OPHTHALMIC
COMMON CLINICAL COMPETENCY
FRAMEWORK

PORTFOLIO

First
Name   . . . .

Surname   . . . .

OCCCF Learner Number		Enrolment date:
Profession		
Qualifications		

OCCCF Portfolio – Combined version – for printing

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Section	Form	Topic	Contents – examples of evidence
1		Index Guidelines –portfolio, programme, learners	
2	A	Enrolment and Demographics	1 for each new area/level
3	B	End of Level Assessment	By OCCCF Lead
4	C	Training Summary	6 monthly
5	D	Educational Supervisor Reports (ESR)	2 / year
6	E	Clinical Supervisor Reports (CSR)	Every CS: 1+ sessions for >2months 2 each / year
7	F	Multisource Feedback (MSF) & Reflection	Every year
8	G	Personal Development Plan (PDP)	Every year
9	H	High Level Outcomes	1
10		Clinical	Certificates – Safeguard, BLS/ILS/ALS, etc Thank yous, Complaints, Incidents, SUIs
11		Audit, Governance & Quality Improvement	Audits – biometry, learner-selected Projects
12		Management & Leadership	Projects Reflections
13		Teaching & Leadership	Aims & Objectives, Presentation, Evaluation, Reflections
14		Research & Leadership	Article – reflection, criticism or discussion Presentation of own research Publication of own research
15		Continuing Professional Development (CPD)	Events attended - certificate, programme Reflections, evaluations
16		Workplace Based Assessments Domains 1&2	In order of the domains & outcomes
17		WBAs – Domains 3-9 Cataract	In order of the domains & outcomes
18		WBAs – Domains 3-9 Glaucoma	In order of the domains & outcomes
19		WBAs – Domains 3-9 Medical Retina	In order of the domains & outcomes
20		WBAs – Domains 3-9 Acute & emergency	In order of the domains & outcomes

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OCCCF LEARNER ENROLMENT & DEMOGRAPHICS

Learner to complete annually
Learner to notify changes to the OCCCF Learner Registration Centre immediately at other times

Title & Full Name		
OCCCF Learner Number		Enrolment date:
Home Address		
Telephone(s)		
E-mail address		

Professional Registration & Qualifications		
Profession:	Registered body:	Date of registration:
Primary degree:	Awarding body:	Date:
Other qualifications:		

Learning already completed (areas & levels)**:**	**Date of starting** next stage of learning**:**

Target Certificate: Area(s) and Level(s) for which you are applying to study				
[please tick the box(es) below the headings]:				
Level	**Cataract**	**Glaucoma**	**Medical retina**	**Acute & Emergency**
Level 1				
Level 2				
Level 3				
Level 3 Masters				

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Current employer / NHS Trust	
Work address	
Work telephone	
Work e-mail address	

Educational Supervisor Name	
Employer / Trust & Work address	
Telephone	
E-mail address	

Regional OCCCF Lead Name	
Region	
Employer / Trust & Work address	
Telephone	
E-mail address	

Signatures – agreeing to enrolment on the programme		Date
Learner		
Educational Supervisor		
Regional OCCCF Lead		

OCCCF END OF LEVEL ASSESSMENT
Completed by External Assessor appointed by Regional OCCCF Lead

To be filled by Learner

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:
Regional OCCCF Lead	Name:	Unit:
External Assessor *(may be the Regional OCCCF Lead)*	Name:	Unit:
	Position:	Qualifications:
	Contact details:	

To be filled by Assessor

Documents & Portfolio contents	**Fully Provided** (Tick or X)	**Satisfactory** (Tick or X)	**Concerns or Areas to be addressed** (give details in next sections)
Form A Enrolment & Demographics			
Form C Training summary			
Form D Educational Supervisor			
Form E Clinical Supervisors How many?			
Form F MSF & Reflection			
Form H High Level Outcomes			
Sections 10-15 Other evidence			
Sections 16-20 WBAs			

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Outcome	Continue working towards current level			Award of OCCCF Certificate		
Area	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Cataract						
Glaucoma						
Medical Retina						
Acute & Emergency						

Feedback	
Learner's Strengths	**Areas for improvement**

Other information/recommendations for the Learner's Trainers
eg: to facilitate placement / provision of other training opportunities / areas to be monitored

Signatures – agreeing with the recommended outcome		Date
External Assessor *(if applicable)*		
Regional OCCCF Lead		

OCCCF TRAINING SUMMARY

Learner to complete for Mid-Year Appraisal and update for End-of-Year Appraisal

Name *Title, first name, surname*	
OCCCF Learner number	
Enrolment date	Training year *(eg: 20/21 or 21/22)*
Target Certificates *(areas and levels)*	

Placement details for current year				
Unit	OCCCF programme(s)	Educational Supervisor	Date	
			From	*To*

Subspecialties	Clinical supervisor(s)	Date		Total number of sessions in this training year *(eg: no/week x weeks)*
		From	*To*	
Acute & Emergency				
Cataract				
Glaucoma				
Medical Retina				

Clinical areas where opportunities / achievements particularly high	**Clinical areas needing to be addressed by future placements**

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Previous qualifications	Awarding body	Date

Exams sat this year	Awarding body	Date	Result

Prizes awarded this year	Cumulative total =	Awarding body	Date	Position / grade

WBAs	Number to be completed	Number achieved	Number outstanding	Comments
CBD				
CRS				
DOPS				
EPA				
MSF				

Study leave / courses attended	Venue	Date	Value *(1= poor, 2=fair, 3=good, 4=very good)*

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Cumulative total of publications *(number in whole career)*					
Full articles	Case reports	Letters	Books	Chapters	Total

Publications this year	Titles and authors	Journal	Date
Published *Number =*			
Accepted *Number =*			
Submitted *Number =*			

Cumulative total of presentations				
International	National	Regional	Local	Total

Presentations this year	Titles and authors	Venue	Date
International *Number =*			
National *Number =*			
Regional *Number =*			
Departmental / Unit *Number =*			

Audits this year (title)	Authors	Recommendations	Date

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Other research not mentioned above

Other teaching not mentioned above

Other organisation / management / teamwork / leadership not mentioned above

Clinical Supervisors	Report date	**Overall Assessment** *(ES to tick)*		
		High standard	No concerns	Some concerns

Signatures			Date
Learner			
Educational Supervisor		Name:	

EDUCATIONAL SUPERVISOR REPORT
Completed by Educational Supervisor with Learner

To be filled by Learner

Learner	Name:	
	OCCCF Learner Number:	
	Enrolment date:	Training year *(eg: 20/21)*
Target Certificate(s) *being assessed*	Area:	Level:
Work place	Region:	Unit:
Regional OCCCF Lead	Name:	Unit:
Educational Supervisor	Name:	Unit:
	Position:	Qualifications:
	Contact details:	

To be filled by Educational Supervisor from evidence in the Clinical Supervisor Reports (Form Es)

Clinical Supervisor name	Report date	**Assessment of Minimum Level of Practice** *(please tick)*		
		Some concerns	No concerns	High/Very High Standard of Practice

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To be filled by Educational Supervisor as a summary of the Clinical Supervisor Reports (Form Es)

Skills	Assessment – standards of practice					Comments
	Some Concern	No Concern	High	Very High	N/A	
Knowledge						
Clinical competence						
Surgical & practical skills						
Generic skills						
Working methods						
Communication & relationships						
Personal skills						

Educational Supervisor to tick, or Yes/No:

Overall Assessment of Clinical Performance	
Do all Clinical Supervisors believe that the Learner is performing at the necessary level for their Target Certificate, in the practice they have observed?	
No, continue working towards current level	Yes, consider submitting for End of Level Assessment, if all parts of curriculum are complete

To be filled by Educational Supervisor

Portfolio Assessment	Complete & Satisfactory (Tick or X)	Outstanding areas or concerns
MSF & Reflection (Form F)		
High Level Outcomes (Form H) (Sections 10-15)		
Workplace Based Assessments (Sections 16-20)		

Feedback	
Learner's Strengths	**Areas for improvement**

Action plan

SMART Objectives: Specific, Measurable, Achievable, Relevant, Time-bound

Other information/recommendations for the Unit or Regional OCCCF Leads *– to be forwarded*

eg: to facilitate placement / provision of other training opportunities / areas to be monitored

Learner's comments

Signatures – agreeing that this is a true record of the discussion		Date
Learner		
Educational Supervisor		

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CLINICAL SUPERVISOR REPORT

Completed by Clinical Supervisor with Learner for any attachment > 1 session/week for 2 months

To be filled by Learner

Learner	Name:	
	OCCCF Learner Number:	Attachment dates *(start-present date)*:
Target Certificate(s) *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:
Clinical Supervisor	Name:	Unit:
	Position:	Qualifications:
	Contact details:	

To be filled by Clinical Supervisor

Skills		Assessment – standards of practice					Comments
		Some Concern	No Concern	High	Very High	N/A	
Knowledge	Science						
	Clinical						
Clinical competence	History						
	Examination						
	Investigation						
	Diagnosis						
	Management						
	Judgement						
Surgical & practical skills	Planning						
	Dexterity						
	Technical ability						

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Skills		Assessment – standards of practice					Comments
		Some Concern	No Concern	High	Very High	N/A	
Generic skills	Teaching						
	Presentation						
	Audit						
	Research						
	Publications						
Working methods	Insight to seek help						
	Prioritization of work						
	Organizational ability						
Communication & relationships	Patients						
	Colleagues						
	Other staff						
Personal skills	Team work						
	Empathy						
	Flexibility						
	Take responsibility						
	Cope under pressure						
	Motivation						
	Commitment						
	Probity						

Clinical Supervisor to tick, or Yes/No:

Overall Assessment of Performance	
Is the Learner yet performing at the necessary level for their Target Certificate in the practice you have observed?	
No, continue working towards current level	Yes, consider submitting for End of Level Assessment, if other parts of curriculum are complete

Feedback	
Learner's Strengths	**Areas for improvement**

Action plan
SMART Objectives: Specific, Measurable, Achievable, Relevant, Time-bound

Other information/recommendations for the Learner's Educational Supervisor
eg: to facilitate placement / provision of other training opportunities / areas to be monitored

Learner's comments

Signatures – agreeing that this is a true record of the discussion		Date
Learner		
Clinical Supervisor		

Feedback	
Learner's Strengths	**Areas for improvement**

Action plan
SMART Objectives: Specific, Measurable, Achievable, Relevant, Time-bound

Other information/recommendations for the Learner's Educational Supervisor
eg: to facilitate placement / provision of other training opportunities / areas to be monitored

Learner's comments

Signatures – agreeing that this is a true record of the discussion		Date
Learner		
Clinical Supervisor		

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MULTISOURCE FEEDBACK

Example of the form which should be used online
Alternative similar on-line forms may be used

To be filled by Learner

Learner	Name:	
	OCCCF Learner Number:	Attachment dates *(start-present date)*:
Target Certificate(s) *being assessed*	Area:	Level:
Workplace	Region:	Unit:
Educational Supervisor	Name:	Unit:

To be filled online by Assessors, with collated results filed in portfolio

Code	Statement	Assessment: standards of practice					Comments
		Some Concern	No Concern	High	Very High	N/A	
PS21 SS3 HPDP2	Follows local guidelines on general **cleanliness** and avoidance of cross infection						
C1	Establishes a **trusting** clinical relationship with patients						
C2	**Listens** effectively to patients						
C3	**Provides information** to patients in an appropriate and sensitive manner						
C5	Obtains valid **consent** in an appropriate manner						
C6	Communicates potentially **upsetting** information in an appropriate and sensitive manner						
C7	Makes allowances for **difficulties** in communication that may affect the patient						
C8	Uses **body language** to good effect in communication						

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Code	Statement	Assessment – standards of practice					Comments
		Some Concern	No Concern	High	Very High	N/A	
C10	Communicates well with clinical and non-clinical **colleagues**						
C11 C12	The doctor writes **notes** and dictates letters clearly						
C14	Complies with local **policies** for approval of leave, makes appropriate arrangements for cover						
AER1	Has a **compassionate** approach to patient care						
AER2	Respects the **patient's wishes** when making clinical decisions						
AER3	Behaves in a **considerate** and sensitive manner towards all patients						
AER4	Shows appropriate **empathy** with patients						
AER5	Respects the **confidential** nature of clinical information obtained from patients						
AER6	Works within the **limits** of her/his clinical competence						
AER7	**Seeks help** and advice from clinical colleagues when appropriate						
AER10	Treats all patients **equally**, avoiding discrimination						
AER12	Practises according to the GMC's "**Duties of a doctor**"						
AER16	**Prioritises** tasks appropriately, ensuring urgent and important matters are dealt with promptly						
AER16	Copes well when under **stress**						

Further Comments

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OCCCF Portfolio – Section 8: Form G – Personal Development Plan
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OCCCF PERSONAL DEVELOPMENT PLAN

Learner name	OCCCF Training number	Training Year (eg: 20/21)	Unit	Educational Supervisor

Date	Educational Need / Objectives	Date	Action Required	Date	Outcome & Evaluation

Signatures	Learner:	Date:	Educational Supervisor:	Date:

continue to update throughout the year; use more sheets if necessary

Version 2001

1

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OCCCF Portfolio – Section 8: Form G – Personal Development Plan
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OCCCF PERSONAL DEVELOPMENT PLAN

Learner name	OCCCF Training number	Training Year (eg: 20/21)	Unit	Educational Supervisor

Date	Educational Need / Objectives	Date	Action Required	Date	Outcome & Evaluation

Signatures	Learner:	Date:	Educational Supervisor:	Date:

continue to update throughout the year; use more sheets if necessary

Version 2001

1

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OCCCF HIGH LEVEL OUTCOMES

Completed by Learner, Signed by Educational Supervisor
Evidence to be filed in subsequent sections of Portfolio

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:
Regional OCCCF Lead	Name:	Unit:

Record date when completed for area of current study, or enter a cross if not completed

Level 1	**Outcome**	**Cat**	**Glauc**	**MR**	**A&E**	**Description & Evidence**
Basic Life Support (BLS) Certificate	PM8					• Know the national and local Basic Life Support (BLS) guidelines and treatment algorithm. • Recognise and initiate management of medical emergencies and offer first aid or Basic Life Support until expert help arrives. • Recognise anaphylaxis and ask for appropriate help where necessary.
Safeguarding Certificate	AER15					• Understand and apply the legislation for the safeguarding of children and vulnerable adults. • Recognise where an individual may require protection and take action using appropriate local measures to secure the individual's safety.
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the e-Portfolio.
Incident reporting	IH9					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them.
Continuous **P**rofessional **D**evelopment	CPD5					• Demonstrate that you actively participate in continuing professional development.

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Record date when completed for area of current study, or enter a cross if not completed

Level 2	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the e-Portfolio.
Incident reporting	IH9					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them.
Biometry **audit**	PS25					• Perform an audit of 50 consecutive cases in which you have performed biometry, including postoperative refractive outcomes and patient satisfaction. Complete the audit cycle, present the results and submit a written account.
Quality improvement	DMCRJ2					• Understand how review of clinical practice can improve clinical outcomes. • Help implement the outcomes of quality improvement projects. Evidence: • Write a description of your role in a quality improvement project, what the outcomes were and how you helped implement them.
Critically Appraise **Research** and Audit	DMCR14 BCS15					• Critically appraise research literature and understand how the findings contribute to clinical practice. • Use knowledge of statistics relevant to ophthalmic practice in the interpretation of audit and research. Example evidence: • Reflection on an article and its application • Journal Club presentation
Continuous **P**rofessional **D**evelopment	CPD5					• Demonstrate that you actively participate in continuing professional development.

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Record date when completed for area of current study, or enter a cross if not completed

Level 3	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Intermediate or Advanced Life Support Certificate (ILS or ALS)	CA11					• Perform a basic medical examination relevant to acute ophthalmic disease. • Understand the importance of general medical findings and seek support appropriately.
Cannulation / Venepuncture	PS4					• Take a venous blood sample. • Insert a venous cannula to administer drugs. • Set up an intravenous infusion. Example evidence: • Sign-off at Trust-based course
Blood cultures	PS20					• Take samples for blood culture using sterile precautions. • Understand the limitations of the investigation and be able to interpret the results. Example evidence: • Sign-off at Trust-based course
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the Portfolio.
Incident reporting & Reflection	IH9 CPD1					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them. • If you have not been involved in a critical incident, reflect on when you have received praise.
Audit	DMCR13 PM7					• Identify procedures and processes suitable for audit and maintain a logbook of those performed. • Perform personal audit to improve the quality and/or efficiency of patient care. • Submit a written account of one personal audit of your own performance (distinct from those used for different OCCCF curriculum outcomes) in which you presented your results and completed the audit cycle.
Clinical Governance	PM7 HS2					• Participate in clinical audit and governance locally, and at regional and national levels where appropriate. Example evidence: • Write a clinical guidline approved by the Trust • Maintain a risk register for the Unit • Audit an aspect of the Unit's performance • Contribute data to a National Audit and interpret your unit's results

Level 3 *continued*	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Management	PM1 HS10					• Demonstrate that you can manage a session (eg: preassessment clinic, clinic assessing low risk patients, emergency triage session) as the senior clinician, being responsible for the safe and efficient management of all patients and staff. <u>Example evidence</u>: • Write a description of the session: numbers and types of patients & staff, management skills utilised, challenges and how they were addressed, learning point; including reflection
Teaching						• Teach and supervise a less experienced eye care worker to become competent in perofrming the skill/procedure using one technique. <u>Example evidence</u> for each skill: • Deliver a teaching session to a group. Record type of learners, aims & objectives, teaching materials & techniques and evaluation by Learners. • Teaching a novice to become competent. Record the steps used to teach the skill, how progress was assessed and feedback from the learner.
• Pachymetry • Biometry • Topography • Focimetry	PI2 PI12 PI13 PI18					
• Pachymetry • Fields • Disc	PI2 PI17 PI19					
• Amsler • Retinal image	CA4 PI3					
• Ultrasound	PI5					
Research	DMCR14 BCS15 HS8					• Perform research projects and present the results of one. • Use knowledge of statistics relevant to ophthalmic practice in the interpretation, performance and publication of audit and research. • Consider Good Clinical Practice (GCP) training. <u>Example evidence</u>: • Published paper • Copy of presentation with reflection
Continuous **P**rofessional **D**evelopment	CPD5					• Demonstrate that you actively participate in continuing professional development.

Signatures –confirming that evidence is complete & of sufficient quality for the target level		Date
Learner		
Educational Supervisor		

OCCCF EVIDENCE INDEX - CLINICAL
Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:

Record date when completed for area of current study, and file evidence in this section of the Portfolio

Level 1	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Basic Life Support (BLS) Certificate	PM8					• Know the national and local Basic Life Support (BLS) guidelines and treatment algorithm. • Recognise and initiate management of medical emergencies and offer first aid or Basic Life Support until expert help arrives. • Recognise anaphylaxis and ask for appropriate help where necessary.
Safeguarding Certificate	AER15					• Understand and apply the legislation for the safeguarding of children and vulnerable adults. • Recognise where an individual may require protection and take action using appropriate local measures to secure the individual's safety.
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the e-Portfolio.
Incident reporting	IH9					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them.

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Level 2	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the e-Portfolio.
Incident reporting	IH9					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them.

Level 3	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Intermediate or Advanced Life Support Certificate (ILS or ALS)	CA11					• Perform a basic medical examination relevant to acute ophthalmic disease. • Understand the importance of general medical findings and seek support appropriately.
Cannulation / Venepuncture	PS4					• Take a venous blood sample. • Insert a venous cannula to administer drugs. • Set up an intravenous infusion. Example evidence: • Sign-off at Trust-based course
Blood cultures	PS20					• Take samples for blood culture using sterile precautions. • Understand the limitations of the investigation and be able to interpret the results. Example evidence: • Sign-off at Trust-based course
Complaints	CS9					• Respond to any complaint about your clinical practice in a sensitive and professional manner. • Respond appropriately to complaints about other health service professionals. • Document these incidents in the Portfolio.
Incident reporting & Reflection	IH9 CPD1					• Know how to report an incident locally. • Participate fully in the follow up of any critical incidents (or serioius untoward incidents) in which you have been involved. Evidence: • Record critical or serious untoward incidents in which you have been involved, and reflect on them. • If you have not been involved in a critical incident, reflect on when you have received praise.

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Record the evidence in the order in which they are filed in this section of the Portfolio
More than one piece of evidence may be submitted for each outcome. Include evidence of thanks and praise.
All complaints and clinical incidents must be recorded separately, and the appropriate evidence filed

Date of event	Title of Certificate or Event	Outcome eg: completed, reflection

Page 3 may be printed more than once if more entries are required

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OCCCF Evidence Index – Audit, Governance, Quality Improvement
Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:		
	OCCCF Learner Number:		Enrolment date:
Target Certificate *being assessed*	Area:		Level:

Record date when completed for area of current study, and file evidence in this section of the Portfolio

Level 2	**Outcome**	**Cat**	**Glauc**	**MR**	**A&E**	**Description & Evidence**
Biometry **audit**	PS25					• Perform an audit of 50 consecutive cases in which you have performed biometry, including postoperative refractive outcomes and patient satisfaction. Complete the audit cycle, present the results and submit a written account.
Quality improvement	DMCRJ2					• Understand how review of clinical practice can improve clinical outcomes. • Help implement the outcomes of quality improvement projects. <u>Evidence</u>: • Write a description of your role in a quality improvement project, what the outcomes were and how you helped implement them.

Level 3	**Outcome**	**Cat**	**Glauc**	**MR**	**A&E**	**Description & Evidence**
Audit	DMCR13 PM7					• Identify procedures and processes suitable for audit and maintain a logbook of those performed. • Perform personal audit to improve the quality and/or efficiency of patient care. • Submit a written account of one personal audit of your own performance (distinct from those used for different OCCCF curriculum outcomes) in which you presented your results and completed the audit cycle.
Clinical Governance	PM7 HS2					• Participate in clinical audit and governance locally, and at regional and national levels where appropriate. <u>Example evidence</u>: • Write a clinical guidline approved by the Trust • Maintain a risk register for the Unit • Audit an aspect of the Unit's performance • Contribute data to a National Audit and interpret your unit's results

OCCCF Portfolio – Combined version – for printing

Record the projects in the order in which they are filed in this section of the Portfolio
More than one piece of evidence may be submitted for each outcome

Date completed	Title of Project	Outcome eg: presentation, document written

Page 2 may be printed more than once if more entries are required

OCCCF EVIDENCE INDEX – MANAGEMENT & LEADERSHIP

Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:

Record date when completed for area of current study, and file evidence in this section of the Portfolio

Level 3	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Management	PM1 HS10					• Demonstrate that you can manage a session (eg: preassessment clinic, clinic assessing low risk patients, emergency triage session) as the senior clinician, being responsible for the safe and efficient management of all patients and staff. <u>Example evidence</u>: • Write a description of the session: numbers and types of patients & staff, management skills utilised, challenges and how they were addressed, learning point; including reflection

OCCCF Portfolio – Combined version – for printing

Record examples of the evidence in the order in which they are filed in this section of the Portfolio
More than one piece of evidence may be submitted for each outcome

Date completed	Title of session or event	Outcome eg: data, report, reflection

Page 2 may be printed more than once if more entries are required

OCCCF EVIDENCE INDEX – TEACHING & LEADERSHIP

Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:		
	OCCCF Learner Number:		Enrolment date:
Target Certificate *being assessed*	Area:		Level:

Record date when completed for area of current study, and file evidence in this section of the Portfolio

Level 3	**Outcome**	**Cat**	**Glauc**	**MR**	**A&E**	**Description & Evidence**
Teaching						• Teach and supervise a less experienced eye care worker to become competent in perofrming the skill/procedure using one technique.
• Pachymetry • Biometry • Topography • Focimetry	PI2 PI12 PI13 PI18					Example evidence for each skill: • Deliver a teaching session to a group. Record type of learners, aims & objectives, teaching materials & techniques and evaluation by Learners.
• Pachymetry • Fields • Disc	PI2 PI17 PI19					• Teaching a novice to become competent. Record the steps used to teach the skill, how progress was assessed and feedback from the learner.
• Amsler • Retinal image	CA4 PI3					
• Ultrasound	PI5					

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Record examples of the evidence in the order in which they are filed in this section of the Portfolio
More than one piece of evidence may be submitted for each outcome

Date completed	Title of session or event	Outcome eg: material, evaluation, reflection

Page 2 may be printed more than once if more entries are required

OCCCF Evidence Index – Research & Leadership

Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:

Record date when completed for area of current study, and file evidence in this section of the Portfolio

Level 2	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Critically Appraise **Research** and Audit	DMCR14 BCS15					• Critically appraise research literature and understand how the findings contribute to clinical practice. • Use knowledge of statistics relevant to ophthalmic practice in the interpretation of audit and research. Example evidence: • Reflection on an article and its application • Journal Club presentation

Level 3	Outcome	Cat	Glauc	MR	A&E	Description & Evidence
Research	DMCR14 BCS15 HS8					• Perform research projects and present the results of one. • Use knowledge of statistics relevant to ophthalmic practice in the interpretation, performance and publication of audit and research. • Consider Good Clinical Practice (GCP) training. Example evidence: • Published paper • Copy of presentation with reflection

OCCCF Portfolio – Combined version – for printing

Record examples of the evidence in the order in which they are filed in this section of the Portfolio
More than one piece of evidence may be submitted for each outcome

Date completed	Title of Project	Outcome eg: presentation, publication

Page 2 may be printed more than once if more entries are required

OCCCF EVIDENCE INDEX – CONTINUING PROFESSIONAL DEVELOPMENT

Completed by Learner
Evidence to be filed in Portfolio in order

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:

Tick current level of study

Level 1	**Outcome**	**Cat**	**Glauc**	**MR**	**A&E**	**Description & Evidence**
Level 1	CPD5					• Demonstrate that you actively participate in continuing professional development.
Level 2	CPD5					• Demonstrate that you actively participate in continuing professional development.
Level 3	CPD5					• Demonstrate that you actively participate in continuing professional development.

Record learning events contributing to your continuing professional development
Value – 1 = poor, 2 = satisfactory, 3 = good. 4 =excellent

Date attended	**Title** **Event/Location/Speaker/Modality**	**Value** (1 = poor, 4 = excellent) **Key Learning Outcomes**

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Date attended	Title Event/Location/Speaker	Value (1 = poor, 4 = excellent) Key Learning Outcome

OCCCF WBA INDEX – DOMAINS 1&2 (CORE COMPETENCIES)

Completed by Learner, whichever area they are studying
WBA forms to be filed in Portfolio in order

Learner	Name:		
	OCCCF Learner Number:		Enrolment date:
Target Certificate *being assessed*	Area:		Level:
Work place	Region:		Unit:
Educational Supervisor	Name:		Unit:

Record **date** of when the WBA was completed, and file the WBA according to this outcome.
If **Accreditation of Prior Competence** is automatically awarded as detailed in the list at the end of this document, enter the **initials** of the relevant **qualification** (eg: BSc).

"Not" = areas/levels NOT requiring that competency. C = Cataract, G = Glaucoma, M = Med Ret, E = Emergency

Outcomes		WBA	Level 1			Level 2			Level 3		
			Not	**1st**	**2nd**	**Not**	**1st**	**2nd**	**Not**	**1st**	**2nd**
CA1	Consultn	CRS									
CA2	Vision	CRS									
CA3	Fields	CRS							CGM		
CA4	Amsler	CRS	CGE			CGE			CG		
CA5	External	CRS									
CA6	Pupils	CRS							CGM		
CA7	Motility	CRS	CGM			CGM			CGM		
CA8	IOP	CRS				G					
CA9	Slit lamp	CRS							C		
CA10	Fundus	CRS									
CA11	Medicine	CRS							CGM		
CA13	Neuro	CRS				CGM			CGM		
CA17	Angles	CRS				CM			C		
PI2	Pachy	DOPS	ME			ME			ME		
PI3	Ret img	DOPS							CGE		
PI4	Angiog	CRS	CGE			CGE			CGE		
PI5	Ultrasnd	DOPS				CGM			CGM		
PI6	Radiol	CbD							CGE		
PI7	Electro	CbD							CGE		
PI9	Bloods	CbD									
PI11	Micro	CbD	CGM			CGM			CGM		
PI12	Biometry	CRS	GME			GME			GME		
PI13	Fields	DOPS	CME			CME			CME		

PI17	C shape	DOPS	GME				GME				GME		
PI18	Focim	DOPS									GME		
PI19	Discs	DOPS									CME		

FOR INFORMATION

Accreditation of Prior Competence is automatically awarded for the competencies listed in the first column of the table below, for those holding the qualifications listed in the subsequent columns.

Where this is the case, enter the **initials** of the relevant **qualification** in the table above against the appropriate competency (eg: "BSc")

C = Cataract, G = Glaucoma, M = Medical Retina, E = Emergency
Numbers refer to the Levels for which prior competence is accredited

Acreditation of Prior Competence		WBA	Orthoptic BSc	Optometry BSc
CA2	Vision	CRS	1, 2, 3	1, 2, 3
CA3	Fields	CRS	1, 2	
CA4	Amsler	CRS		M1, E3
CA5	External	CRS	1	1
CA6	Pupils	CRS	1	1
CA7	Motility	CRS	1, 2, 3	1
CA8	IOP	CRS		1, 2
CA9	Slit lamp	CRS	C1, GME2	C1, GME2
CA10	Fundus	CRS	1	1, 2
CA17	Angles	CRS		2
PI13	Fields	DOPS		1
PI17	C shape	DOPS		1
PI18	Focim	DOPS	1	1, 2
PS14	BCL	DOPS		1, 2, 3
PS18	Lid Hygiene	DOPS		1

OCCCF WBA INDEX – CATARACT COMPETENCIES

Completed by Learner, if studying Cataract
WBA forms to be filed in Portfolio in order of primary competency covered

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:

For the **Primary outcome** of a WBA or Reflection, record **date** of when the WBA was completed, and file the WBA/reflection according to this outcome.

For the **Secondary outcomes** of a WBA/Reflection, record the **short code** (eg: PM1) of the Primary outcome, so it can be located at that point in the portfolio. A WBA can have a maximum of 3 secondary outcomes, and a reflection can have a maximum of 5 secondary outcomes.

When **Evidence** is required, **tick** if already filed in an Evidence section of the portfolio (Sections 10-15).

Outcomes		WBA	Level 1		Level 2		Level 3	
			1st	2nd	1st	2nd	1st	2nd
PM1	Management	EPA	▨	▨				
PM2	Prioritisation	CbD						
PM3	Use of drugs	DOPS						
PM5	Pre-assessment	CbD						
PM6	Monitoring progress	CbD						
PM7	Complications	CbD						
PM8	Basic life support	Evidence			▨	▨	▨	▨
PM10	Visual standards	CbD						
PM12	Collaborative working	MSF						
PM13	Systemic implications	CbD						
PM15	Contact Lenses	CbD			▨	▨	▨	▨
PM16	Refractive surgery	CbD						
PM17	Lens capsule	CbD						
PS1	Visual impairment	CbD			▨	▨	▨	▨
PS3	Drugs	DOPS						
PS4	Intravenous access	DOPS					▨	▨
PS18	Lid hygiene	DOPS			▨	▨	▨	▨
PS21	Hand Hygiene	DOPS			▨	▨	▨	▨

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PS25	Biometry skills	DOPS								
HPDP2	Infection control	CbD	▓	▓					▓	▓
HPDP5	Disease risk reduction	CbD	▓	▓					▓	▓
HPDP7	Diagnostic contact lens	CbD							▓	▓
HPDP10	Tests, drugs & pregnancy	CbD	▓	▓						
HPDP12	Prophylaxis	CbD								
CS1	Develop rapport	CRS								
CS2	Communicate effectively	CRS								
CS3	Deliver information	CRS								
CS4	Advise on info sources	CbD								
CS5	Obtain consent	Reflection								
CS6	Breaking bad news	CRS								
CS7	Mitigate comms barriers	CRS								
CS8	Non-verbal comms	CRS								
CS9	Respond to complaints	CbD								
CS10	Interprofessional comms	Reflection								
CS11	Clinical record keeping	CRS								
CS12	Write/dictate letters	CbD								
CS14	Planning leave	Reflection								
IH1	Learning resources	CbD			▓	▓	▓	▓	▓	▓
IH2	Records	CbD			▓	▓	▓	▓	▓	▓
IH3	Guidelines	CbD								
IH4	Portfolio	Reflection			▓	▓	▓	▓	▓	▓
IH5	Information technology	CbD			▓	▓	▓	▓		
IH6	Referrals	CbD	▓	▓	▓	▓	▓	▓		
IH7	Waiting lists	CbD	▓	▓	▓	▓	▓	▓		
IH8	Databases	CbD	▓	▓	▓	▓				
IH9	Incident reporting	CbD							▓	▓
BCS1	Anatomy	CbD								
BCS2	Physiology	CbD	▓	▓						
BCS3	Biochem, cell biology	CbD	▓	▓						
BCS4	Pathology	CbD	▓	▓						
BCS5	Growth & senesence	CbD	▓	▓	▓	▓				
BCS6	Optics & ultrasound	CbD								
BCS7	Clinical ophthalmology	CbD	▓	▓	▓	▓	▓	▓		
BCS8	Therapeutics	CbD								
BCS10	Psychology	CbD	▓	▓						
BCS11	Sociology	CbD	▓	▓						
BCS13	Epidemiology & EBM	CbD	▓	▓	▓	▓				

BCS14	Instruments	CbD							
BCS15	Statistics	CbD							
BCS17	Economics	CbD							
AER1	Comapssion	Reflection							
AER2	Autonomy	Reflection							
AER3	Considerate approach	Reflection							
AER4	Empathy	Reflection							
AER5	Confidentiality	Reflection							
AER6	Limits	Reflection							
AER7	Help	Reflection							
AER8	Multisource Feedback	MSF							
AER9	Appraisal & revalidation	Reflection							
AER10	Ethical approach	Reflection							
AER11	Probity	Reflection							
AER13	Data protection	Reflection							
AER15	Safegurading	Evidence							
AER16	Prioritisation	Reflection							
DMCRJ1	Evidence-based practice	Reflection							
DMCRJ2	Quality improvement	Evidence							
DMCRJ3	Personal audit	Evidence							
DMCRJ4	Research	Evidence							
DMCRJ5	Management	Evidence							
HS1	Health service provision	Reflection							
HS2	Clinical governance	Evidence							
HS4	Multidisciplinary teams	MSF							
HS5	Leadership	Evidence							
HS6	Safeguarding	CbD							
HS8	Research	Evidence							
HS9	Teaching	Evidence							
HS10	Management	Evidence							
CPD1	Reflects	Reflection							
CPD2	Limits	Reflection							
CPD3	Self-directed learning	Reflection							
CPD4	Uncertainty	CbD							
CPD5	CPD	Evidence							
CPD6	Career development	Reflection							
CPD7	Personal Health	Reflection							

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OCCCF WBA INDEX – GLAUCOMA COMPETENCIES
Completed by Learner, if studying Glaucoma
WBA forms to be filed in Portfolio in order of primary competency covered

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:

For the **Primary outcome** of a WBA or reflection, record **date** of when the WBA was completed, and file the WBA/reflection according to this outcome.

For the **Secondary outcomes** of a WBA/reflection, record the **short code** (eg: PM1) of the Primary outcome, so it can be located at that point in the portfolio. A WBA can have a maximum of 3 secondary outcomes, and a reflection can have a maximum of 5 secondary outcomes.

When **Evidence** is required, **tick** if already filed in an Evidence section of the portfolio (Sections 10-15).

Outcomes		WBA / Evidence	Level 1		Level 2		Level 3	
			1st	2nd	1st	2nd	1st	2nd
PM1	Management	EPA	▨	▨				
PM2	Prioritisation	CbD						
PM3	Use of drugs	DOPS						
PM5	Pre-assessment	CbD						
PM6	Monitoring progress	CbD						
PM7	Complications	CbD						
PM8	Basic life support	Evidence			▨	▨	▨	▨
PM10	Visual standards	CbD						
PM11	Support & Certification	CbD						
PM12	Collaborative working	MSF						
PM13	Systemic implications	CbD						
PS1	Visual impairment	CbD			▨	▨	▨	▨
PS3	Drugs	DOPS						
PS4	Intravenous access	DOPS						
PS18	Lid hygiene	DOPS			▨	▨	▨	▨
PS21	Hand Hygiene	DOPS			▨	▨	▨	▨
HPDP1	Screening	CbD						
HPDP2	Infection control	CbD	▨	▨			▨	▨

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HPDP5	Disease risk reduction	CbD	▓	▓				▓	▓
HPDP7	Diagnostic contact lens	CbD			▓	▓		▓	▓
HPDP10	Tests, drugs & pregnancy	CbD	▓	▓				▓	▓
HPDP12	Prophylaxis	CbD							
CS1	Develop rapport	CRS							
CS2	Communicate effectively	CRS							
CS3	Deliver information	CRS							
CS4	Advise on info sources	CbD							
CS5	Obtain consent	Reflection							
CS6	Breaking bad news	CRS							
CS7	Mitigate comms barriers	CRS							
CS8	Non-verbal comms	CRS							
CS9	Respond to complaints	CbD							
CS10	Interprofessional comms	Reflection							
CS11	Clinical record keeping	CRS							
CS12	Write/dictate letters	CbD							
CS14	Planning leave	Reflection							
IH1	Learning resources	CbD			▓	▓	▓	▓	
IH2	Records	CbD			▓	▓	▓	▓	
IH3	Guidelines	CbD							
IH4	Portfolio	Reflection			▓	▓	▓	▓	
IH5	Information technology	CbD			▓	▓			
IH6	Referrals	CbD	▓	▓	▓	▓			
IH7	Waiting lists	CbD	▓	▓	▓	▓			
IH8	Databases	CbD	▓	▓	▓	▓			
IH9	Incident reporting	CbD					▓	▓	
BCS1	Anatomy	CbD							
BCS2	Physiology	CbD	▓	▓					
BCS3	Biochem, cell biology	CbD	▓	▓					
BCS4	Pathology	CbD	▓	▓					
BCS5	Growth & senesence	CbD	▓	▓					
BCS6	Optics & ultrasound	CbD					▓	▓	
BCS7	Clinical ophthalmology	CbD	▓	▓	▓	▓			
BCS8	Therapeutics	CbD							
BCS10	Psychology	CbD	▓	▓					
BCS11	Sociology	CbD	▓	▓					
BCS13	Epidemiology & EBM	CbD	▓	▓					
BCS14	Instruments	CbD							
BCS15	Statistics	CbD							

BCS17	Economics	CbD							
AER1	Comapssion	Reflection							
AER2	Autonomy	Reflection							
AER3	Considerate approach	Reflection							
AER4	Empathy	Reflection							
AER5	Confidentiality	Reflection							
AER6	Limits	Reflection							
AER7	Help	Reflection							
AER8	Multisource Feedback	MSF							
AER9	Appraisal & revalidation	Reflection							
AER10	Ethical approach	Reflection							
AER11	Probity	Reflection							
AER13	Data protection	Reflection							
AER15	Safegurading	Evidence							
AER16	Prioritisation	Reflection							
DMCRJ1	Evidence-based practice	Reflection	░	░					
DMCRJ2	Quality improvement	Evidence							
DMCRJ3	Personal audit	Evidence	░	░	░	░			
DMCRJ4	Research	Evidence	░	░					
DMCRJ5	Management	Evidence	░	░					
HS1	Health service provision	Reflection	░	░					
HS2	Clinical governance	Evidence							
HS4	Multidisciplinary teams	MSF	░	░					
HS5	Leadership	Evidence	░	░					
HS6	Safeguarding	CbD							
HS8	Research	Evidence	░	░					
HS9	Teaching	Evidence							
HS10	Management	Evidence							
CPD1	Reflects	Reflection							
CPD2	Limits	Reflection							
CPD3	Self-directed learning	Reflection							
CPD4	Uncertainty	CbD	░	░	░	░			
CPD5	CPD	Evidence							
CPD6	Career development	Reflection							
CPD7	Personal Health	Reflection							

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OCCCF WBA INDEX – MEDICAL RETINA COMPETENCIES

Completed by Learner, if studying Medical Retina
WBA forms to be filed in Portfolio in order of primary competency covered

Learner	Name:	
	OCCCF Learner Number:	Enrolment date:
Target Certificate *being assessed*	Area:	Level:
Work place	Region:	Unit:
Educational Supervisor	Name:	Unit:

For the **Primary outcome** of a WBA or reflection, record **date** of when the WBA was completed, and file the WBA/reflection according to this outcome.

For the **Secondary outcomes** of a WBA/reflection, record the **short code** (eg: PM1) of the Primary outcome, so it can be located at that point in the portfolio. A WBA can have a maximum of 3 secondary outcomes, and a reflection can have a maximum of 5 secondary outcomes.

When **Evidence** is required, **tick** if already filed in an Evidence section of the portfolio (Sections 10-15).

Outcomes		WBA / Evidence	Level 1		Level 2		Level 3	
			1st	2nd	1st	2nd	1st	2nd
PM1	Management	EPA	▨	▨				
PM2	Prioritisation	CbD						
PM3	Use of drugs	DOPS						
PM6	Monitoring progress	CbD						
PM7	Complications	CbD						
PM8	Basic life support	Evidence			▨	▨	▨	▨
PM10	Visual standards	CbD						
PM11	Support & Certification	CbD						
PM12	Collaborative working	MSF						
PM13	Systemic implications	CbD						
PS1	Visual impairment	CbD			▨	▨	▨	▨
PS3	Drugs	DOPS						
PS18	Lid hygiene	DOPS			▨	▨	▨	▨
PS21	Hand Hygiene	DOPS			▨	▨	▨	▨
SS17	Intravitreal injection	DOPS			▨	▨	▨	▨
HPDP1	Screening	CbD						
HPDP2	Infection control	CbD	▨	▨			▨	▨
HPDP5	Disease risk reduction	CbD	▨	▨			▨	▨

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HPDP7	Diagnostic contact lens	CbD								
HPDP10	Tests, drugs & pregnancy	CbD								
HPDP12	Prophylaxis	CbD								
CS1	Develop rapport	CRS								
CS2	Communicate effectively	CRS								
CS3	Deliver information	CRS								
CS4	Advise on info sources	CbD								
CS5	Obtain consent	Reflection								
CS6	Breaking bad news	CRS								
CS7	Mitigate comms barriers	CRS								
CS8	Non-verbal comms	CRS								
CS9	Respond to complaints	CbD								
CS10	Interprofessional comms	Reflection								
CS11	Clinical record keeping	CRS								
CS12	Write/dictate letters	CbD								
CS14	Planning leave	Reflection								
IH1	Learning resources	CbD								
IH2	Records	CbD								
IH3	Guidelines	CbD								
IH4	Portfolio	Reflection								
IH5	Information technology	CbD								
IH6	Referrals	CbD								
IH7	Waiting lists	CbD								
IH8	Databases	CbD								
IH9	Incident reporting	CbD								
BCS1	Anatomy	CbD								
BCS2	Physiology	CbD								
BCS3	Biochem, cell biology	CbD								
BCS4	Pathology	CbD								
BCS5	Growth & senesence	CbD								
BCS7	Clinical ophthalmology	CbD								
BCS8	Therapeutics	CbD								
BCS10	Psychology	CbD								
BCS11	Sociology	CbD								
BCS13	Epidemiology & EBM	CbD								
BCS14	Instruments	CbD								
BCS15	Statistics	CbD								
BCS17	Economics	CbD								
AER1	Comapssion	Reflection								

AER2	Autonomy	Reflection						
AER3	Considerate approach	Reflection						
AER4	Empathy	Reflection						
AER5	Confidentiality	Reflection						
AER6	Limits	Reflection						
AER7	Help	Reflection						
AER8	Multisource Feedback	MSF						
AER9	Appraisal & revalidation	Reflection						
AER10	Ethical approach	Reflection						
AER11	Probity	Reflection						
AER13	Data protection	Reflection						
AER15	Safegurading	Evidence						
AER16	Prioritisation	Reflection						
DMCRJ1	Evidence-based practice	Reflection	░	░				
DMCRJ2	Quality improvement	Evidence						
DMCRJ3	Personal audit	Evidence	░	░	░	░		
DMCRJ4	Research	Evidence	░	░				
DMCRJ5	Management	Evidence	░	░				
HS1	Health service provision	Reflection	░	░				
HS2	Clinical governance	Evidence						
HS4	Multidisciplinary teams	MSF	░	░				
HS5	Leadership	Evidence	░	░				
HS6	Safeguarding	CbD						
HS8	Research	Evidence	░	░				
HS9	Teaching	Evidence						
HS10	Management	Evidence						
CPD1	Reflects	Reflection						
CPD2	Limits	Reflection						
CPD3	Self-directed learning	Reflection						
CPD4	Uncertainty	CbD	░	░	░	░		
CPD5	CPD	Evidence						
CPD6	Career development	Reflection						
CPD7	Personal Health	Reflection						

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OCCCF WBA Index – Emergency Competencies
Completed by Learner, if studying Emergency
WBA forms to be filed in Portfolio in order of primary competency covered

Learner	Name:		
	OCCCF Learner Number:	Enrolment date:	
Target Certificate *being assessed*	Area:	Level:	
Work place	Region:	Unit:	
Educational Supervisor	Name:	Unit:	

For the **Primary outcome** of a WBA or reflection, record **date** of when the WBA was completed, and file the WBA/reflection according to this outcome.

For the **Secondary outcomes** of a WBA/reflection, record the **short code** (eg: PM1) of the Primary outcome, so it can be located at that point in the portfolio. A WBA can have a maximum of 3 secondary outcomes, and a reflection can have a maximum of 5 secondary outcomes.

When **Evidence** is required, **tick** if already filed in an Evidence section of the portfolio (Sections 10-15).

Outcomes		WBA / Evidence	Level 1		Level 2		Level 3	
			1st	2nd	1st	2nd	1st	2nd
PM1	Management	EPA	▨	▨				
PM2	Prioritisation	CbD						
PM3	Use of drugs	DOPS						
PM6	Monitoring progress	CbD						
PM7	Complications	CbD						
PM8	Basic life support	Evidence			▨	▨	▨	▨
PM10	Visual standards	CbD						
PM12	Collaborative working	MSF						
PM13	Systemic implications	CbD						
PM15	Contact Lenses	CbD						
PS1	Visual impairment	CbD			▨	▨	▨	▨
PS3	Drugs	DOPS						
PS4	Intravenous access	DOPS						
PS5	Local anaesthesia	DOPS	▨	▨			▨	▨
PS6	Diathermy	DOPS	▨	▨			▨	▨
PS8	Lacrimal function	DOPS			▨	▨	▨	▨
PS11	Corneal foreign body	DOPS	▨	▨			▨	▨
PS13	Removal of sutures	DOPS	▨	▨			▨	▨

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Code	Description	Type
PS14	Bandage contact lens	DOPS
PS17	Ultrasonography	DOPS
PS18	Lid hygiene	DOPS
PS20	Blood culture	DOPS
PS21	Hand Hygiene	DOPS
PS22	Ocular irrigation	DOPS
SS3	Aseptic technique	DOPS
SS7	Lid surgery	DOPS
HPDP2	Infection control	CbD
HPDP4	Prevent eye injury	CbD
HPDP5	Disease risk reduction	CbD
HPDP6	Contact lens care	CbD
HPDP7	Diagnostic contact lens	CbD
HPDP8	Avoid allergens	CbD
HPDP9	Promote immunisation	CbD
HPDP10	Tests, drugs & pregnancy	CbD
HPDP12	Prophylaxis	CbD
CS1	Develop rapport	CRS
CS2	Communicate effectively	CRS
CS3	Deliver information	CRS
CS4	Advise on info sources	CbD
CS5	Obtain consent	Reflection
CS6	Breaking bad news	CRS
CS7	Mitigate comms barriers	CRS
CS8	Non-verbal comms	CRS
CS9	Respond to complaints	CbD
CS10	Interprofessional comms	Reflection
CS11	Clinical record keeping	CRS
CS12	Write/dictate letters	CbD
CS14	Planning leave	Reflection
IH1	Learning resources	CbD
IH2	Records	CbD
IH3	Guidelines	CbD
IH4	Portfolio	Reflection
IH5	Information technology	CbD
IH6	Referrals	CbD
IH7	Waiting lists	CbD
IH8	Databases	CbD
IH9	Incident reporting	CbD

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BCS1	Anatomy	CbD						
BCS2	Physiology	CbD						
BCS3	Biochem, cell biology	CbD						
BCS4	Pathology	CbD						
BCS5	Growth & senesence	CbD						
BCS6	Optics & ultrasound	CbD						
BCS7	Clinical ophthalmology	CbD						
BCS8	Therapeutics	CbD						
BCS10	Psychology	CbD						
BCS11	Sociology	CbD						
BCS13	Epidemiology & EBM	CbD						
BCS14	Instruments	CbD						
BCS15	Statistics	CbD						
BCS17	Economics	CbD						
AER1	Comapssion	Reflection						
AER2	Autonomy	Reflection						
AER3	Considerate approach	Reflection						
AER4	Empathy	Reflection						
AER5	Confidentiality	Reflection						
AER6	Limits	Reflection						
AER7	Help	Reflection						
AER8	Multisource Feedback	MSF						
AER9	Appraisal & revalidation	Reflection						
AER10	Ethical approach	Reflection						
AER11	Probity	Reflection						
AER13	Data protection	Reflection						
AER15	Safegurading	Evidence						
AER16	Prioritisation	Reflection						
DMCRJ1	Evidence-based practice	Reflection						
DMCRJ2	Quality improvement	Evidence						
DMCRJ3	Personal audit	Evidence						
DMCRJ4	Research	Evidence						
DMCRJ5	Management	Evidence						
HS1	Health service provision	Reflection						
HS2	Clinical governance	Evidence						
HS4	Multidisciplinary teams	MSF						
HS5	Leadership	Evidence						
HS6	Safeguarding	CbD						
HS8	Research	Evidence						

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HS9	Teaching	Evidence						
HS10	Management	Evidence						
CPD1	Reflects	Reflection						
CPD2	Limits	Reflection						
CPD3	Self-directed learning	Reflection						
CPD4	Uncertainty	CbD						
CPD5	CPD	Evidence						
CPD6	Career development	Reflection						
CPD7	Personal Health	Reflection						