



Local Mentor Handbook

Intake 2023-34

Contents page

Content	Page number
Preface	3
Introduction	4
The MMedSci Ophthalmology ACP Paediatrics Programme	4
Aims of the Programme	6
The Paediatric Ophthalmology Curriculum	9
Supervising students, support from the course	11
What to do if things go wrong	11
Appendix 1 – Contact details	13
Appendix 2 - Local Mentor Support Form	15
Appendix 3 - Introductory Day Programme	17
Appendix 4 - Practice Portfolio work-based learning exercises Units 1-20	19
Appendix 5 - Local Mentor report forms Year 1	24
Appendix 6 - Exemplar Y1 Local Mentor Feedback Form	26
Appendix 7 - Year 2 Local mentor report form	37
Appendix 8 - Exemplar Year 2 Local mentor report form	43
Appendix 9 - Year 3 Local mentor report form	48
Appendix 10 - Practice portfolio assessment rubric	54

Preface

The role of the local mentor tutor to a developing advanced clinical practitioner (ACP), (sometimes referred to as a trainee), needs to be undertaken by a paediatric Ophthalmologist (or Ophthalmologist regularly undertaking paediatric care), registered with the General Medical Council. To fulfil the role of local mentor you need to be prepared to offer supervision, counsel and reflective discussion with the eye-care practitioner taking this course. You will both need to feel satisfied with the guidelines and expectations set out within this handbook as you begin. In brief, our local mentors should be able to offer the following:

- Be a local ophthalmologist in the same NHS Trust as the trainee Advanced Clinical Practitioner (tACP)
- Be part of the ophthalmology team in which the tACP
- Be willing and able to give required input to the tACP
- Have authority to facilitate learning opportunities within the organisation
- Be familiar with, supportive of and committed to the ACP role
- Have previous experience of mentoring high level skilled practitioner

The student you are supervising is free to continue working within their current scope of practice and under any patient group directives (PGD) or patient specific directives (PSD) you may have without supervision, whilst undertaking this course. Any decisions proposed by the student in regard to treatments or examinations that require additional supervision, will need to be supervised by you.

If you are unsure of whether you are suitable to take on this role, we ask you to discuss this with both your potential student and the course leader Dr Charlotte Codina (contact details in Appendix 1).

This local mentor handbook is designed to complement the guidance given within the NHS England (NHSE) Centre for Advancing Practice document: Workplace supervision for advanced clinical practice (<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>). Within this guidance you will find that your role as local mentor is given as “coordinating education supervisor”, complemented by other “associate workplace supervisors” (more details later).

Introduction

Thank you for agreeing to undertake the role of local mentor for a student enrolled on the MMedSci Ophthalmology ACP (paediatrics), studied by blended learning (self-directed, independent, online learning and work-based learning and practice). In this handbook you will find information regarding the MMedSci programme that the student you are supervising is undertaking. This handbook contains the contact details of the programme leader Dr Charlotte Codina, and teaching support staff who you are welcome to contact in case of any queries. We are very appreciative of every local mentor who agrees to support and guide one of the MMedSci Ophthalmology ACP (paediatrics) students in their education and hope that you will enjoy your role as a primary exemptions tutor. Please use this handbook as a guide to supporting your student, in conjunction with the Workplace supervision for advanced clinical practice NHSE guidance (<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>) and as a point of reference as the course progresses. We have endeavoured to provide you with all of the information you will need within this handbook, in order to fulfil this role.

The Division of Ophthalmology and Orthoptics

The course is provided by the Division of Ophthalmology and Orthoptics within the Health Sciences School at The University of Sheffield. The Division is also home to the BMedSci (Hons) Orthoptic programme, the MMedSci Vision and Strabismus programme that offers individual modules for continued professional development (CPD), some of which are available for the full MMedSci Ophthalmology ACP students to study, such as Medical Exemptions for Orthoptists, Low Vision and Research Methods.

The MMedSci Ophthalmology ACP Paediatrics Programme

The MMedSci programme began with a first intake in 2021. It is a bespoke programme commissioned by Health Education England (HEE, now NHS England (NHSE)), who have identified paediatric ophthalmology as a priority area for advanced clinical practice (ACP) development. It has been made available to already experienced, capable and advanced eye-care practitioners who may come from one of the following regulated professions: Orthoptics; Optometry; or Ophthalmic Nursing. The first year of the programme is a mandatory 60 credit module in paediatric ophthalmology which equates to approximately 600 hours of study. Study for each module of this programme is comprised of academic exercises, practice reflections, reviewed and graded assessments and work-based exercises, which require fulfilment of a range of clinical competencies. The second year of the programme is comprised of a core module: Clinical leadership and education in ophthalmology”, followed by an optional module, chosen to best suit the student’s personal development, local service needs and clinical commitment. The research methods module is highly advised for students wishing to undertake a clinical, empirical research study in their third year of study. A clinical research project or a literature-based dissertation involving critical evaluation of clinical practice are possible options for the final year of study. Please see figure 1 below for an illustration of module progression through the programme.

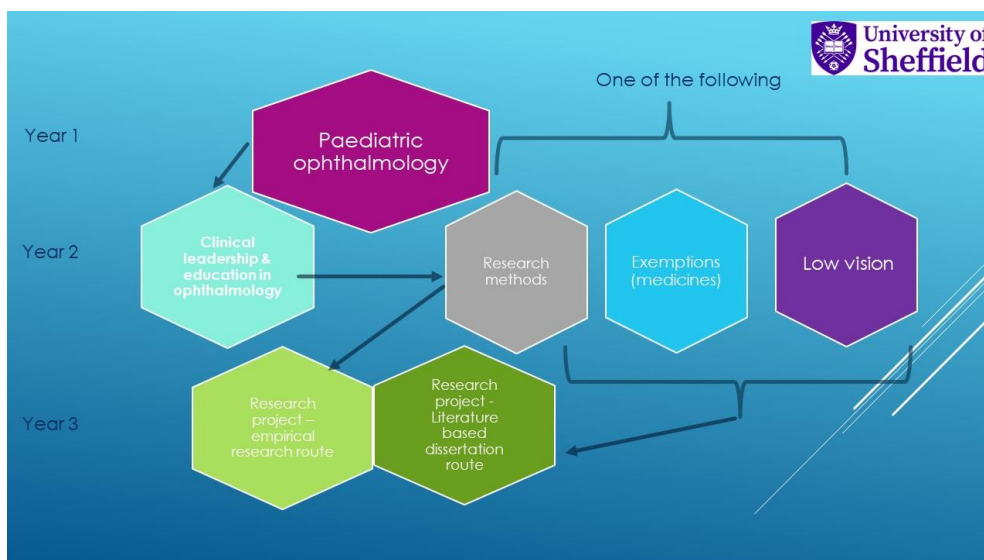


Figure 1 shows the MMedSci Ophthalmology ACP (paediatrics) programme structure

Rationale for the new MMedSci Ophthalmology ACP (paediatrics programme)

As you will be aware, Ophthalmology has been the busiest of all outpatient clinics in the UK for the last three years (NHS digital, 2022). Patient appointments continue to increase due to multiple factors such as the ageing population, the epidemic of diabetes and the burgeoning of diagnostic and treatment options which require more regular attendance. The Royal College of Ophthalmologists published the results of a workforce census in the UK which identified a severe shortage of Ophthalmologists – 67% have vacant positions and an extra 230 consultants are required to meet the demands of the next two years. Your own clinic is probably one of the 85% of units utilising waiting list initiatives to attempt to manage demand and approximately a quarter of the current workforce is expected to consider retirement in the next five years. RCOphth has just now called for action on workforce to reduce the strain on Ophthalmology services (RCOphth, 2023).

In response to this ever widening gap between service need and clinician provision, NHSE (formerly HEE), has embarked on a transformation of the workforce initiative (HEE Workforce Transformation and Design, 2021) which aims to upskill the current workforce of eye-care practitioners to reduce the clinical burden on Ophthalmologists through the introduction of ACP programmes. The HEE Multi-professional Framework for Advanced Clinical Practice (HEE, 2017), outlines advanced clinical practice as “Practice delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a Master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.”(p8). This definition helpfully sets out that advanced clinical practice is to be understood as a level of practice as opposed to specific role or a specific set of clinical competencies. The HEE ACP framework applies explicitly to England and has been developed in consultation with stakeholders from all relevant professions across the UK including the British and Irish Orthoptic Society (BIOS), the General Optometric Council (GOC) and the Nursing and Midwifery Council (NMC) and has drawn upon similar advanced practice frameworks from Wales (HS Wales, 2020), Scotland (NHS Education for Scotland, 2020), and Northern Ireland (Department of Health Social Services and Public Safety (Northern Ireland, 2020). The framework is a helpful published recognition of the importance of the governance in introducing, developing and supporting advanced clinical practice, so that the role of the ACP can be widely spread and adopted, thoroughly embedded within the workforce.

In preparation for developing this course, we distributed a survey to paediatric Ophthalmologists in the UK to ask which areas of their practice were clinically burdensome and which they felt could be supported by an ACP in paediatric ophthalmology. We also surveyed Orthoptists, hospital Optometrists and Ophthalmic nurses to ask which areas of clinical practice they could upskill in, to take on the role of the ACP and this is how the syllabus was crafted.

Aims of the MMedSci Ophthalmology ACP (paediatrics)

The aims of the programme are:

1. To provide an academic postgraduate course enabling practising orthoptists and other eye care professionals to further their academic knowledge and clinical skills.
2. To advance the skills of independent learning and reflective practice required for continuing professional development and advanced practice.
3. To advance the critical evaluation skills and encourage their application to all areas of clinical practice and education in paediatric patient care.
4. To give the qualified practitioner advanced knowledge of clinical practice and leadership for paediatric ophthalmology patients and to increase awareness of the role that research can play in strengthening the knowledge base of this subject area.
5. To provide an advanced understanding of the holistic approach to investigating, diagnosing and managing paediatric ophthalmology patients, using evidenced based practice and person centred care.

The aims of the clinical paediatric ophthalmology module are:

1. To provide an academic postgraduate module which enables already practising and experienced eye-care professionals to further their academic knowledge and clinical skills in the area of paediatric ophthalmology.
2. To advance the skills of independent learning and reflective practice required for continuing professional development in the area of paediatric clinical practice
3. To advance critical evaluation skills and encourage their application to all areas of paediatric care
4. To give the qualified ACP advanced knowledge of clinical practice in paediatric ophthalmology, including local and national services, guidelines and policies and to

increase awareness of the role that research can play in strengthening the knowledge base of this subject area

5. To gain an advanced understanding of the holistic approach to supporting paediatric patients and their families

This will be achieved through interactive and written teaching from The University of Sheffield, by provision of teaching materials for self-directed study, and work-based learning. This will be undertaken with your support and supervision as required and through the framework of the practice portfolio in Year 1, followed by the digital portfolio in Years 2 & 3, which will provoke reflective practice as well as peer and mentor supported learning.

Role of the Local Mentor

As a local mentor, your role will be to mentor, support and supervise where required, the eye-care practitioner undertaking the MMedSci ACP Ophthalmology (paediatrics) programme. You will also be required to make assessments of the student's capabilities, skills and behaviours, according to your own professional judgement. These instances are more regular in the first year module in paediatric ophthalmology, where the focus is on the clinical pillar of advanced clinical practice. You will be required to complete both an interim report (due next February) and final year report form (due end of July next year) for the first year of study, followed by an end of second year report form and finally, an end of third year/programme form. It will be appropriate and wise, especially in the first year of study where a broad curriculum of paediatric ophthalmology is studied, that more than one mentor helps to support the student. However, there is an expectation and necessity to have one primary local mentor who takes overall responsibility for student support and mentorship. As such, in accordance with the Workplace supervision for advanced clinical practice NHSE guidance, you as the local mentor, will fulfil the role of "Coordinating educational supervisor" and additional mentors will fulfil the role of "Associate workplace supervisors". You will find the report form templates including exemplars on how to complete these, within the Appendices of this handbook.

We anticipate and advise that where possible students will choose a local mentor with whom they already have a good working relationship and mutual trust. In undertaking this course students will be seeking to advance their clinical practice in safe and effective paediatric ophthalmology practice for ACPs. Students will look to you as a guide, discussion partner and source of knowledge and experience. Students will value listening to your expertise, reflecting on patient cases with you and discussing differential diagnoses and how these

were reached as well as decisions regarding whether and how to medically intervene, as examples.

The student you are local mentor to will undertake this course independently. They will be studying through blended learning, primarily by independent, online taught and work-based learning, after an introductory day of teaching and regular tutorials and virtual peer-learning sessions, provided by the University (the contents of this introductory day is included in this handbook in Appendix 3). The student will then independently study twenty course units (chapters) primarily through self-directed study. These course units guide the students through a process of self-directed learning, providing essential reading on topics relevant to the subject, directing students to key texts and asking students to perform course exercises. These exercises ask students to draw on their own experiences of observing and treating patients and their scope of practice so far.

What the course involves for students

The foundation paediatric ophthalmology module is a sixty credit post-graduate module at Masters Level and involves twenty units of study. These units may be viewed as chapters or subject areas and students are advised to try to work through one of these each week. Within the course units are unit exercises which require students to watch teaching videos, practise clinical techniques, perform a personal audit (e.g. of refraction results against another qualified member of staff) or reflect on their own clinical practice. Key course unit exercises will be written up by the student and combined with their own reflective (anonymised) patient log to form the 'practice portfolio' which forms the mainstay and final assessment piece of the first year module and is assessed by academics from the Division of Ophthalmology and Orthoptics at The University of Sheffield. A sample of the Practice Portfolio exercises have been included in this handbook in Appendix 4. The Practice Portfolio has been designed to help students develop insight within their studies and achieve deeper learning. The intention of the Practice Portfolio is to aid students in recognising what they are learning and help identify areas of strength as well as areas where more experience is required. Students will need to reflect on their experiences both from their own regular clinics and in visits to other clinics where they will observe and practise diagnosing and managing patients with conditions from the breadth of the curriculum. Within the practice portfolio students need to provide a log of anonymised patients that they have seen. Reflection may lead to discussion or reading around a topic and local mentors play a vital role in sharing their experience and expertise with students in these type of discussions.

The paediatric ophthalmology 60 credit module curriculum

The twenty chapters that the students will work through are titled:

1. Introduction to the role of the ACP in paediatric Ophthalmology
2. Blepharitis & BKC
3. Allergic conjunctivitis & VKC
4. Cerebral Vision Impairment
5. Communicating with children with vision impairment
6. Integrating Healthcare and Education for VI children
7. Retinoscopy in a hospital setting
8. Contact lenses
9. Electrodiagnostic testing
10. Inherited retinal disease
11. Inherited Retinal Disease
12. Optic disc screening
13. Examination techniques
14. Chalazia
15. Epiphora
16. JIA associated uveitis
17. Glaucoma
18. Eye Casualty
19. Dry eye in children
20. Continued professional development

You can find more information relating to the course on The University course webpages:

<https://www.sheffield.ac.uk/postgraduate/taught/courses/2023/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci>

Should you wish to see more of the course materials that your student is reading, you are most welcome to ask them to share their reading with you. You are also welcome to contact the programme leader Dr Charlotte Codina (see Appendix 1 for contact details) to request any further information that you feel would be of benefit to you.

The timeline of the course

The course begins with an introductory day which will be held virtually (due to covid-19) on **Monday 25th September 2023**.

Students then begin to work through the course units, using their self-directed study and based on their own clinical experience to populate their practice portfolio and course journal entries from the time that the course begins.

We do not want students to overburden you with asking for too much at a time. We have recommended that students be released from their core practitioner clinics for at least one day per week and that they use this time predominantly to gain additional wider clinical exposure in paediatric ophthalmology clinics beyond their usual. The areas of practice are to be spread and consolidated throughout the initial year and students should start collecting clinical cases for their logs and reflections as soon as possible. The rate of progress within the first year of study can be adapted to meet yours and the student's needs.

In **December 2023** students submit their first assignment which focuses on critical evaluation of relevant literature

In February 2024 the local mentor interim feedback form is needed (students can upload this to their online Blackboard repository)

In **March 2024** students complete an service implementation plan giving strategic detail and rationale for implementation of a new or improved paediatric service in their own Trust which must be related to the core paediatric ophthalmology curriculum.

In **August 2024** students complete their practice portfolio

In **July 2024** the local mentor feedback forms are needed, as your assessment is considered in the practice portfolio review, mark and feedback (students can upload this to their online Blackboard repository). The assessment rubric for this can be viewed in Appendix 10.

Supervising students

As students progress through the course and gain a greater knowledge and skill-base in these curriculum areas, they will be expected to work with further independent thinking and more aligned practice, at a rate that the mentor and student agree upon together. To aid in this process unit 1 includes an exercise which requires student and mentor(s) to agree on a timeline that fits with their clinical timetables and practice.

Support from the course

All students will have both a personal tutor and an academic tutor for the duration of the programme for whom they will have all appropriate contact details. All students are welcome to contact the programme leader Dr Charlotte Codina and are provided with a full course handbook which contains information as to what to do and who to contact should exceptional circumstances arise, such as needing an extension for example. The students will have fully structured support in place in undertaking this course and will not be reliant on you for personal or pastoral support other than clinical paediatric ophthalmology supervision. The link to the programme course handbook, should you wish to see this is: <https://sites.google.com/sheffield.ac.uk/mmedsciophthalmologyacppaed23/home>

What to do if things go wrong

As you and your mentee will be colleagues with an already good working relationship, most likely with the support of additional associate supervisors/mentors, we anticipate that any arising issues will be able to be resolved without any intervention from the University. If you feel concerned in regard to a student's lack of understanding or progress, you should in the first instance discuss this with the student. If, after doing this, you remain concerned, or either you or the student feels unhappy, we would ask you to contact the course leader Dr Charlotte Codina at your earliest convenience please. If a student has more than one local mentor and a mutual decision is agreed upon between the local mentor and the student, for the role of local mentor to be moved from one tutor to another, then please do discuss this with the course leader. The programme team are always willing to meet online with mentors and students, should the need arise. Please email the programme lead to arrange this.

Summary and evaluation

We hope that you have found this handbook a useful guide to the role that you have undertaken and to supporting and mentoring the orthoptist you are supervising. We want to thank you for the time you have given to supporting your student and to facilitating their completion of this module. We would really value your views if you have the time to tell us whether you feel the handbook sufficiently prepared you for the role, how much time taking on the local mentor took you and whether there was any further information or resources you would have benefited from, to enable you to support your student. Once again, we would like to thank you for your time, energy and expertise in supporting one of our students.

Appendix 1

Health Sciences School Division of Ophthalmology & Orthoptics Contact Details

Contact details for MMedSci ACP Ophthalmology paediatrics.

Head of Division of Ophthalmology and Orthoptics



Professor Helen Davis

✉ h.davis@sheffield.ac.uk ☎ 0114 215 9005

Programme Leader



Dr Charlotte Codina
Postgraduate lead

MMedSci Ophthalmology ACP
Paediatrics

MmedSci Vision & Strabismus

✉ c.codina@sheffield.ac.uk ☎ 0114 215 9042

Academic Staff Team (contact details available online):

Dr Viral Sheth	(Lecturer in Orthoptics & Programme tutor)
Ms Anne Bjerre	(BMedSci programme lead)
Mrs Gemma Arblaster	(Lecturer in Orthoptics)
Mr Karzan Hughes	(Lecturer in Orthoptics)
Dr Sonia Toor	(Module lead for Insight into Disease)
Mr Patrick Keating	(Module lead for Exemptions)
Dr Gail Maconachie	(Lecturer in Orthoptics)

Administrative support

Email: orthoptics@sheffield.ac.uk

Learning technologists

José Garcia Email: hss-technician@sheffield.ac.uk

Jesrine Clarke-Darrington Email: j.clarke-darrington@sheffield.ac.uk

External Examiner

Professor Rachel Pilling Contact details available upon request

Appendix 2

Local Mentor Support Form



MMedSci ACP Ophthalmology (paediatrics) Local mentor support form

I confirm that my manager has agreed to my undertaking this course and will support me in gaining practical experience and clinical exposure by attending paediatric ophthalmology clinics. I have identified at least one local mentor (usually a paediatric Ophthalmologist or Advanced Clinical Practitioner in Paediatric Ophthalmology), who has agreed to help, support and supervise me during the course.

Applicant's full name:

Job title:

Place of Work:

Signed:

Date:

Print Name:

Profession:

Professional registration number (e.g. HCPC):

Local mentor confirmation. I confirm that that I am willing to support the above named applicant with this course. I am willing to share clinical expertise, supervise where necessary and have occasional reflective discussions on different patient cases with the student throughout their studies.

Signature of local mentor:

Date:

Print Name:

Profession:

Email address:

Professional registration number (e.g. GMC)

Appendix 3

Introductory Day Programme

MMedSci Ophthalmology ACP (paediatrics) Introductory Day Programme

Hosted on Blackboard Collaborate. Link to first session:

<https://eu.bbcollab.com/guest/c423a70a00a6447f8919297d0eb46a2c>

Monday 25 September 2023

Join us online from 9.00am with a cup of coffee or your favourite beverage

- | | |
|----------------|---|
| 09.15am | Introductions and the role of the ACP in paediatric ophthalmology
Dr Charlotte Codina |
| 9.45am | Goal setting
Professor Helen Davis and Mr Karzan Hughes |
| 10.15am | <i>Break</i> |
| 10.30am | The Importance of OCT in Paediatrics
Dr Viral Sheth |
| 11.30am | <i>Break</i> |
| 12 noon | Slit lamp skills
Mr Patrick Keating |
| 1.00pm | <i>Lunch break</i> (Charlotte Codina available for questions) |
| 1.30pm | JIA Associated Uveitis
Miss Jessie Choi |
| 2.30pm | <i>Break</i> |

*Please note we will be moving to Teams for the following session on Genetic Counselling.
Please join with this link:*

https://teams.microsoft.com/l/meetup-join/19%3ameeting_Mzg4OTM2NjEtYzA5ZS00NGE5LTk2MWItZjg0ZWY2NjA2NDc5%40threa.d.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%22cbd2c4b2-b46c-47ed-bc59-76d403283c0f%22%7d

- | | |
|---------------|--|
| 2.45pm | Introduction to Genetic Counselling
Ms Helen Bethell |
| 3.45pm | <i>Break</i> |
| 4.00pm | Q & A with Charlotte Codina/ |
| 4.30pm | Close of programme |

Appendix 4

Practice Portfolio work-based learning exercises

Units 1-20

MMedSci Ophthalmology ACP OPH6100 Paediatrics

Year 1 work-based learning requirements & exercises

To be completed with the support of your local mentor

Unit 1: Introduction

- Complete the plan for achieving clinical exposure and reflective discussion for all areas of the paediatric ophthalmology curriculum and ensure this is agreed between student and mentor.

Unit 2: BKC and Blepharitis

- Assess 10 patients lids, conjunctiva and cornea
- Further assessments until confident
- Reflective practice and patient logs

Unit 3: Allergic Conjunctivitis and VKC

- Assess 10 patients lids, conjunctiva and cornea
- Whilst in clinic make notes on the varying topical antihistamines that are prescribed and ascertain from patients / carers how well these are tolerated, or any side effects they may experience
- Further assessments until confident
- Reflective practice and patient logs

Unit 4: Cerebral Visual Impairment

- Identify 3 children within your Trust with diagnosed CVI who have presented at different ages/stages in their development. Comment on:
- Who was concerned? What was the concern? Who referred? Could they have been referred earlier if professionals were more aware of CVI and able to recognise red flags?
- Review the CVI video links (document in additional material for this unit). The document contains a list of short video clips (mostly less than 30 seconds) which show particular visual behaviours commonly seen in children with cerebral visual impairment. 2. Use the ViBe Matrix to record some of the visual behaviours you see.

Unit 5: Communication with children with VI

- Review and make notes on your habitual practice and the way that you explain clinical activities for every test you conduct for VI children
- Reflective practice and patient logs
- Local research

Unit 6: Integrating Health and Education for VI children

- Reflective practice and patient logs
- Patient case: Jack – take the test
- Local research

Unit 7: Retinoscopy in a hospital setting

- Practise Retinoscopy in your hospital setting for children – at least 25 patients / 50 eyes achieving good Bland-Altman agreement

Unit 8:

- Observe a contact lens clinic – observe insertion and removal of contact lens and then practise on a baby (doll can be used to begin with)
- Record a webcam video of yourself giving direction of the preparation for starting contact lens wear.

Unit 9: Paediatric visual electrophysiology

- Review and have a reflective discussion with your mentor for three patient cases who have had electrophysiological testing
- Reflective practice and patient logs

Unit 10: Inherited Retinal Disease

- Observe a genetics clinic (preferably eye related) – Write a reflective log of patients you observe (ensure patient confidentiality is maintained) (5-10 patients)

Unit 11: Retinal Imaging in Paediatric Ophthalmology

- Visit Ophthalmic imaging suite and go through all details of imaging mentioned in unit, then observe imaging taking place and also practice yourself (10 patients).
- Practise testing technique and interpretation with both adults and paediatrics.

Unit 12: Optic Disc Screening

- View 5 already taken OCT disc images and comment on them and then follow this up by imaging 5 more paediatric optic discs yourself and writing about these briefly

Unit 13: Examination Techniques

- Practise on the slit lamp and visualise important ocular structures (paediatrics) – Keep a record in your log
- Practise visualising the 3D cornea on several paediatric patients (if possible also take a photo)
- Practice specular reflection technique on patients
- Practice Van Hericks and Smiths technique on colleagues and patients (decide which you prefer and why)
- Observe some cataracts and provide some pictures or drawings of the different types
- Practice examination techniques of the disc and macula (may be able to overlap with previously required)
- Practice looking for the red reflex on retinoscopy when assessing children

Unit 14: Chalazian

- Examine successfully 5 paediatric patients with chalazia and advise on conservative treatment and consent for surgery as appropriate

Unit 15: Epiphora and Nasocribral duct obstruction

- Perform FDDT on 5 patients presenting with epiphora and record results and then discuss appropriate management with the supervisor for these patients. Assess how they are when followed up if possible

Unit 16: JIA associated Uveitis

- Reflect on 2 patients with JIA seen in your clinics
- Aim to see 5 of your own cases with JIA or associated

Unit 17: Childhood Glaucoma's

- We recognise these patients are rare, please take every opportunity to see these. The emphasis of this unit is on differential diagnosis of watery eyes in young patients and knowing when to suspect and further test for glaucoma
- Write up reflective learning notes on 5 patients where paediatric glaucoma was a differential diagnosis and discuss with your mentor why glaucoma was suspected/ruled out
- Perform the competency assessments at a mutually agreed time

Unit 18: Eye Casualty

- Observe history taking an acute setting for 5 patients
- Reflect on 3-5 paediatric and adult cases from eye casualty
- Observe 10 corneal patients being assessed (paediatric or adults) and also describe details on how to assess and record fluorescein staining.
- Aim to examine 10 patients with a corneal abrasion
- Examine and reflect on a case with Foreign body

Unit 19: Dry Eye

- Reading exercise on a friend/colleague and note the amount of times they blink
- Practice to examine to ocular surface in children who may have dry eye

Unit 20: CPD

- Reflect on the curriculum plan you agreed with your mentor at the beginning of the year in unit 1. Complete the end of year 1 local mentor report forms together, highlighting any curriculum areas to prioritise in the following two years.

Appendix 5

Local Mentor report forms Year 1

Interim phase completion form – Ophthalmologist (local mentor) to complete by end of February 2024

I confirm that I have had the opportunity to advise the student on my own clinical practice.

I confirm that I have seen the student's patient log (a component of their practice portfolio).

I confirm that, in my opinion, the student has demonstrated learning sufficient to allow them to practise, with support, in these areas of advanced clinical practice within their scope of practice.

Please use the box below to comment on the student's ability and comment on case examples that you have reflected on together

Signed: _____ Date: _____

Interim progress report form – Ophthalmologist (local mentor) to please complete by end of February 2023

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. Please fill in the columns which are most appropriate to each of the curriculum areas in order to help identify areas of lesser and greater clinical exposure, confidence and competence and help to direct the students time spent in appropriate clinics in the next six months of the foundation module in paediatric ophthalmology.

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC				
Allergic conjunctivitis & VKC				
Cerebral Vision Impairment				
Communicating with children with vision impairment				
Integrating Healthcare and Education for VI children				
Refraction in a hospital setting				

Contact lenses				
Electrodiagnostic testing				
Inherited Retinal Disease				
Retinal Imaging				
Optic Disc Screening				
Chalazia				
Epiphora				
JIA Associated Uveitis				
Glaucoma				
Dry eye in children				
Paediatric Eye Casualty: Triage and History Taking including Corneal injury				

Interim phase completion form - student response

Please use the space below to reflect on the interim phase of the course. You may want to include references from your patient log or practice portfolio. Please include comments on what you have learned during this phase of the paediatric ophthalmology module.

Signed: _____ Date: _____

Final phase completion form – Ophthalmologist (local mentor) to complete by end of July 2024

I confirm that I have had the opportunity to advise and supervise the student on my own clinical practice.

I confirm that I have seen the student's patient log (a component of their practice portfolio).

I confirm that, in my opinion, the student has demonstrated learning, skill and competence, sufficient to allow them to practise in these specified clinical areas, within their scope of practice.

Please use the box below to comment on the student's ability and comment on case examples that you have reflected on together

Signed: _____ Date: _____

Final phase completion form – Ophthalmologist (local mentor) to completed by July 2024

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. The aim is for the student to have a good level of competence and independent skill in each of the curriculum areas by the end of the first year of study, which will be consolidated in further practice throughout the Masters programme

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC				
Allergic conjunctivitis & VKC				
Cerebral Vision Impairment				
Communicating with children with vision impairment				
Integrating Healthcare and Education for VI children				
Refraction in a hospital setting				

Contact lenses				
Electrodiagnostic testing				
Inherited Retina Disease				
Retinal Imaging				
Optic Disc Screening				
Chalazia				
Epiphora				
JIA Associated Uveitis				
Glaucoma				
Dry eye in children				
Paediatric Eye Casualty: Triage and History Taking including Corneal injury				

Final phase completion form - student response

Please use the space below to reflect on the final phase of the course. You may want to include references from your patient log or practice portfolio. Please include comments on what you have learned during the course.

Signed: _____ Date: _____

Appendix 6

Exemplar Y1 Local Mentor Feedback Form

Interim table of progress – Ophthalmologist (local mentor) to complete by end of February 2024

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology curriculum. Please fill in the columns which are most appropriate to each of the curriculum areas in order to help identify areas of lesser and greater clinical exposure, confidence and competence and help to direct the students time spent in appropriate clinics in the next six months of the foundation module in paediatric ophthalmology.

Curriculum area	Some clinical exposure to related patients	Please comment on any notable patient cases seen and logged in practice portfolio	Opportunity to practise related clinical skills & management (with support)	Clinically competent within scope of practice (practice aligns to my own)
Blepharitis & BKC	N/A	N/A	N/A	Mark has already been running our external eye disease clinic for some years. He diagnoses and manages patients well, is competent at identifying red flag situations and reliably refers patients beyond his scope of practice to me.
Allergic conjunctivitis & VKC	N/A	N/A	N/A	As above, Mark has already been running our external eye disease clinic for some years. He diagnoses and manages patients well, is competent at identifying red flag situations and reliably refers patients beyond his scope of practice to me.
Cerebral Vision Impairment	Mark has begun to see patients in the low vision clinic with the support of other low vision practitioners	Mark attended a help MDT meeting in which a diagnosis was made of CVI	Mark is going to follow this particular patient through his clinical pathway	
Communicating with children with vision impairment	Mark has some timetabled sessions to spend more time with low vision paediatric patients			

Integrating Healthcare and Education for VI children	and liaise with allied services about their wider support needs	The low vision practitioners are supporting Mark with this		
Retinoscopy in a hospital setting	Mark has spent some afternoon sessions in optometry clinics	Mark has had the opportunity to practise retinoscopy on a number of patients	He has collected 10 patients already for his retinoscopy audit	
Contact lenses				Mark already has much experience in supporting babies and children in contact lens care. His skill in this area is recognised by the team.
Electrodiagnostic testing	Mark has spent some time in the EDT clinic	We looked at a case of ocular albinism together and Mark was able to correctly identify classic signs on the EDTs		
Inherited Retinal Disease	Mark and I have had some good reflective discussions about patients with inherited disease. He recognises his lack of experience here and is keen to improve.	Mark has collected one case for his practice portfolio and has shown me the pedigree that he has drawn.		
Retinal Imaging	Mark already has much experience with adult retinal imaging, but is gaining experience with children. He has travelled to Leicester to see the hand held OCT in action and told me about this in our discussions.	He gained remarkably good OCT images recently in a 4 year old with...		
Optic Disc Screening	Mark showed me his case studies where he			

	had arrived at the correct diagnoses			
Chalazia	Mark has given good advice to children about their chalazia and patients have remarked on his good communication.			No concerns
Epiphora	Mark has seen both under 2 year olds and over 2 year olds with epiphora	Mark's advice to patients has been sound and well communicated	Mark's practice is aligned to my own in terms of conservative advice or referring for possible surgery.	I have no concerns in regard to Mark's management and communication in this area
JIA Associated Uveitis	Mark has good slit lamp skills.	Mark has correctly identified cells in the anterior chamber and anterior chamber flare in several patients.	We plan to have more conversations around management in the future.	
Glaucoma	Excellent competence in IOP testing and identifying red flags for immediate attention.			No concerns
Dry eye in children	Mark has seen a few cases of dry eye in children	I trust Mark to manage milder cases of dry eye	Mark has communicated conservative management and lubricants effectively with a few patients	I have no concerns that Mark can manage milder cases & refer more serious cases appropriately.
Paediatric Eye Casualty: Triage and History Taking including Corneal injury	Mark has visited the casualty services and seen a number of conditions	Mark has triaged some patients by telephone successfully, with appropriate timescales		

Appendix 7

Year 2 local mentor report form



MMedSci ACP Ophthalmology (paediatrics)

2nd year Ophthalmologist mentor form

During the entirety of the MMedSci ACP Ophthalmology (paediatrics) programme, the input of the local (paediatric) Ophthalmologist mentor to student learning is invaluable, especially in the process of reflective and clinical learning. The programme is crafted specifically around the NHS England Multi-professional Framework for Advanced Clinical Practice (HEE, 2017), which values the importance of work-based learning. In year 1, students spend much time learning and developing foundational skills in paediatric ophthalmology. In years 2 & 3 they consolidate this knowledge and its application via their clinical exposure and case reflections in their digital portfolio, as well as expanding their competence and skills in the other three areas (pillars) of advanced practice. These are: clinical leadership; clinical education and research. Year 2 begins with a core module, specifically developed to address the clinical leadership and clinical education needs of ACPs working in paediatric ophthalmology. In the second semester of year 2, students choose the module that is most beneficial, to suit both their own learning needs and the NHS Trust's service needs. Your insight and input, is considered at the heart of that decision.

The forms below should be completed by both the student and local mentor by the end of the third year of study (end of July 2023). These should then be uploaded by the student, to Blackboard.

If either the student or mentor wishes to discuss any aspect of the course further, or discuss a student's progress or mentorship, then they should contact the programme leader, Charlotte Codina (c.codina@shef.ac.uk). Further help and support including alternative telephone numbers and contact details can be accessed via our course webpages: <https://www.sheffield.ac.uk/postgraduate/taught/courses/2023/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci>

In the forms below, the local mentor should initial the confirmation boxes provided and then comment on the student's, clinical exposure, confidence, competence or abilities in regard to each area of the curriculum.

2nd year Ophthalmologist mentor form - to be completed by end of July 2023

I confirm that I have had the opportunity to advise the student on my own clinical practice.

I confirm that I have seen the student's digital portfolio of paediatric ophthalmology case Studies

I confirm that, in my opinion, the student has demonstrated development in the areas of clinical leadership and education in ophthalmology*

I confirm that the student has continued to build and expand their paediatric ophthalmology knowledge and skills*

*within scope of practice

Please use the box below to comment on the student's developing abilities in advanced practice in paediatric ophthalmology and comment on case examples that you have reflected on together.

Signed:	Date:
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Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology ACP curriculum.

Whilst paediatric ophthalmology (including ongoing communication development), and clinical leadership and education are core areas of the curriculum; you will only need to fill in the one row relevant to the module your mentee is studying - research methods, exemptions, low vision or insight into disease.

***indicates optional modules**

Curriculum area	What areas of work have been developed most this this last year?	What areas of have been challenging?	What areas of work require more practice	In which areas of work does your mentee excel?
Paediatric ophthalmology clinical work				
Communication				
Clinical Leadership				
Clinical Education				
Exemptions*				
Low Vision*				
Insight into Disease*				
Research methods*				

2nd year completion form - student response

Please use the space below to reflect on the 2nd year of the course. You may want to include references from your digital portfolio or course journal entries. Please include comments on what you have learned during this phase of the paediatric ophthalmology module.

Signed:

Date:

To be completed (mentor and mentee) together

Considering your tACP role in paediatric ophthalmology, as you reflect on your developing role, with the aim to ultimately relieve clinical workload from your mentors. Please comment below from this perspective.

Three things which have gone well:

Three things we have adapted/changed/are now working better than at the start:

Three things we'd like to improve upon the next year:

Reference

NHS England (Formerly Health Education England) (2017). Multi-professional Framework for Advanced Clinical Practice. Available at:

<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Appendix 8

Exemplar Year 2 local mentor report form

Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology ACP curriculum.

Whilst paediatric ophthalmology (including ongoing communication development), and clinical leadership and education are core areas of the curriculum; you will only need to fill in the one row relevant to the module your mentee is studying - research methods, exemptions, low vision or insight into disease.

*indicates optional modules

Curriculum area	What areas of work have been developed most this this last year?	What areas of have been challenging?	What areas of work require more practice	In which areas of work does your mentee excel?
Paediatric ophthalmology clinical work	Mark has worked hard to gain the skills in all areas of the paed Opth curriculum	Mark has found some curriculum areas difficult due to lack of exposure: glaucoma, contact lenses & inherited retinal diseases.	Mark needs to see more watery eye patients & practice differential diagnoses for bleph / glaucoma etc.	Mark is exceptional in gaining children's confidence & trust & examining using a range of techniques.
Communication	Mark's communication skills with children & families are excellent	Mark sometimes shies away from difficult conversations and needs to work on this.	'Leaning in' to a difficult and challenging conversation such as giving difficult news with compassion, realism and hope.	Understanding children's wider needs & signposting appropriately.
Clinical Leadership	Mark has begun to contribute more to leadership this year & now sees more opportunities for this.	Mark is not the leader of his department & so has not always recognised his abilities to contribute to leadership as appropriate	Taking all appropriate opportunities to contribute to clinical leadership & not waiting to be asked.	Mark is a great team member & recognises other team member's strengths.
Clinical Education	Mark has become lead clinical tutor within Orthoptics & as a result reviewed & developed new materials	Mark finds that his time is pressured and doesn't always manage this well.	Time management for teaching – implement other techniques when clinics run behind, other than	Mark is naturally encouraging, which is very helpful, especially to more anxious students.
Exemptions*	Mark has passed his MCQ exam and all module components & this	Mark struggled to get exposure to local anaesthetics use	None – Mark is now fully competent and	Mark is great at administering eye drops – he uses the indirect technique

	new knowledge has given him a real confidence boost.	in children, but has sat in some extra clinics to achieve this.	annotated in exemptions.	& gets great results & is even sharing good practice with others on this at local meetings.
Low Vision*				
Insight into Disease*				
Research methods*				

2nd year completion form - student response

Please use the space below to reflect on the 2nd year of the course. You may want to include references from your digital portfolio or course journal entries. Please include comments on what you have learned during this phase of the paediatric ophthalmology module.

In my second year I have successfully completed the clinical leadership & education module in ophthalmology. During this module I learned many skills such as balancing the needs of the patient and the learner and had the opportunity to practice several new techniques for educating other clinicians, which have been helpful, especially in time-pressured situations. I feel my self-efficacy has improved and I am learning and practicing techniques which don't come so easily to me, such as 'leaning into' a difficult conversation. I have also realised a reluctance to contribute to leadership within meetings, feeling as though I don't have the right skills to offer, but now realising that I can be helpful, particularly as my self-awareness has increased. I am delighted to have passed exemptions and can now begin to sell, supply and administer the medicines exempted for Orthoptists, to patients. I think this will be exceptionally helpful in my future ACP practice and now understand the role of the ACP in paediatric ophthalmology a lot more, as a result of this second year of study.

I would like to be able to expand my scope and confidence seeing paediatric ophthalmology patients and have my own external eye disease clinic where I can see a wider variety of these patients and this is something we will be looking at implementing in the next year.

To be completed (mentor and mentee) together

Considering your developing tACP role in paediatric ophthalmology, as you reflect on your growing role, with the aim to ultimately relieve clinical workload from your mentors. Please comment below from this perspective.

Three things which have gone well:

Mark passed the exemptions module and this will give him more management and diagnostic options as an independent practitioner.
Mark routinely sees chalazia and NLD patients without my assistance
Mark is able to discharge some low level patients safely, without them seeing me, which has successfully lessened my workload.

Three things we have adapted/changed/are now working better than at the start:

We are better at allocating appropriate clinics to the tACP clinic
We have adjusted the schedule to allow me greater clinical exposure to other areas
Where I need to see certain types of patients to develop my skills, other colleagues have got on board and are now calling through to ask me to visit their clinic, if such a patient presents.

Three things we'd like to improve upon the next year:

Would be good to take on more patients & we plan on increasing my clinic load with blepharitis and allergic conjunctivitis in the next year.
We'd like to review the JIA screening service together, to see if we can improve it based on the implementation plan written for the course.
Contribute to leadership more readily and offer this where appropriate.

Reference

NHS England (Formerly Health Education England) (2017). Multi-professional Framework for Advanced Clinical Practice. Available at:

<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Appendix 9

Year 3

Local mentor report form



MMedSci ACP Ophthalmology (paediatrics)

3rd year Ophthalmologist mentor form

By the time you come to complete this form, your trainee ACP (tACP) will be completing their final year of the MMedSci ACP Ophthalmology (paediatrics) programme and as such will be preparing to transition from tACP to ACP in paediatric ophthalmology. We'd like to take this opportunity to thank you for the invaluable learning opportunity you have given to your student in regard to the work-based clinical component of the programme.

As you know, the programme is crafted specifically around the NHS England (2017) Multi-professional Framework for Advanced Clinical Practice. Having completed large modules in paediatric ophthalmology (year 1) and clinical leadership and education in ophthalmology (year 2), during their final year, they pioneer a piece of clinical research either by an empirical study or through a literature based dissertation. During this process, students are expected to work autonomously. We expect them to develop skills, which enable them to deal with complex issues systematically and creatively and be able to make sound judgements, even in the context of having only incomplete clinical information available. We expect our ACPs to be excellent communicators and be able to communicate their decisions clearly to specialists and non-specialists. During the project, we anticipate the students will demonstrate increasing self-direction and originality in tackling and solving problems, and begin to act autonomously in planning and implementing tasks.

The forms below should be completed by both the student and local mentor, by the end of the third year of study – end of July 2024. These should then be uploaded by the student, to Blackboard and will be evaluated as part of the student's final assessment.

If either the student or mentor wishes to discuss any aspect of the course further, or discuss a student's progress or mentorship, then they should contact the programme leader, Charlotte Codina (c.codina@shef.ac.uk). Further help and support including alternative telephone numbers and contact details can be accessed via our course webpages: <https://www.sheffield.ac.uk/postgraduate/taught/courses/2023/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci>

In the forms below, the local mentor should initial the confirmation boxes provided and then comment on the student's, clinical exposure, confidence, competence or abilities in regard to each area of the curriculum.

3rd year Ophthalmologist mentor form - to be completed by end of July 2025

I confirm that I have seen the student's digital portfolio of paediatric ophthalmology case Studies and that a variety of patient cases have been documented here

I confirm that, in my opinion, the student has demonstrated development in the areas of more autonomous paediatric ophthalmology practice – handling a more complex or incomplete clinical picture, with sound judgment.*

I confirm that, in my opinion, the student has demonstrated development in the areas of autonomous, effective and safe paediatric ophthalmology clinical practice*

*within scope of practice

Please use the box below to comment on the student's abilities in advanced practice in paediatric ophthalmology.

Signed:	Date:
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Please complete the table below to indicate the level of learning and progress in the different aspects of the paediatric ophthalmology ACP curriculum. As the third year work is predominantly focused on a self-directed, original piece of clinical research, it would be helpful if you could comment on your perception of the student's progress with this, how it adds to their clinical knowledge and level of work and what contribution you feel it makes to wider paediatric ophthalmology understanding.

Curriculum area	How does the student demonstrate good practice?	What impresses you about the student's development in the last year?	How has the student progressed in the following areas, as a result of the self-directed research project?
Paediatric ophthalmology clinical work			
Communication			
Clinical Leadership			
Clinical Education			
Research			
How has the 3 rd year research piece contributed to paediatric ophthalmology understanding / treatment / improvements?			

3rd year completion form - student response

Please use the space below to reflect on your 3rd and final year and completion of the MMedSci ACP Ophthalmology (paediatrics) programme. You may want to include references from your digital portfolio or course journal entries. Please include reflections on your learning throughout this last year and for the programme as a whole, commenting on your forward transition from tACP to ACP.

Signed:

Date:

To be completed (mentor and mentee) together

Considering your forward transition from tACP to ACP following this programme, consider together

Three strengths that you bring to the ophthalmology team:

Three things we have adapted/changed/are now working better than at the start:

Goals as for starting out as an ACP

Reference

NHS England (Formerly Health Education England) (2017). Multi-professional Framework for Advanced Clinical Practice. Available at:
<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Appendix 10
Practice portfolio assessment
rubric

	Distinction - 70+	Merit 60 – 69	Pass 50-59	Fail <50
	practices or strategies were used.	practices or strategies.		
Complexity Evidence of handling complexity	Excellent demonstration of ability to handle complexity, difficulty and challenge in paediatric patients with effective remediation strategies. Demonstrates acute awareness of own scope of practice as well as when to work autonomously and when to escalate patient care.	Good demonstration of ability to handle complexity, difficulty and challenge in paediatric patients with some good remediation strategies. Demonstrates awareness of own scope of practice as well as when to work autonomously and when to escalate patient care.	Fair demonstration of ability to handle complexity, difficulty and challenge in paediatric patients with some suggestions of remediation strategies. Mostly aware of own scope of practice including when to work autonomously and when to escalate patient care.	Poor demonstration of ability to handle complexity, difficulty or challenge in paediatric patients. Very limited suggestions of remediation strategies. Unaware of own scope of practice including when to work autonomously and when to escalate patient care.
Patient-focus Demonstrates evidence of patient-centred care, using all resources maximally to improve	Excellent demonstration of care that is compassionate and responsive. Excellent documentation of practice that is respectful of, and responsive to, individual patient preferences, needs and values.	Good demonstration of care that is compassionate and responsive. Good documentation of practice that is respectful of, and responsive to, individual patient preferences, needs and values.	Makes attempt to demonstrate and evidence care that is compassionate and responsive. Fair documentation of practice that is respectful of, and responsive to, individual patient preferences, needs and values.	Limited demonstration of care that is compassionate and responsive. Limited documentation of practice that is respectful of, and responsive to, individual patient preferences, needs and values.
Balance Evidence of evaluating and balancing the adversity and risk for patients and conditions	The practice portfolio evidences key cases which are an excellent testament to student's ability to identify and balance risk in the midst of a paediatric ophthalmology setting which may involve an incomplete and complex clinical picture. Comfortable with risk, safety and	The practice portfolio evidences key cases which are an good testament to student's ability to identify and balance risk in the midst of a paediatric ophthalmology setting which may involve an incomplete and complex clinical picture. Shows understanding of risk, safety and	The practice portfolio evidences key cases which are a fair testament to student's ability to identify and balance risk in the midst of a paediatric ophthalmology setting which may involve an incomplete and complex clinical picture. Demonstrates awareness of risk.	The practice portfolio fails to demonstrate the student's ability to identify and balance risk in the midst of a paediatric ophthalmology setting which may involve an incomplete and complex clinical picture. No evidence of awareness of risk, safety and dealing with uncertainty.
ACP role Understanding of the scope of the role of the ACP in paediatric ophthalmology and the	The practice portfolio evidences excellent understanding of the role of the ACP in paediatric ophthalmology, the key impacts of the role and the benefits to clinical practice.	The practice portfolio evidences a good level of understanding for the role of the ACP in paediatric ophthalmology, the key impacts of the role and the benefits to clinical practice.	The practice portfolio evidences a fair level of understanding for the role of the ACP in paediatric ophthalmology, the key impacts of the role and the benefits to clinical practice.	The practice portfolio evidences a limited level of understanding for the role of the ACP in paediatric ophthalmology, the impacts of the role and the benefits to clinical practice.
Understanding Wider understanding or cross-linking and vulnerability to associated conditions	Excellent demonstration of knowledge and understanding of linked pathologies, co-morbidities and vulnerability to associated conditions	Good demonstration of knowledge and understanding of linked pathologies, co-morbidities and vulnerability to associated conditions	Demonstrates some awareness of knowledge and understanding of linked pathologies, co-morbidities and vulnerability to associated conditions	Inadequate awareness of knowledge and understanding of linked pathologies, co-morbidities and vulnerability to associated conditions
Conclusion Conclusion of main discussion points	Excellent, clear and succinct conclusion, summarising the most pertinent aspects of the arguments presented.	Good and clear conclusion, summarising pertinent aspects of the arguments presented.	Reasonable conclusion, summarising pertinent aspects of the arguments presented.	No or inadequate conclusion. Fails to summarise pertinent aspects of the arguments presented.
Organisation Organisation & structure	Excellent organisation and structure. The plan clearly develops an argument and roots this in evidence.	Good organisation and structure. The plan clearly develops an argument and roots this in evidence.	There is a clear organisation to the essay, but may not always be logical or flowing. Some evidence of organisation, but missing the evidence at times.	Little or no evidence of organisation, poorly structured argument, no logical development.
Sp & grammar Sp & grammar	Excellent, consistent grammar and spelling. Free from mistakes	Good, consistent grammar and spelling. Negligible errors.	Adequate grammar and spelling with some errors present.	Poor, grammar sometimes makes meaning difficult to interpret. Inconsistent spelling or grammar
References Both within text and in the reference list	All references correctly acknowledged in both the text and reference list. Pertinent literature has been well identified and incorporated to excellent effect.	References correctly acknowledged in both the text and reference list. Some pertinent literature has been identified and incorporated.	References mostly correct in both the text and reference list. Some pertinent literature has been incorporated.	References incorrectly acknowledged in the text and/or reference list. Lack of pertinent literature.
Local mentor	Mentor confirms expertise in the paediatric ophthalmology curriculum areas and substantiates competence across the breadth of the curriculum. Substantiates awareness of own limitations and identification of future areas for prioritisation and development.	Mentor confirms aptitude in a number of paediatric ophthalmology curriculum areas and substantiates competence across the vast majority of the curriculum. Substantiates awareness of own limitations and identification of future areas for prioritisation and development.	Mentor confirms capability in a number of paediatric ophthalmology curriculum areas and substantiates competence across most of the curriculum. Substantiates some awareness of own limitations and identification of future areas for prioritisation and development.	Mentor questions the competence of a significant proportion of the paediatric ophthalmology curriculum. Mentor questions the candidate's awareness of their own limitations and/or need for further learning.

