	Level 1						
		Level 2					
			Level 3				
				Level 4			
	ST1	**ST2**	**ST3**	**ST4**	**ST5**	**ST6**	**ST7**
Examinations required		Part 1 FRCOphth	Refraction Certificate			Part 2 FRCOphth[a]	
Minimum number of EPAs	2	2	2[b]	2[b]	2[c]	2[c]	2[c]
EPA Level 4 Operating List					2 For SIAs: OO, COS, G, VR, OM, PO	2 For SIAs: OO, COS, G, VR, OM, PO	2 For SIAs: OO, COS, G, VR, OM, PO
Minimum number of GSATs	2	2	2	2	2	2	2
Minimum number of MARs	2	2	2	2	2	2	2
OSATS	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA
CRS	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA
DOPS	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA

	Level 1						
		Level 2					
			Level 3				
				Level 4			
	ST1	**ST2**	**ST3**	**ST4**	**ST5**	**ST6**	**ST7**
DOPSBi	n/a	n/a	As per CS EPA	As per CS EPA	As per CS EPA	n/a	n/a
Other competencies	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA	As per EPA
CbD	√	√	√	√	√	√	√
Evidence of reflective practice	√	√	√	√	√	√	√
MSF	1	1	1	1	1	1	1
Recommended training course	Intro to Phaco						
Surgical logbook	√	√	√	√[d]	√[d]	√[d]	√[d]
Cataract Complications Audit	√	√	√	√[e]	√[e]	√[e]	√[e]
Surgical Outcomes Audit						√[f]	√[f]
Personal Development Plan	√	√	√	√	√	√	√
Form R, SOAR declaration or equivalent	√	√	√	√	√	√	√

Matrix Glossary

Cataract Surgery	CS
Case based discussion	CbD
Cornea & Ocular Surface Disease	COS

Clinical Rating Scale	CRS
Direct Observation of Procedural Skills	DOPS
Entrustable Professional Activity	EPA
Glaucoma	G
Generic Skills Assessment Tool	GSAT
Multi-Assessor Report	MAR
Medical Retina	MR
Neuro-ophthalmology	NO
Ocular Motility	OM
Oculoplastics & Orbit	OO
Objective structured assessment of technical skills	OSATS
Special Interest Area	SIA
Uveitis	U
Vitreoretinal Surgery	VR
Paediatric Ophthalmology	PO
Urgent Eye Care	UEC
Community Ophthalmology	CO

Footnotes

a. Part 2 FRCOphth can be taken from end of ST4, latest mid-point ST6.
b. Level 3 – at least one every six months, signoff in all 12 SIAs
c. Level 4 – at least one every six months, signoff in 2 chosen SIAs
d. When commencing Level 4 OO, COS, G, VR, OM, PO - also record supervision of juniors to Level 3 in chosen SIA. For COS, G, VR only - record supervision of juniors to Level 4 CS
e. Completed cataract complications audit for Level 3 or where Level 4 CS training is undertaken
f. Completed audit OO, COS, CS, G, VR, OM or PO

Further guidance on Levels

1. The curriculum requirements are structured by level. The indicative maximum time period to get to Level 3 is 5.5 years, but levels can be acquired before that. The flexibility offered means that trainees might be able to get CCT in less than 7 years, in response to the GMC's request for a shortened training programme.

2. The philosophy of the curriculum is about quality of evidence rather than quantity and a move away from absolute numbers of workplace-based assessments (WpBAs) and the tick box approach, as demonstrated by the Matrix of Progression above.
3. The Level Guides developed are available for trainers and trainees in the Curriculum Handbook (Level 1, Level 2, Level 3, Level 4) to give information about what would be appropriate evidence at different stages of training.
4. There must be some evidence linked to each Learning Outcome in each domain in **each training year** to show development in the Domain and the Level. For Levels 1 and 2 of training the expectation is that there should be a minimum of one piece of evidence linked to each Learning Outcome for all Patient Management and Generic Domains. For Levels 3 and 4 of training the expectation is that there should be a minimum of one piece of evidence linked to each Learning Outcome for at least two SIAs in the Patient Management Domain and in all Generic Domains. This evidence needs to be appropriate for the Level of training.
5. Advancing from one level to the next is dependent upon achieving a satisfactory outcome in the last ARCP as well as achieving all the Learning Outcomes in all domains in the current level. The level process is separate from the ARCP process and cannot in itself prevent progression from one ST year to the next.
6. The ESR will indicate whether the trainee is working towards a Level or if they have achieved all the Learning Outcomes in all domains as listed in the ESR. This will be recorded at the ARCP.
7. An Outcome 3 will only be given if the curriculum competencies have not been reached in the maximum time period for that level. For example, if a trainee had completed two years (ST1 and ST2) but had not left Level 1, they would require an extension to training. Even if they have an extension to training, they can continue to acquire competencies of the higher levels. Deaneries should be very clear about what remaining competencies need to be acquired in the additional training period when awarding an Outcome 3.