## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>CLINICAL ASSESSMENT (CA) STUDY GUIDE</td>
<td>4</td>
</tr>
<tr>
<td>PATIENT INVESTIGATION (PI) STUDY GUIDE</td>
<td>9</td>
</tr>
<tr>
<td>PATIENT MANAGEMENT (PM) STUDY GUIDE</td>
<td>19</td>
</tr>
<tr>
<td>PRACTICAL SKILLS (PS) STUDY GUIDE</td>
<td>28</td>
</tr>
<tr>
<td>SURGICAL SKILLS (SS) STUDY GUIDE</td>
<td>35</td>
</tr>
<tr>
<td>HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) STUDY GUIDE</td>
<td>43</td>
</tr>
<tr>
<td>COMMUNICATION (C) STUDY GUIDE</td>
<td>48</td>
</tr>
<tr>
<td>INFORMATION HANDLING</td>
<td>55</td>
</tr>
<tr>
<td>BASIC AND CLINICAL SCIENCES STUDY GUIDE (BCS)</td>
<td>56</td>
</tr>
<tr>
<td>ATTITUDES, ETHICS, RESPONSIBILITIES (AER) STUDY GUIDE</td>
<td>60</td>
</tr>
<tr>
<td>DECISIONS, REASONING, JUDGEMENT (DMCRJ) STUDY GUIDE</td>
<td>68</td>
</tr>
<tr>
<td>ROLE IN THE HEALTH SERVICE (HS) STUDY GUIDE</td>
<td>70</td>
</tr>
<tr>
<td>CONTINUING PROFESSIONAL DEVELOPMENT (CPD) STUDY GUIDE</td>
<td>75</td>
</tr>
</tbody>
</table>
INTRODUCTION

The new RCOphth Curriculum for Ophthalmic Specialist Training was approved by the Postgraduate Medical Education and Training Board in March 2006. It is applicable to all trainees taking up a Specialty Registrar (StR) training post, or a Fixed-Term Specialty Training Appointment (FTSTA), from 1 August 2007. From this date it is also the Curriculum against which applications for the Certificate confirming Eligibility for Specialist Registration (“PMETB Article 14) will be judged.

The Curriculum is only available as an on-line, web-based document, at:

http://curriculum.rcophth.ac.uk

It contains an on-line study guide, with a section applicable to each individual learning outcome in the curriculum. In response to many requests, this composite version of that study guide has been produced for convenience of trainees and trainers.

All references to Learning outcomes relate to the Curriculum mentioned above, and the Study Guide needs to be read in conjunction with that web document.

The RCOphth is grateful to all who have provided constructive suggestions for the Curriculum and Study Guide and welcomes suggestions for additions to the guide. These should be emailed to:

curriculum@rcophth.ac.uk
CLINICAL ASSESSMENT (CA) STUDY GUIDE

CA1 Take a directed clinical history

Think:

- Many of your history taking and communication skills will have been acquired in your foundation training. How do these skills apply to an ophthalmic history?

Activity:

- Observe senior colleagues.
- See as many patients as you can and practice presenting cases to senior colleagues

Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback

CA2 Assess vision

Think:

- What is meant by 'visual acuity'?
- How do you assess vision in children or people with learning difficulties?
- How do you assess vision away from the eye clinic?

Activity:

- Ask your orthoptist if you can participate in an orthoptist clinic assessing childrens vision

Resources:


CA3 Assessment and interpretation of visual fields by confrontation

Think:

- What neuroanatomical sites give rise to detectable field defects on clinical examination?
Resources:


Self Assessment:

- Field defects can be simulated! Try practicing on other trainees.
- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.

CA4 Demonstrate and teach the appropriate use of the Amsler chart to patients

Resources:

- [http://www.macular.org/chart.html](http://www.macular.org/chart.html)

CA5 Performance of a complete external eye examination

Resources:


Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.

CA6 Examination of the pupils and perform diagnostic pharmacological tests

Think:

- What are the pupillary pathways?

Resources:


Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
**CA7** Perform a cover test and assess ocular motility

Think:

- What are the actions of the extraocular muscles?
- This is an examination technique that requires a lot of practice

Activity:

- Spend time with your orthoptist and ask to participate in their clinics

Resources:

- [http://www.mrcophth.com/videosonclinicalexamination](http://www.mrcophth.com/videosonclinicalexamination)

Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.

**CA8** Measure intraocular pressure using applanation tonometry

Resources:


**CA9** Perform slit lamp biomicroscopy of the anterior segment using appropriate illumination techniques and stains, and diagnostic contact lenses

Think:

- It is important to know exactly how the slit lamp and its accessories work

Activity:

- Get a senior colleague to show you and the instruction manuals are a useful resource!

Resources:


Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback
**CA10** Examine the fundus using appropriate techniques

Think:

- Scleral indentation is a skill that takes a lot of practice

Activity:

- Take as many opportunities as you can to practise

Resources:


Self Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback

**CA11** Perform a directed general medical examination taking into account the associations between systemic and ophthalmic disease

Think:

- Many of your general medical examination skills will have been developed during your foundation years. Which ophthalmological problems would prompt you to use these skills as an ophthalmologist?

Resources:


**CA12** Perform a basic paediatric and developmental examination taking into account the associations between systemic and ophthalmic diseases

Think:

- What developmental milestones would you expect a two year old to be capable of?

Resources:


**CA13** Perform a directed neurological examination taking into account the associations between systemic and ophthalmic diseases
Think:

- Many neurological problems present to the ophthalmologist and a competent neurological assessment of patients is required

Activity:

- Arrange sessions with your local neurology/neurosurgical department in their clinics or ward rounds to develop your examination skills

Resources:


CA14 Examine the neck taking into account associations between systemic and ophthalmic diseases

Resources:


CA15 Examine the skin and joints taking into account the associations between systemic and ophthalmic diseases

Resources:


CA16 Formulate a differential diagnosis

Activity:

- Make it routine at the end of a consultation to document a differential diagnosis
PATIENT INVESTIGATION (PI) STUDY GUIDE

PI1 Orthoptic assessment

Think:

- An orthoptic assessment is essential for the proper diagnosis of ocular motility disorders
- What does an orthoptic report mean and how can I interpret it?
- What is a Hess chart/Lees screen and how do I interpret it?

Activity:

- Attend orthoptic clinics regularly
- Learn from the orthoptists how they perform a cover test and practice this with them watching you. Learn to talk to your patient, especially children and make them cooperate with your instructions
- Learn how to handle a prism bar effectively
- Read an orthoptic report and learn what the notation means
- Watch the orthoptist performing a Hess/Lees screen examination
- Interpret the results
- Become familiar with the Hess chart pattern of common oculomotor disorders

Resources:

- MRCOphth.com

Assessments:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give feedback.
- Case based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

PI2 Assessment of corneal shape, structure and thickness

Think:

- Investigations for these parameters are very useful for determining refractive problems as well as managing glaucoma.

Activity:

- Watch senior colleagues perform these investigations and then ask if they can watch you doing it. Try and practice on the two standard keratometers (Javal-Schiotz and Von Helmholtz). Also use a corneal topographer and interpret the printout obtained. Have the technique done on yourself to appreciate what the patient has to do.
Some instruments such as specular microscopy and pachymetry may not be available in your hospital. If this is the case try and find out as much as you can about those instruments you are unable to lay your hands on from sources such as manufacturers’ websites. Make sure you know what the printout of such machines looks like and how you would interpret it.

Resources:

- MRCOphth.com

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

PI3 Retinal and optic nerve imaging techniques

Think:

- These are common investigations done by all eye departments. What techniques are utilised and what structures are imaged by these methods?

Activity:

- Participate in as many photographic imaging sessions as you can
- Attend a diabetic screening programme
- Try and use the instruments available yourself
- Be experienced in interpreting the pictures obtained
- Attend workshops and clinical forums when these topics are discussed
- Be aware that there are many instruments which may not be widely available in every eye unit. If this is the case try and find out as much as you can about those instruments you are unable to lay your hands on from sources such as manufacturers’ websites.

Resources:

- MRCOphth.com

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE
PI4 Ocular angiography

Think:

- This is a common technique employed by all eye units. What are the techniques involved and what structures are being imaged

Activity:

- Participate in as many Fluorescein angiography sessions as you can. Talk to the photographer taking the pictures. Be involved in taking the photographs and understand the techniques of the particular retinal camera used. Understand the nature of the filters used. Become experienced in interpreting the images obtained.
- Indocyanine green angiography may not be available in your hospital. Try and find out the indications for its use and its limitations. Try and attend workshops and study days for angiography.

Resources:

- MRCOphth.com

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case Based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

PI5 Ultrasonography

Think:

- What structures are imaged by these techniques?
- What is the difference between an A-scan and a B-scan?
- What are the physical principles employed?
- What are the newer techniques of ultrasound imaging?

Activity:

- Watch senior colleagues perform these investigations. Ask them to take you through what they are doing and why. Ask them to watch you doing the same thing.
- Use any opportunity to perform a B-scan - e.g. a vitreous haemorrhage you may see in the Casualty clinic.
- Ask the technician or nurse in charge of the cataract pre-operative assessment clinic to allow you to perform the biometry. Be aware of the differing printouts of the machines and learn how to interpret them accurately.
Curriculum Sub-committee 24 July 2007

Resources:

- MRCOphth.com

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case Based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

**PI6 Radiology and other neuro-imaging**

Think:

- What are the structures identified in X-rays, CT scans and MRI scans?
- What are the differences between the techniques?
- Be aware of the physical principles of the investigations.
- What contrast media are used to enhance the images obtained?
- What are the newer investigations that are coming into common practice e.g. PET scans?

Activity:

- Observe as many images as you can and read the associated report. Ask a senior colleague to go through the findings with you.
- Try and visit the radiology department and ask questions of the clinicians and technicians there.
- Try and attend seminars and workshops of relevant radiology.

Resources:

- MRCOphth.com

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case Based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

**PI7 Ocular and neuro-electrophysiology**

Think:

- Why are these techniques useful?
- What are the principles involved?
- Which investigation is appropriate for what ocular pathology?
Activity:

- Many hospitals do not have direct access to these techniques and rely on a larger department for them. If you can gain access to a neurophysiology department go and observe the techniques in action. Otherwise read the principles involved and make yourself aware of the various printouts and parameters of each technique.
- If you see a patient in the clinic who needs electrodiagnostic tests try and accompany them to the investigation.

Resources:

- MRCOphth.com

Assessment:

- Case Based discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

P18 Biochemistry

Think:

- What biochemical tests are relevant to ophthalmology?

Activity:

- Study any biochemistry form that arises from your clinical management. Know the relevance of any variance from the normal values. Talk to a senior colleague about the relevance of each parameter.

Resources:


Assessment:

- Case based discussion
- Part 1 FRCOphth
- OSE

P19 Haematology

Think:

- What haematological tests are relevant to ophthalmology?
Curriculum Sub-committee 24 July 2007

Activity:

- Study any haematology form that arises from your clinical management. Know the relevance of any variance from the normal values. Talk to a senior colleague about the relevance of each parameter.

Resources:


Assessment:

- Case based discussion
- Part 1 FRCOphth. OSE

Pathology

Think:

- Pathology, especially histopathology, is an important part of ophthalmology. How does the pathologist help the ophthalmologist in diagnosing an eye condition?
- How do ocular conditions appear on a cellular level and macroscopically?
- How to you transport pathological specimens to the laboratory?
- What staining techniques are available for diagnosis?

Activity:

- Attend clinico-pathological conferences and teaching sessions when pathologists show and discuss relevant slides.
- Find out how to obtain pathological specimens by biopsy or excision.
- Whenever you send a specimen to a pathologist for diagnosis, try and attend the laboratory to look at the specimen under a microscope and discuss the case with the pathologist.

Resources:


Assessments:

- Case Based discussions
- Part 1 FRCOphth. CRQ
- Part 2 FRCOphth. CRQ
**PI11 Microbiology**

**Think:**

- Infection is a common problem in ophthalmology. What organisms are responsible for ocular infections? How are they isolated and identified?

**Activity:**

- Make yourself aware of the various methods to collect microbiological specimens.
- Become familiar with the techniques to obtain swabs and scrapes of the ocular tissues.
- Learn which transport medium is required for optimal isolation of the organism.
- Learn how to perform a Gram stain out of hours in order to get a preliminary diagnosis and to initiate treatment of a severe ocular infection.

**Resources:**


**Assessments:**

- Case based discussions
- Part 1 FRCOphth. CRQ
- Part 2 FRCOphth. CRQ

**PI12 Biometry**

**Think:**

- The commonest cause of patient dissatisfaction in ophthalmology is the implantation of an incorrect power intraocular lens. How do you accurately assess the power of an intraocular lens?

**Activity:**

- Attend the pre-operative assessment clinic, often run by nurse practitioners. Become familiar with the biometry apparatus in your department including ultrasound A-scans and partial coherence interferometers. Know what the printout looks like and the relevance of the A-constants of each individual implant/surgeon.
- Always predict a particular power for the intraocular lens and then compare your estimate with the surgeon who is in charge of the patient.
- Perform a continuous audit of the refractive outcome of your cataract surgery to refine your own A-constant.

**Resources:**

- Cataract Guidelines pp25 - 30: Royal College of Ophthalmologists 2004
Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case Based Discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

**PI13 Fields (automated, manual)**

Think:

- Visual field analysis is a vital part of an ophthalmic examination. What instruments are available to analyse the visual field? How do they function? What are their limitations? What are the different programmes and which one should be chosen for what condition?

Activity:

- All eye units should have an automated visual field analyser. Ensure you observe a technician performing such a test.
- Have a test performed on yourself to appreciate the problems that patients may have whilst doing the test.
- Learn how to set up the instrument properly including the provision of the refractive error in the eyepieces.
- Find out about the fixation monitoring protocols and the meaning of the reliability indices.
- Know which programme to select for glaucoma monitoring, neurological assessment and driving standards.
- If there is a Goldmann perimeter in the department, take the opportunity to watch a field analysis being done using this instrument. Know the differing nomenclature for the spot size, illumination of the target etc.

Resources:

- Automated visual field analysis - J Sowka. 2005
- [http://www.nova.edu/~jsowka/Course_Notes/Glaucoma%20Visual %20Fields.doc](http://www.nova.edu/~jsowka/Course_Notes/Glaucoma%20Visual %20Fields.doc)

Assessment:

- Clinical Rating Form. Ask a colleague to observe your technique, complete a clinical rating form and give you feedback.
- Case Based Discussions
- Part 1 FRCOphth. OSE
- Part 2 FRCOphth. OSCE

**PI14 Immunology and allergy testing**

Think:

- What are the immunological processes involved in ophthalmic conditions? What investigations can be performed by ophthalmologists in the clinic?
Activity:

- Study any immunological form that arises from your clinical management.
- Learn the relevance of any variance from the normal values.
- Be aware of allergy testing such as the patch test.
- Talk to a senior colleague about the relevance of each parameter.

Resources:


Assessment:

- Case based discussion
- Part 1 FRCOphth. OSE

**Urinalysis**

Think:

- Urine testing is simple and can be revealing. What conditions relevant to ophthalmology can be revealed by testing the urine?

Activity:

- Observe a colleague testing urine with clinical diagnostic sticks.
- Learn the variety of biochemical abnormalities that can be detected with the sticks

Resources:


Assessment:

- Case based discussions

**Bone scans**

Think:

- Bone scans are relevant to ophthalmic patients on long term steroid therapy

Activity:

- Remember that bone scans may need to be ordered for patients who are on long term steroid therapy. Look at the report and if possible the image of a bone scan.
- Revise the relevant abnormalities that may be expected in patients with osteoporosis.
Resources:

- http://www.medicinenet.com/bone_density_scan/article.htm

Assessment:

- Case Based Discussions
- Part 1 FRCOphth
- Part 2 FRCOphth
PATIENT MANAGEMENT (PM) STUDY GUIDE

PM1 To formulate and agree with the patient a management plan based upon clinical assessment and investigations, with reference to established protocols and guidelines

Think:

- How can I best develop my personal patient management skills?
- What are the gaps in my knowledge and competencies which I need to address? - and in particular which will I attempt to fill in the next 6 months?
- Can I organise my thoughts appropriately, or do I need to improve my powers of logic and decision-making?
- Am I aware of published guidelines to help me take an evidence-based approach?

Activity:

- Ensure that your Programme Director and local trainer have planned your timetable to provide wide exposure to range of cases in a supportive, supervised environment
- Observe senior colleagues as they formulate management plans, and ask questions - even "stupid" ones!
- Ask senior colleagues to discuss your management plans for your patients and criticise constructively
- Take time to present cases (particularly new or difficult cases) both in the clinic situation and in meetings ("Case-based Discussions")

Resources:

- Case based discussions, Ophthalmology Fact Fixer (MCQ revision) CN Chua, Voon and Goel Radcliffe medical Press 2002
- Royal College Ophthalmologists guidelines on common problems: e.g. management of glaucoma, retinal vein occlusion, cataract, diabetic retinopathy (http://www.rcophth.ac.uk/about/publications/)

PM2 To make appropriate use of triage and prioritise or refer patients when indicated

Think:

- How do I decide which is the most urgent case?
- Which patient has a condition which will respond to rapid intervention?

Activity:

- Participate in weekly casualty sessions
- Participate in on call sessions
- Get involved in accepting acute referrals from GPs and A and E Departments
- Develop an algorithm for priorities: preserve life, preserve sight, relieve pain
- Maintain life support skills annually
Resources:

- Access to above with correctly equipped eye exam room, working alongside nurse practitioners and with access at all times to more senior opinion
- Wills Eye Manual

**PM3** Prescribe and administer appropriate local and systemic therapy

Think:

- What is the anatomy of eye/ orbit?
- What needle should I use?
- What are the actions and side effects of drugs I am giving?

Activity:

- Administration of:
  - topical drops
  - subconjunctival injections
  - intravenous steroid
  - acetazolamide and other agents
  - antibiotics topically, orally and IV, and intravitreally (year 5)

Resources:

- Sessions in casualty and in operating theatre so techniques can be learned under supervision
- Access to and use of hospital pharmacy advice, BNF, Drug company information
- Education on long term effects of steroids (e.g. from rheumatologist)
- Wills Eye Manual
- Clinical Ophthalmology, 5th ed. Kanski, J.

**PM4** To select appropriate cases for surgery

Think:

- What is the purpose of consent?

Activity:

- Attendance at clinics where decisions to offer surgery are made e.g. one stop cataract clinics, cyst clinics
- Observation and training in taking informed consent
- Pre-operative rounds with senior colleagues
- Observation and practical experience in surgical procedures and post operative management
- Video analysis of taking informed consent
- Case based discussions with trainers
Resources:

- Time for training in above issues
- Written information leaflets on specific procedures
- GMC guidelines on informed consent, consent taking for children and those patients with reduced ability to give consent
- Royal College Ophthalmologists information on consent, e.g. information and consent document on cataract surgery
- Local Trust and departmental guidance on consent, forms to be used etc
- Essential ophthalmic surgery Foss, A. Butterworth (2000)

PM5 To prepare patients for surgery

Activity:

- Attendance at and participation in pre-op assessment clinics
- Attendance and participation in administration of local anaesthesia for ophthalmic procedures
- Experience in preparation of patients of all ages for general anaesthesia
- Pre-op assessment following local protocols
- Recognition of patients with conditions which render either local or general anaesthesia hazardous in that individual

Resources:

- Formal lecture from anaesthetic colleagues on aspects of general anaesthesia and sedation
- Attendance at courses on practical aspects of local anaesthesia for ophthalmic operations
- Royal College of Ophthalmologists and Anaesthetists joint document on Guidelines for Anaesthesia for Cataract Surgery
- American Society of Anaesthesiologists ASA Standards, Guidelines and Statements 1999
  American Society of Anaesthesiologists, Park Ridge (2000)
- Chapters on anaesthesia in Phacoemulsification Principles and Techniques, Buratto et al. (2003)
  (ISBN 1-55642-604-6)

PM6 To assess the progress of disease and response to treatment or surgery

Activity:

- Opportunity to attend contact lens/corneal clinics awareness of various contact lens types and associated risks
- Experience management of complications of contact lens wear

Resources:

- Courses on contact lenses and or corneal diseases (e.g. Institute of Optometry course)
- Institute of Optometry website (www.ioo.org.uk)
**PM7** To recognise and manage local and systemic complications of treatment

**Think:**

- What are potential benefits and side effects from the treatment I am recommending?
- What was last serious clinical incident in the department and how was it handled?

**Activity:**

- Look up side effects of any treatment you are proposing, whether pharmacological, surgical or other intervention
- Look up average complication rates of procedures and be alert for these being exceeded
- Take every opportunity to examine patients pre and post intervention and follow their progress
- Take time to discuss progress with senior colleagues and modify management in light of response or complications
- Observe and seek practical experience of the recognition and management of complications of treatment
- Seek training at induction and later in what constitutes a serious clinical incident and how it is reported
- Observe the management of clusters of infectious incidents and how these are reported and managed
- Participate in clinical audit and governance at local, regional and national levels

**Resources:**

- RCOphth.ac.uk/scientific/audit
- DH.gov.uk/publications and statistics

**PM8** To apply emergency management of medical problems and first aid

**Think:**

- What are vital signs and can I assess deterioration in these signs?

**Activity:**

- Attendance in Accident and Emergency Department or on acute Medical Firm
- Practice BLS on manikins

**Resources:**

- Basic Life support courses
- [http://www.resus.org/](http://www.resus.org/)

**PM9** To manage anaphylaxis and cardiopulmonary resuscitation (basic life support)

**Think:**

- How would I act if a patient collapsed after fluorescein injection in the Eye Clinic?
Activity:

- Attend the Accident and Emergency, acute Medical firms and/or Intensive Care Unit.
- Check resuscitation trolleys in Eye Department
- Attend Basic life support course with refresher course regularly
- Practice techniques on manikins

Resources:

- British Heart Foundation guidelines
- Local Trust information packs on BLS
- Departmental protocols on management of anaphylaxis
- http://www.resus.org/

**PM10** To interpret and apply visual standards for driving and occupational visual standards

Think:

- Do I know about the visual standards for employment and driving?
- What do I say to a patient about driving if he/she does not meet occupational or driving standards?
- What techniques are involved in assessing vision for these purposes?

Activity:

- Look up and learn the DVLA driving standards for all types of vehicle
- Find out how to access visual standards for a variety of occupations, e.g. pilots, police etc
- Learn the principles and interpretation of the visual tests involved, e.g. Ishihara, Estermann visual fields
- Find out the practical difficulties of these tests by performing them yourself and having them done on yourself!

Resources:

- www.dvla.gov.uk/at_a_glance/ch6_visual.htm
- www.caa.co.uk/docs/49/SRG_med_JAR_C2_INITIAL_VISUAL_S
- www.policecouldyou.co.uk/default.asp?action=article&ID=27

**PM11** To refer patients, when appropriate, for provision of low vision aids and rehabilitation services for the visually impaired, and interpret and apply the criteria for registration with visual impairment

Think:

- Do I know the criteria for registration of partial and severe visual impairment?
- Do I know about local and national organisations which support visually impaired people?

Activity:

- Take part in the completion of the CVI form (Certificate of Visual Impairment)
- Attend Low Visual Aid and Visual Rehabilitation clinics
- Practice the assessment of low visual aids appropriate to the condition
Curriculum Sub-committee 24 July 2007

- Go out with a social services support worker on the home assessment of a person with vision problems
- Go out with an educational support officer working with visually impaired children

Resources:

- http://www.rnib.org/
- Clinical Optics. Elkington and Frank

**PM12** To involve, and make appropriate referrals to, medical and non-medical colleagues

Think:

- Do I know about systemic conditions caused by or linked to ophthalmic problems?
- When can another professional help or add to the management of a patient?
- Do I know the urgency with which onwards referrals should be made to other professionals?

Activity:

- Attend general practice, medical, neurological and genetics clinics
- Ask to work with allied medical professions (dieticians, orthoptists, optometrists, social services staff) to develop an appreciation of their roles
- Observe those involved in providing visual support services

Resources:

- Clinical Ophthalmology, 5th Ed. Kansi J
- http://www.rnib.org/
- Local Social services for visual impairment
- NICE.org.uk for clinical guidelines on various conditions

**PM13** To recognise and act upon ocular findings and treatments that have implications for the general health and well-being of patients

Think:

- Do I know, and can I recognise, the associations between ophthalmic conditions and systemic diseases?
- Do I understand to when and to whom it is appropriate to refer a patient for further investigation or management of systemic problem?

Activity:

- Attend joint/special clinics e.g. relating to diabetes, neurology, rheumatology, paediatric and genetic clinics
- Ensure that you routinely assess the whole patient rather than their ophthalmic problem alone

Resources:

- MRCOphth.com CN Chua website
- Clinical Ophthalmology, 5th Ed. Kansi J.
PM14 To use spectacle lenses and prisms when indicated

Think:

- In what situations should I advise correction of a refractive error, and when should it be left uncorrected?
- What are the different forms of spectacle lens, and what are their advantages and disadvantages?
- What forms of prism correction are available and when should I advise their use?

Activity:

- Read up on the optics of refractive correction
- Talk to a local optometrist about the spectacle correction of refractive errors
- Arrange to sit in with an optometrist and a dispensing optician for one or two sessions

Resources:


PM15 To use contact lenses when indicated

Think:

- Do I understand the optics of contact lenses?
- Do I understand the basic principles of fitting of hard and soft lenses?
- What are the indications for refractive and therapeutic uses of contact lenses?
- What rules and procedures should a practitioner and a patient follow for safe contact lens wear?
- What complications can arise and how do they present?
- How should I manage contact lens complications?

Activity:

- Read up on the necessary basic sciences (optics, microbiology, properties of the various lens materials and care solutions)
- Attend contact lens clinics, discuss cases with the practitioner and observe practice
- Ask to be involved in inserting and removing bandage contact lenses
- Get involved in recognising and managing acute complications as they present to the ophthalmic department

Resources:

- Clinical Optics. Elkington and Frank
- American Academy Ophthalmology BCSC section on contact lenses
PM16 To advise on the benefits and limitations of refractive surgery

Think:

- What alternative corrective techniques are available to a patient with a refractive error? (spectacles, contact lenses, forms of refractive surgery)
- What are the pros and cons of all of these?
- What are the relative risks?
- What are the indications for refractive surgery?

Activity:

- Attend assessment, counselling, treatment and follow-up sessions for refractive surgery
- Attend refractive surgery sessions at postgraduate meetings (e.g. UKISCRS, ESCR S)
- Attend a refractive surgery training course (e.g. ESCR S Residents programme 1 day course)
- Try to get involved with the management of refractive surgery complications as they present to eye casualty

Resources:

- [http://www.rcophth.ac.uk/about/publications/](http://www.rcophth.ac.uk/about/publications/) section on refractive surgery and laser standards
- American Academy BCSC refractive module
- Standards for laser refractive surgery Dec 2004
- Excimer Laser PRK - Best clinical practice guidelines 1998

PM17 To select patients for laser treatment when indicated

Think:

- Do I understand the different types of laser techniques used to treat ophthalmic diseases?
- Do I understand the risks and benefits associated with each treatment?

Activity:

- Read up the basic physics of lasers
- Assess and discuss cases in clinic which could benefit from laser treatments
- Attend dedicated laser sessions to observe and perform procedures
- Ensure you see patients for follow-up post laser therapy

Resources:

- Phacoemulsification principles and techniques, 2003, Buratto et al chapter 43.1, 43.2, 43.7
- Guidelines for diabetic retinopathy, Royal College Ophthalmologists 2004

PM18 To understand and promote the importance of diet and nutrition in ophthalmic disease

Think:

- Do I remember my generic nutrition training from medical school?
Curriculum Sub-committee 24 July 2007

- Do I know which systemic diseases with a link to nutrition have ophthalmic manifestations?
- Do I know which specific ophthalmic diseases are linked to nutrition?
- Do I understand the links between poverty/affluence and nutrition?
- What might my patients know about this subject which I might not know?

Activity:

- Revise general nutrition
- Look up links between nutrition and ophthalmic disease
- Consider nutritional status when assessing future ophthalmic patients (e.g. diabetics, macular degeneration patients)
- Arrange to speak to a nutritionist in your Trust about these issues, and/or ask for a session on nutrition in your local postgraduate programme

Resources:

- General medical textbooks
- http://www.nutrition.org.uk
- http://www.transceiver.com/eye/resources.html

Copyright RCOphth 2007
PRACTICAL SKILLS (PS) STUDY GUIDE

**PS1** Recognise and assist with the special needs of people with visual impairment in the clinical environment

Think:

- How would you assist a visually impaired person who came to see you in the eye clinic? and what changes could be made to the physical environment?

Resources:

- www.guidedogs.org.uk - Guidelines on internal and external physical environment
- www.rnib.org.uk - all sorts of help and advice
- www.actionforblindpeople.org.uk/ - e.g. Can help with local staff training

**PS2** Perform a refractive assessment and provide an optical prescription

Think:

- How does refracting children differ from refracting adults?

Activity:

- Ask your departmental or local optometrist to teach you to refract
- Familiarise yourself with optical prescription documentation
- Practice on colleagues, friends, secretarial staff and as many patients as you can. Get a senior colleague to observe and give feedback
- Consider going on a Refraction Course

Resources:


Self-Assessment:

- Optics and Refraction section www.mrcophth.com

**PS3** Administer periocular and intraocular drugs

Think:

- What clinical anatomy is relevant to the administration of periocular drugs?
- What are the methods of action and pharmacokinetics of these drugs?
- How do you constitute and administer intravitreal antibiotics? Remember ! this is often performed in an emergency situation out of hours
Resources:

- British National Formulary

**PS4 Perform venesection, cannulation and set-up intravenous infusions**

Resources:


**PS5 Achieve appropriate local anaesthesia, and recognise the possible complications**

Think:

- How much local anaesthetic can I safely give a patient?

Resources:

- British National Formulary
- Royal College Guidelines on Local Anaesthesia at [http://www.rcophth.ac.uk/docs/publications/LocalAnaesthesia.pdf](http://www.rcophth.ac.uk/docs/publications/LocalAnaesthesia.pdf). Lots of useful references.

**PS6 Use diathermy appropriately and safely**

Think:

- What settings do you start with on your diathermy machine for ocular and extraocular procedures?

Resources:


**PS7 Use cryotherapy appropriately and safely**

Activity:

- Dig out the manual for your departmental cryotherapy machine and ensure you know how to operate it safely

Resources:

Curriculum Sub-committee 24 July 2007


PS8 Assess lacrimal function

Think:

- How would you examine a patient who complained of a watery eye?

Resources:

- www.emedicine.com/oph/topic465.htm

Self Assessment:


PS9 Perform anterior chamber paracentesis

Think:

- When is anterior chamber paracentesis indicated?
- What are the pros and cons of the procedure?
- Where is the best place to perform the procedure?
- What steps do I need to take to maximise patient safety?
- Do I need to use the operating microscope?
- What instruments are best to use?
- What are the patient consent issues?

Activity:

- Discuss the indications and technique of the procedures with your trainers and colleagues
- Keep alert for occasions when the procedure is going to be undertaken in your department and try to be present/ask to perform it under supervision

Resources:


PS10 Perform a corneal scrape

Activity:

- Contact your local microbiology department to find out what the plating procedures are in your hospital
Resources:


**PS11 Remove ocular surface foreign bodies**

**Activity:**

- This is a very common procedure in casualty clinics. Take advantage of opportunities very early in your training to performing this under supervision as it is a skill you are likely to need soon!

**PS12 Occlude the nasolacrimal puncta**

**Think:**

- What are the various permanent and non-permanent ways of occluding the puncta?

**Resources:**


**PS13 Remove sutures from eye and adnexae**

**Think:**

- Can you identify the different types of suture material?
- When may it be appropriate to prescribe topical treatment following suture removal?

**PS14 Fit a bandage contact lens**

**Think:**

- How would you determine which size of bandage contact lens to use?

**Resources:**


**PS15 Administer periocular botulinum injections**

**Think:**

- Is the dose of botox for inducing a ptosis the same as that for treating squints or blepharospasm?
- Using botox for strabismus may be a procedure you will not get exposure to in training but it is worth knowing about as a management option
- What complications would you warn the patient of before giving a botox injection for Blepharospasm
Resources:


**PS16 Apply corneal glue**

Resources:


**PS17 Perform ocular ultrasound**

Think:

- What extra information can you gain from actually performing the ultrasound as opposed to looking at a still print-out?

Resources:


**PS18 Demonstrate lid hygiene to a patient**

Think:

- Are you aware of any patient literature on this topic in your department?

**PS19 Perform anterior chamber and vitreous sampling**

Think:

- Post operative endophthalmitis is an emergency. How would you deal with this situation if you were on call? Discuss this with a senior colleague in anticipation
- How do you constitute and administer intravitreal antibiotics? Remember! This is often performed in an emergency situation out of hours
Resources:


**PS20** Take samples for blood culture

Resources:


**PS21** Perform the correct hand hygiene technique

Think:

- Do you disinfect your hands between every patient?

Resources:


**PS22** Carry out irrigation and debridement of ocular contaminants

Resources:

- Simple step by step tables on lid eversion, glass rodding and irrigation

**PS23** Prepare a biopsy sample for subsequent histopathological and microbiological assessment

Think:

- When might you consider performing a conjunctival biopsy? How would you do it?

Activity:

- Liaise closely with your local laboratories regarding specific requirements for sample preparation and documentation - particularly if it is a type of biopsy you do infrequently

Resources:

PS24 Perform forced duction tests

Activity:

- Take appropriate opportunities in theatre during squint lists to perform forced duction tests

Resources:

SURGICAL SKILLS (SS) STUDY GUIDE

SS1 Microsurgical skills

Think:

- Do I know my anatomy?
- What instruments will I be using, how do I use them and what are they called?
- (As you progress) What are my weak points, how can I improve?

Activity:

- Go on the College Microsurgical Skills Course (compulsory)
- Ask theatre sister/deputy to show you the instruments, and to let you be scrub nurse
- Watch experienced surgeons and ask questions
- Practise, practise, practise

Resources:

- Wet lab, or operating microscope out of hours (use plastic practice eyes) with and without supervision
- Videos, web sites, books (LIST)

SS2 Use the operating microscope

Think:

- How does the microscope work (optics and mechanics)?
- Which buttons do what?
- How should I get comfortable at the microscope?
- What checks do I need to make before I start operating?
- What do I do if the bulb goes out?

Activity:

- Go on the College Microsurgical Skills Course (compulsory)
- Ask an experienced surgeon to show you the controls and to help you get comfortable
- Watch experienced surgeons and ask questions
- Practise under supervision, and on your own, both in and out of hours

Resources:

- Manufacturer's manual (?web based?)
- Videos, books, websites
SS3 Aseptic surgical technique

Think:

- By what routes could the operative field become contaminated?
- What can I touch safely when scrubbed?
- What is "no-touch technique?"

Activity:

- Ask theatre sister/deputy to check your scrubbing, gowning & gloving technique
- Ask to be a scrub nurse for a week
- Watch experienced surgeons and ask questions
- Practise and ask for constructive criticism

SS4 Cataract surgery

a) Early in training

Think:

- Exactly what am I trying to achieve by each manoeuvre?
- What am I trying to avoid?
- How can I learn this with minimal risk to the patient, and minimal stress to the patient, the trainer and me?

Activity:

- Go on the College Microsurgical Skills Course (compulsory)
- Ask for supervised wet-lab (or out-of-hours in-theatre) instruction on plastic eyes then practise over and over again
- Discuss with your trainer how (s)he will organise your training (modular, "reverse-chaining", etc) and how you will be given protected operating time
- Agree what signal the trainer will give to tell you (s)he must take over
- Record every operation, to review regularly yourself and frequently with your trainer

Resources:

- Books, videos, meetings, wet lab/out-of-hours theatre, surgical simulator

b) Later in training

Think:

- How can I refine my skills to be safe and effective in all cataract cases, even complex ones?
- How can I learn this with minimal risk to the patient, and minimal stress to the patient, the trainer and me?
- How can I be sure that my surgery is good enough?

Activity:

- Go on an advanced phaco course
Ask your trainer to show you how to approach difficult cases and then to take you through them
Continue to use video recording
Continue to seek feedback from your trainers, both formal and informal

**SS5 Surgical measures to lower IOP**

**Think:**

- When is surgery appropriate?
- What am I trying to achieve?
- What am I trying to avoid?
- How can I learn this with minimal risk to the patient, and minimal stress to the patient, the trainer and me?

**Activity:**

- Go on the College Microsurgical Skills Course (*compulsory*)
- Ask for supervised wet-lab (or out-of-hours in-theatre) instruction then practise over and over again
- Discuss with your trainer which procedures are appropriate for you to learn, and how your training will be achieved
- Record every operation, to review regularly yourself and frequently with your trainer

**Resources:**

- Books, videos, meetings, wet lab/out-of-hours theatre, surgical simulator

**SS6 Perform surgical repair of ocular and adnexal tissues after trauma**

**Think:**

- How can I maximise my exposure to ocular trauma management?
- What can I do to practice in a simulated situation?
- In what elective procedures can I develop transferable skills for trauma repair?
- What are the generic principles of surgical repair?

**Activity:**

- Take full advantage of training opportunities to learn suturing in elective, simulated and trauma situations; ask trainers/senior trainees to supervise you in these contexts
- Watch trainers and ask questions
- Ensure you are readily available for on-call duties

**Resources:**

- Books, videos, meetings, wet lab/out-of-hours theatre, surgical simulator

**SS7 Undertake the surgical management of lid problems**

**Think:**

- What anatomy do I need to know?
• What can go wrong with eyelids which is amenable to surgical correction?
• What complications are possible, and why?
• Who can I watch performing lid surgery?
• Are my basic tissue-handling/suturing skills good? - what can I do to improve them?
• How should I plan my progression through simple to more-complex lid surgery?
• How should I explain the options and procedures to the patient?

Activity:

• Read up lid anatomy and patho-anatomy
• Ask to attend clinics dealing with structural lid problems
• Watch more senior surgeons and ask them to explain what they are doing, and why
• Practise suturing in the wet-lab, or using spare sutures with apples, grapes, etc
• Ask to be taken through lid procedures (simple at first) and practise them under supervision
• Assess your patients carefully pre and post-op and audit the results
• Your surgical logbook should include a range of procedures and your training should concentrate on helping you develop transferable skills. It is expected that the procedures would include correction of simple entropion and ectropion, pentagon excision for lid margin lesions, and upper lid blepharoplasty.

Resources:

• Books, videos, meetings, practice situations

SS8 Undertake surgical measures for the protection of the ocular surface

Think:

• When is surgical lid protection necessary?
• Does it need to be temporary or permanent?
• How can I learn the different techniques?
• Who can best teach me?

Activity:

• Ask to attend clinics/ward visits dealing with corneal exposure
• Look up the surgical techniques available
• Watch experienced surgeons performing these procedures
• Ask to be taken through the procedures
• Practise the procedures until confident

Resources:

• Textbooks/videos on lid surgery

SS9 Perform lateral canthotomy and cantholysis

Think:

• When is cathotomy/cantholysis required?
• What may be the alternatives?
• How can I get involved with patients needing these procedures?
Curriculum Sub-committee 24 July 2007

- Can I manage this patient myself, or do I need help?

**Activity:**

- Actively try to get involved with patients needing these procedures
- Watch experienced surgeons/ask to be taken through the procedures
- Get involved in the follow-up of these patients

**Resources:**

- Textbooks/videos

**SS10 Perform a biopsy of ocular and adnexal tissues**

**Think:**

- What tissues may I need to biopsy?
- Is incisional or total biopsy indicated?
- What are the risks, and can I explain them well enough to the patient?
- Can I apply skills I have learned elsewhere, or do I need to learn new skills?
- Can I do it myself alone, or with supervision, or do I need to refer the patient to an expert?
- How can I be sure I can cope (e.g. in emergency with endophthalmitis needing vitreous biopsy?)
- When will the result be available, and who will ensure that it is acted upon expeditiously?

**Activity:**

- Attend clinics dealing with lid and external eye tumours
- Practice skills in "wet-lab" or other simulated situation
- Ask to attend lid surgery lists, observe biopsy and ask to be taken through appropriate procedures
- Take advantage of on-call opportunities to perform vitreous biopsy under supervision
- Ask to attend VR lists and to be allowed to set up for pars plana vitrectomy and perform the core vitrectomy yourself under supervision
- Chase up the result yourself (ideally) or at least ensure that someone knows they are delegated to do so

**Resources:**

- Books, videos, meetings, wet-labs (formal or informal)

**SS11 Biopsy the temporal artery**

**Think:**

- What are the indications for temporal artery biopsy?
- How urgently is it required?
- What are the risks and benefits, and how should I explain these to the patient?
- Which side should be biopsied, and where?
- How large a specimen is required?
- How can I learn the technique safely and effectively?
Activity:

- Get involved in appropriate cases
- Read up the indications and technique
- Watch and ask to be taken through the procedure
- Follow up your patient
- Ensure that you will receive the result promptly, or at least ensure that someone knows you have delegated this to them. Ensure you know the significance of the result, and discuss this with colleagues/trainer if necessary.

Resources:

- Books, videos, trainer, case discussions

**SS12** Perform surgery on the extraocular muscles

Think:

- How do I decide whether this patient needs muscle surgery at all, and if so which muscle and which operation?
- What are the pros and cons of surgery and how should I explain these to the patient/parent?
- How can I learn muscle surgery with the least possible risk to the patient and minimal stress to my trainer and myself?

Activity:

- Take an active role in orthoptic clinics seeing child and adult patients
- Read up on muscle surgery
- Discuss cases with, and then watch, experienced surgeons and then ask to be taken through simple, then more complex procedures
- Follow up your patients

Resources:

- Orthoptic clinics, textbooks, videos

**SS13** Remove the eye when indicated

Think:

- When should removal of an eye be considered?
- What are the alternatives?
- How should I approach the subject with the patient, and how much time should I give them to consider the alternatives? (And is it really as urgent as I think it might be?)
- What alternative techniques are there, and do I need to balance pros and cons (e.g. good cosmesis with implants against risks of extrusion and possible future delay in detection of secondary tumour)?
- How can I learn the techniques with minimal risk to the patient and minimal stress to the trainer and myself?
- Can I provide adequate counselling, or does my patient need expert help?
Activity:

- Get involved in trauma cases
- Attend clinics dealing with ocular tumours
- Read up about the options and discuss with experts
- Observe expert surgeons and ask to be taken through procedures of gradually increasing complexity
- Follow up your patients
- Find out what support services are available and how to access them

Resources:

- Books, videos, manufacturer's information (on orbital implants, etc)

**SS14 Apply appropriate laser for the management of the lens capsule**

Think:

- What are the indications for laser to the lens capsule?
- How does the laser work and what safety precautions are required?
- Does my Trust require a formal laser induction process?
- What is the balance of risks and benefits, and how should I explain these to the patient?
- Are there any underlying conditions which would alter the risk/benefit ratio?
- What complications could ensue, what follow-up is necessary, what warnings should the patient be given, and will I be able to handle complications myself or will I need help?
- How can I learn the techniques with minimal risk to the patient and minimal stress to my trainer and myself?

Activity:

- Read up on the subject
- Check up on Trust procedures
- Read the laser manufacturer's manual
- Listen to experts talking to patients about the procedure
- Watch experts performing laser, then ask to be taken through it with easy and then with more tricky cases
- Follow up your patients and consider an audit
- Talk to patients before and after laser

Resources:

- Books, videos, meetings, manufacturers' manuals

**SS15 Apply appropriate laser for the management of raised intraocular pressure**

Think:

- What sort of laser procedures are possible for IOP, and what are their indications?
- How does the laser work and what safety precautions are required?
- Does my Trust require a formal laser initiation procedure?
- What is the balance of risks and benefits, and how should I explain these to the patient?
- Are there any underlying conditions which would alter the risk/benefit ratio?
What complications could ensue, what follow-up is necessary, what warnings should the patient be given, and will I be able to handle complications myself or will I need help?

How can I learn the techniques with minimal risk to the patient and minimal stress to my trainer and myself?

Activity:

- Read up on the subject
- Check up on Trust procedures
- Read the laser manufacturer's manual
- Listen to experts talking to patients about the procedure
- Watch experts performing laser, then ask to be taken through it with easy and then with more tricky cases
- Follow up your patients and consider an audit
- Talk to patients before and after laser

Resources:

- Books, videos, meetings, manufacturers' manuals

**SS16 Apply appropriate laser for the management of retinal problems**

Think:

- What are the indications for laser treatment to the retina, and what tests may be helpful in deciding about treatment?
- What sort of lasers are available, and on what basis should one choose between them? How do the lasers work and what safety precautions are required?
- Does my Trust require a formal laser initiation procedure?
- What techniques of laser application are available (delivery systems and treatment strategies)?
- What are the pros and cons of treatment, and how can I best communicate these to the patient?
- What complications could ensue, what follow-up is necessary, what warnings should the patient be given, and will I be able to handle complications myself or will I need help?
- How can I learn the techniques with minimal risk to the patient and minimal stress to my trainer and myself?

Activity:

- Read up on the subject
- Check up on Trust procedures
- Read the laser manufacturer's manual
- Learn about the various imaging techniques which help with clinical decision-making
- Listen to experts talking to patients about the procedure
- Watch experts performing laser, then ask to be taken through it with easy and then with more tricky cases
- Follow up your patients and consider an audit
- Talk to patients before and after laser

Resources:

- Books, videos, meetings, manufacturers' manuals
HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) STUDY GUIDE

HPDP1 Promote the value and assist in the organisation of screening for eye disease

Think:

- What would be the consequences of not screening for diabetic retinopathy?

Knowledge:

- Understanding of which diseases merit screening programmes
- Which screening programmes for ophthalmic conditions currently exist
- Organisation and quality control issues related to screening and how outcomes of screening are dealt with

Activity:

- Attend and observe diabetic retinopathy screening, ROP screening and community vision screening in children

Resources:

- www.rcophth.ac.uk/scientific guidelines for diabetic retinopathy, retinopathy of prematurity, hydroxychloroquine, vigabatrin, management of strabismus and amblyopia
- Oxford Textbook of Medicine

HPDP2 Prevent contagion and cross infection

Think:

- What are common sources of clusters of infections in theatre?

Knowledge:

- Principles of contagion and cross infection particularly in relation to general medicine as well as ophthalmic diseases
- Prevention of cross infection and contagion in eye clinic and operating theatre settings

Resources:

- Induction packs re microbiology and infection control protocols in Trusts

Copyright RCOphth 2007
**HPDP3** Notify and facilitate contact tracing of communicable diseases

**Knowledge:**

- Which infections require notification and who is the local "Proper Officer", particularly in relation to ophthalmic infections or ones with ophthalmic symptoms
- Process of notification [inform Consultant in Communicable Disease Control (CCDC) at Local Health Protection unit (HPU)]

**Resources:**

- [www.hpa.org.uk](http://www.hpa.org.uk) (Health Protection Agency website)

**HPDP4** Promote issues of injury prevention, especially in regard to protective eyewear

**Think:**

- What precautions would you advise for workers in chemical/glass manufacture?

**Knowledge:**

- Occupations, leisure activities and criminal activities associated with ophthalmic injuries
- What eye protection is available and how to use it

**Resources:**

- College advice on specific events e.g. solar eclipse
- [www.alphatech-int.co.uk](http://www.alphatech-int.co.uk)

**HPDP5** Implement risk reduction strategies relating to ophthalmic and relevant systemic diseases

**Knowledge:**

- Systemic risk factors associated with ophthalmic diseases
- Risk reduction strategies pursued in general practice e.g. hypertension, cholesterol, weight control, exercise, etc.
- Smoking cessation services in hospital and in community and how to access these programmes

**Resources:**

- [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

**HPDP6** Provide advice on contact lens care

**Knowledge:**

- The various contact lens types, lens hygiene and associated risks
Activity:

- Attend contact lens fitting clinics
- Experience managing complications of contact lens wear

Resources:

- Courses on contact lenses fitting and hygiene (e.g. Institute of Optometry course)
- www.ioo.org.uk (Institute of Optometry website)

**HPDP7 Take appropriate care of laser and diagnostic contact lens**

Knowledge:

- Types and materials used in diagnostic and laser lenses
- Correct cleaning procedures for reusable lenses
- Availability of disposable lenses/tips and their advantages and disadvantages

Activity:

- Prepare clinic equipment and clean lenses yourself
- Attend a laser safety course (e.g. Trust-based course)

Resources:

- Written information provided with diagnostic contact lenses and tonometers
- Local trust protocols for laser safety

**HPDP8 Give advice on the avoidance of allergens and other triggers**

Think:

- What can I remember about allergies from medical school?
- Do I need to revise the topic?
- What questions can I ask the patient to help them identify potential allergens?
- What tests are available to identify allergens, and how safe and reliable are they?
- What avoidance methods are available to the patient?
- What other triggers may be relevant to ophthalmic patients?

Activity:

- Read up on allergy and migraine
- Contact your local immunologist and see if you can sit in on an allergy clinic
- If you have a patient with allergy problems, who needs skin testing, see if you can arrange to attend the immunology department when you patient goes there
- Ask your local programme director to arrange a teaching session on allergy
Resources:

- http://www.asthmallergy.com/allergy_avoidance.htm

**HPDP9 Promote appropriate immunisation**

**Think:**

- What advice would you give to a junior doctor who has suffered a needle stick injury?

**Knowledge:**

- Theoretical and practical aspects of immunisation in children, those with occupational hazard and specific situations in adults
- Risks and benefits of immunisation

**Resources:**

- Local occupational health department protocols and guidance
- www.hpa.org.uk (Health Protection Agency website, gives information on childhood and adult immunisation schedules, post exposure prophylaxis, travel vaccinations and vaccinations in immunocompromised individuals)

**HPDP10 Understand the implications of investigations and therapeutics during pregnancy**

**Think:**

- What advice would you give to a diabetic woman in the first trimester of her first pregnancy?

**Knowledge:**

- Risks to eye and health in pregnancy, with respect to investigation and treatment

**Resources:**

- www.hpa.org.uk/radiation/publications/misc_publications/advice_during_pregnancy.htm
- British National Formulary

**HPDP11 Make recommendations for bone protection**

**Knowledge:**

- How to prescribe steroids appropriately
- Risk of osteoporosis and how this can be minimised
Activity:

- Attend lecture on osteoporosis prevention

Resources:

- www.health.state.ny.us/nysdoh/osteo/fda.htm
- www.arc.org.uk

**HPDP12** Follow local and national guidance with regards to prophylaxis

Knowledge:

- Principles of cross infection, common sources and how to reduce incidence

Activity:

- Observe and participate in cleaning/disinfection processes for surgical instruments
- Participate in audit of post operative infections in your department

Resources:

- Local hospital prophylaxis and cross infection guidelines
- Local trust infection control officer/team
- College guidelines on cataract surgery and endophthalmitis
- www.rcophth.ac.uk
COMMUNICATION (C) STUDY GUIDE

C1 Rapport

Think:

- Achieving a rapport with all patients is essential for good medical management
- How should I greet a patient to establish a relationship? (even if it is only briefly in a busy casualty or clinic)
- What difficulties may arise to prevent this relationship? - e.g. a language barrier

Activity:

- Maintain interest in your patient.
- Ask questions to establish a relationship (it may be relevant to know what they do for a living and how that impacts on their illness)
- Be aware of communication skills scenarios and attend any courses run by your Trust or elsewhere
- Ask a colleague to observe you talking to a patient
- Ensure that you get some multisource feedback from colleagues

Reflect:

- How could a consultation have gone better

C2 Listen

Think:

- How do you listen to a patient? (it is difficult especially in a busy clinic or casualty)
- How do you filter relevant information from irrelevant?
- How do you draw the consultation to a close

Activity:

- Remember to listen actively and to try and sort the wood out from the trees.
- Do not let your mind wander - you might miss something relevant
- Try not to repeat anything, unless you really don't understand - it looks and sounds as though you are not listening
- Make sure you especially listen to any questions the patient, relative or care may have and specifically answer them
- Do not allow the patient to wander, however
- Ensure that you sum up the problem and allow the consultation to come to a satisfactory end
- Ask a colleague to sit in with you during a consultation. Ensure that you get some multisource feedback from colleagues

Reflect:

- How could a consultation have gone better?
• What questions may have been left unasked/unanswered?

Resources:

• Be aware of communication skills scenarios and attend any courses run by your Trust or elsewhere

C3 Deliver information

Think:

• Information needs to be delivered to the patient, their relatives and carers appropriately and sensitively. How do I do this without confusing the patient or appearing to be insensitive?

Activity:

• Put yourself in the patient's position. If you had the same problem, how would you wish the information to be given?
• Don't talk down to the patient but be aware that you have more knowledge than the patient sometimes needs
• Be aware of the impact that this information will have on the patient
• Ask a colleague to sit in with you during a consultation
• Ensure that you get some multisource feedback from colleagues

Reflect:

• How could a consultation have gone better?
• What questions may have been left unasked/unanswered?
• Did the patient understand all you told him/her?

Resources:

• Be aware of communication skills scenarios and attend any courses run by your Trust or elsewhere

C4 Sources of information

Think:

• What other information is available for your patients, their relatives and carers?

Activity:

• Know what patient information leaflets are available in your department. Have them prominently displayed in the waiting area and clinic rooms

Resources:

• Be aware of patient user groups especially local ones. Use the internet to become aware of the numerous groups that are there
• Be aware of the advantages and the disadvantages of recommending such groups to your patients

C5 Consent

Think:

• What information do I need to provide to patients, their relatives and carers to allow them to have an informed opinion as to their condition and its management?
• How do I convey this to patients who may be limited in their understanding of their problem?

Activity:

• Put yourself in the position of the patient or their relative. What would you wish to know and how will it impact on your life?
• Explain any risks that a particular procedure might produce, but be aware of any anxiety that this might engender

Resources:

• When completing consent forms for a particular procedure make sure you are aware of any local Trust guidelines and the GMC guidelines
• www.gmc-uk.org/guidance/library/consent.asp
• http://pmj.bmjjournals.com/cgi/reprint/77/906/238
• www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Consent/fs/en

C6 Breaking bad news

Think:

• This is particularly important and may be the source of much distress to both the patient and the doctor

Activity:

• Be aware of the implications this will have to the patient, their relatives or carers
• Do allow ample time for questions to be asked and to have the appropriate responses ready
• Ask a colleague to sit in with you during a consultation
• Ensure that you get some multisource feedback from colleagues

Resources:

• Be aware of communication skills scenarios and attend any courses run by your Trust or elsewhere
• http://www.postgradmed.com/issues/2002/09_02/editorial_sep.htm
Curriculum Sub-committee 24 July 2007

**C7 Language**

Think:

- What is the effect of not being able to communicate effectively to patients because of a language barrier or because of culture, hearing impairment, age or mental state?

Activity:

- Try and identify this barrier before the consultation. Work out how you are going to rectify this, for example using an interpreter or to invite relatives or carers into the consultation
- Ask a colleague to sit in with you during a consultation
- Ensure that you get some multisource feedback from colleagues

Reflect:

- How could a consultation have gone better?
- What questions may have been left unasked/unanswered?
- Did the patient understand all you told her/him?

Resources:

- Be aware of communication skills scenarios and attend any courses run by your Trust or elsewhere

**C8 Body language**

Think:

- Body language is very powerful and forms much of the opinion gained by you of the patient and vice versa. How is your non-verbal communication revealed to patients, their relatives and carers and what about theirs to you?

Activity:

- Be aware that your body language can reveal much about you and your attitudes to the patient
- Often patients do not like to communicate as much as they want in front of a doctor that they may not know, and/or who has very little time to see them. Appreciate this and use cues that they may employ to extract as much information from them as you need
- Ask a colleague to sit in with you during a consultation and identify any non-verbal communication that you or the patient employs
- Ensure that you get some multisource feedback from colleagues

**C9 Complaints**

Think:

- Sadly complaints will arise during the course of a medical career. These may be directed at you or at your organisation. How will you respond to these complaints and how might it affect your relationships with your patients and colleagues?
Activity:

- Accept that you will get complaints and do not bury your head in the sand and ignore them. Act upon them quickly and learn from them. It is easy to become defensive in these situations, but try and react constructively. Many may be trivial, but none should be dismissed
- If your clinical practice is questioned ensure that you respond in a way that does not compromise the treatment of the patient
- If you receive complaints about the clinical practice of other health professionals you should respond in a sensitive and professional manner
- You should understand and comply with local Trust guidelines and know who your Complaints Officer is within the Trust
- You should be aware of national GMC guidelines and other professional bodies.

Resources:


C10 Communication with other professionals

Think:

- Why do I need to communicate with other health care professionals?
- How does it benefit the patient?

Activity:

- Communicate to others using all available means such as email, telephone and even writing a letter
- Include all relevant information including images where helpful
- Respond to requests for information quickly
- Do not keep letters hanging around
- Always keep your in tray empty.

Assessment:

- You may be assessed on your letter writing/receiving skills

C11 Written records

Think:

- It is essential to keep clear, well written patient notes

Activity:

- Ensure that every note you write in a patient record or relating to a patient is contemporaneous, accurate and legible
- If you use electronic records, ensure that these are secure
- Be aware of the security and patient confidentiality of every record
- Ask a colleague to scrutinise a patient record and offer constructive criticism
C12 Letter writing and dictation

Think:
- Communication with others is essential. How does it affect patient management?

Activity:
- Write letters regarding patients accurately and immediately; make sure you dictate a letter where appropriate after seeing the patient rather than wait until the end of a clinic
- Ensure that the dictating machine is working and that you speak legibly. Some secretaries have the talent to interpret the most illegible speech but mistakes can be made to the patient's detriment
- Make sure that you read the secretary's hard copy before you sign your letter to ensure that what is written is accurate and reflects what you have told the patient
- You might think it appropriate to send copies to other health professionals, for example the referring optometrist. Make sure you have the patient's permission before doing so
- You may also find it useful to send a copy to the patient themselves or a parent
- Ask a colleague to scrutinise a patient letter and offer constructive criticism

C13 Prepare an operating list

Think:
- How do I best prepare an operating list?
- How will it help the patients and myself as a trainee

Activity:
- Observe someone more senior preparing an operating list in your hospital
- Ensure that you know in which order patients are operated and which take priority. You may want to bear in mind the age of the patient (younger children often go first) or other medical conditions (diabetics are often put higher up a list)
- Some units do intraocular procedures first. Also be aware that if you are in the operating theatre, how you can manipulate a little to allow you the time to operate on suitable cases

C14 Planned and unplanned leave

Think:
- Having a break from work and study is vital for your health and the health of the patients. How does your absence impact on the running of the service?

Activity:
- Ensure that your absence for leave does not impact greatly on the service. Make sure that it is planned well in advance and notification is given to all appropriate parties
- Be aware that there may be times due to unexpected leave taken by colleagues that you will have to assume other duties in addition to your own. Accept this gracefully as you may be the one that needs the leave next time
- Always plan study leave for courses and self-directed learning well in advance. Be aware of your timetable for examinations etc
INFORMATION HANDLING (IH) STUDY GUIDE

IH1 Use appropriate learning resources, including electronic reference sources

Resources:

- European Computer Driving Licence (ECDL) (free for NHS staff)
- "Beyond the clinic - Survival Skills for Ophthalmologists" Merrick J. Moseley and PI Murray

Assessment:

- Take the ECDL exit test

IH2 Use appropriate paper-based and electronic records, databases and statistical packages

Activity:

- Talk to personnel in Hospital Audit and research departments
- Attend local induction programmes
- Contact local IT department for in-house training of EPR and/or PAS

Resources:

- www.mo.md - lots of information on PDA, internet and medical software
- http://careerfocus.bmjournals.com/cgi/content/full/327/7415/s81-a - the Progress of Medical informatics in the United Kingdom

IH3 Use professional guidelines appropriately

Activity:

- Be aware of Patient confidentiality guidelines (hospital, GMC and Medical Defence Union)

Resources:

- www.dh.gov.uk/PolicyAndGuidance/InformationPolicy/fs/en - the development and ongoing implementation of the DoH IT strategy
- General Medical Council guidelines at www.gmc-uk.org
- Local trust guidelines
- Royal College guidelines, including those at www.rcophth.ac.uk

IH4 Maintain a personal portfolio

Resources:

- The Royal College of Ophthalmologists www.rcophth.ac.uk
**IH5 Use appropriate IT and email facilities**

**Think:**
- Keep in mind email etiquette and protocol
- Be secure on-line and do not share personal details

**Activity:**
- Make use of local IT department for training

**IH6 Manage patient referrals**

**Think:**
- About local hospital referral guidelines and protocol

**Activity:**
- Discuss appropriateness/guidance of referrals initially with Clinical Director/educational supervisor/senior trainee

**IH7 Manage waiting lists**

**Activity:**
- Liaise with Admissions department and theatres

**Assessment:**
- Carry out audit to see whether improvements can be made in theatre efficiency

**IH8 Be actively involved in national databases**

**Resources:**
- The Royal College of Ophthalmologists website and newsletters [www.rcophth.org.uk](http://www.rcophth.org.uk)

**IH9 Use audit/critical incident reporting data sheets**

**Activity:**
- Approach audit and pharmacy department
- Be aware of critical incident form location, discuss the form with charge nurse/theatre manager

**Resources:**
- Adverse incident reporting and significant event auditing: AIR and SEA rescue *BMJ Career Focus* 2004;328:173-174
<table>
<thead>
<tr>
<th>Code</th>
<th>Abbrev</th>
<th>How can I achieve this outcome</th>
<th>How will this outcome be assessed</th>
<th>How can I help a trainee achieve this outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Code</td>
<td>Resources</td>
<td>Methods/ experience Self assessment</td>
<td>Indirect Direct Part 1 FRCOphth</td>
</tr>
<tr>
<td>BCS1</td>
<td>Anatomy</td>
<td>Text books Web sites Part1 syllabus</td>
<td>Reading Tutorials E learning Discussion forum Teach anatomy to other health professionals Example questions</td>
<td>Clinical and surgical anatomy knowledge in work based assessments</td>
</tr>
<tr>
<td>BCS2</td>
<td>Physiology</td>
<td>Text books Web sites Part1 syllabus</td>
<td>Reading Tutorials E learning Discussion forum Teach physiology to other health professionals Example questions</td>
<td>Applied physiology knowledge in work based assessments</td>
</tr>
<tr>
<td>BCS3</td>
<td>Biochemistry and Cell Biology</td>
<td>Text books Web sites Part1 syllabus</td>
<td>Reading Tutorials E learning Discussion forum Teach biochemistry and cell biology to other health professionals Example questions</td>
<td>Applied science in work based assessments</td>
</tr>
<tr>
<td>BCS4</td>
<td>Pathology</td>
<td>Text books Web sites Part1 syllabus</td>
<td>Reading Tutorials E learning Discussion forum Clinical-pathologic al conferences Teach pathology to other health professionals Example questions</td>
<td>Clinical discussions in work based assessments</td>
</tr>
<tr>
<td>BCS5</td>
<td>Growth &amp; Senescence</td>
<td>Text books Web sites Part1 syllabus</td>
<td>Reading Tutorials E learning Discussion forum Example questions</td>
<td>Clinical discussions in work based assessments</td>
</tr>
</tbody>
</table>

Copyright RCOphth 2007
<table>
<thead>
<tr>
<th>BCS6</th>
<th>Optics</th>
<th>Reading Tutorials E learning Discussion forum Teach optics to other health professionals Attend LVA sessions Attend optometric practice</th>
<th>Example questions</th>
<th>Clinical discussions in work based assessments</th>
<th>Explain applied optics and medical physics in clinical teaching sessions Encourage/facilitate tutorials Encourage learning with optometrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCS7</td>
<td>Clinical Ophthalmology</td>
<td>Reading Tutorials E learning Discussion forum Clinical discussions Part 2 preparation courses</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments</td>
<td>Part 2 FRCOphth Case based discussions Case presentations Arrange case discussions Encourage trainees to do case presentations Provide feedback Mock OSCEs Encourage learning with neurologists, rheumatologists etc</td>
</tr>
<tr>
<td>BCS8</td>
<td>Therapeutics</td>
<td>Reading Tutorials E learning Discussion forum Clinical discussions Part 2 preparation courses</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Multi source feedback</td>
<td>Part 1 FRCOphth Part 2 FRCOphth Case based discussions Case presentations Arrange case discussions/therapeutics forum Encourage trainees to do case presentations Provide feedback Mock OSCEs Encourage learning with pharmacists</td>
</tr>
<tr>
<td>BCS9</td>
<td>General medicine and surgery</td>
<td>Reading Tutorials E learning Discussion forum Clinical discussions Hospital grand rounds</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Multi source feedback</td>
<td>Part 1 FRCOphth Part 2 FRCOphth Case based discussions Case presentations Arrange clinical updates from non-ophthalmic colleagues Encourage trainees to do case presentations Provide feedback Mock OSCEs Encourage learning with physicians/surgeons</td>
</tr>
<tr>
<td>BCS10</td>
<td>Clinical psychology</td>
<td>Reading Tutorials E learning Discussion forum Clinical discussions Hospital grand rounds</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Multi source feedback</td>
<td>Part 2 FRCOphth Case based discussions Case presentations Arrange clinical updates from mental health colleagues Encourage trainees to do case presentations Provide feedback Encourage learning with mental health professionals</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Textbooks</td>
<td>Web sites</td>
<td>Part 1 Syllabus</td>
<td>Part 2 Syllabus</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------</td>
<td>----------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>BCS11</td>
<td>Sociology</td>
<td>Text books Web sites Part 2 syllabus</td>
<td>Reading Tutorials E Learning Discussion Forum Clinical discussions Time with local social services</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Multi source feedback</td>
</tr>
<tr>
<td>BCS12</td>
<td>Lasers</td>
<td>Text books Web sites Part 1 syllabus Part 2 syllabus</td>
<td>Reading Tutorials E Learning Discussion Forum Clinical discussions Laser skills courses</td>
<td>Example questions Feedback from trainers</td>
<td>Case Presentations</td>
</tr>
<tr>
<td>BCS13</td>
<td>Clinical Epidemiology and EBM</td>
<td>Text books Web sites Part 2 syllabus</td>
<td>Reading Tutorials E Learning Discussion Forum Clinical discussions Journal club research</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Multi source feedback</td>
</tr>
<tr>
<td>BCS14</td>
<td>Instrument Technology</td>
<td>Text books Web sites Part 1 syllabus Part 2 syllabus</td>
<td>Reading Tutorials E Learning Discussion Forum Clinical discussions</td>
<td>Example questions Feedback from trainers</td>
<td>Clinical discussions in work based assessments Rating scales</td>
</tr>
<tr>
<td>BCS15</td>
<td>Biostatistics</td>
<td>Text books Web sites Part 1 syllabus Part 2 syllabus</td>
<td>Reading Tutorials E Learning Discussion Forum Journal club Research Statistics surgeries/ Workshops</td>
<td>Example questions Feedback from trainers</td>
<td>Case Presentations Publishing research</td>
</tr>
<tr>
<td>BCS16</td>
<td>Genetics</td>
<td>Textbooks</td>
<td>Web sites</td>
<td>Part 1 syllabus</td>
<td>Part 2 syllabus</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>BCS17</td>
<td>Health economics</td>
<td>Textbooks</td>
<td>Web sites</td>
<td>Part 2 syllabus</td>
<td>Part 2</td>
</tr>
</tbody>
</table>
ATTITUDES, ETHICS, RESPONSIBILITIES (AER) STUDY GUIDE

**AER1** Compassionate approach to patient care

Think:

- What approach would I like my doctor to take if I were the patient?
- How can I tell whether my patient would like me to take that approach?
- How can I learn to tailor my approach to the patient’s needs?
- How can I ensure that my body language is consistent with what I say?
- How can I ensure that the patient feels valued and important?

Activity:

- Go on a communication course
- Watch senior staff in their approach to a range of patients
- Ask yourself (and them!) why they took that approach
- Decide if it was the right approach - and if not, why?

Resources:

- [http://www.patient.co.uk/showdoc/40000020/](http://www.patient.co.uk/showdoc/40000020/)

**AER2** Ethical approach to clinical decision making that recognises and respects patient autonomy

Think:

- What is in the best interest of my patient?
- Can I think of any situation in which I should go against this?
- What should I do if the best treatment for my NHS patient is not available on the NHS?
- What prejudices may I have which could adversely affect my decision?
- For what reasons may a patient sometimes decide to ignore my best advice?
- How hard should I try to persuade such a patient to change their mind?
- Can I continue to treat a patient who chooses not to take my advice?

Activity:

- Watch how senior colleagues handle difficult decision-making
- Ask them afterwards why they handled it in this way
- Discuss with them how you would have handled the situation
- Ask colleagues to watch you when you are in such a situation and to give you feedback on how you coped

Resources:

- [http://www.ethics-network.org.uk/Ethics/econfidential.htm](http://www.ethics-network.org.uk/Ethics/econfidential.htm)
**AER3 Considerate approach to clinical practice, in particular to patients with disabilities and visual impairment**

Think:

- Have I got any prejudices against those with disabilities?
- How can I try to correct these?
- How would I wish to be approached if I had this patient's disability?
- Can I think of any reason why this patient's wishes may be different from mine?
- How could the physical environment in our clinic be improved to help those with disabilities?

Activity:

- Take opportunities to talk to patients about their problems and how they cope
- Ask them what particularly annoys them in health professionals

Resources:

- RNIB literature

**AER4 Empathy with patients with eye problems and in the recognition of the impact of visual impairment on the patient and their relatives or carers**

Think:

- How can I show this patient that I care without being patronising?
- How would I feel if I had their problem or if I were their relative/carer?
- How can I know whether their feelings are different from mine?

Activity:

- Talk to those who work regularly with patients with visual and other disabilities (e.g. members of the local sensory support team)
- Arrange to go on home visits with the above
- Take opportunities to strike up informal conversations with visually impaired patients

**AER5 Respect for patient confidentiality and appropriate disclosure of patient information**

Think:

- Why is medical confidentiality so important?
- How can I ensure it is protected?
- When must I obtain my patient's permission to communicate with others about her/him?
- Are there any situations in which confidentiality should be breached?
- What should I do if I have a patient whose vision is inadequate for driving but who insists on continuing?

Resources:

- [www.gmc-uk.org/guidance/good_medical_practice/index.asp#Respecting%20confidentiality](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp#Respecting%20confidentiality)
AER6 Able to recognise and work within the limits of personal knowledge, skills and understanding (reflective practice)

Think:

- How can I get the balance right between acceptance of responsibility and working beyond the limits of my competence?
- How am I expected to know what I don't know?

Activity:

- Meet with your supervisor at the start of your attachment, to discuss your strengths and weaknesses and what you should do when you are uncertain how to proceed with a patient
- If you find you are put into a situation where you feel out of your depth, tell your superior
- Watch how more-senior colleagues handle uncertainty
- Make every uncertain situation a learning opportunity - learn from advice you are given, and try to read up about the problem to be better prepared next time
- Be honest with patients where management is uncertain

AER7 Prepared to seek help and advice when appropriate

Think:

- What sources of help can I call on? - does it always have to be my consultant?
- If I ask for help too often, will my consultant think I am useless and give me a bad reference?
- (In any particular clinical situation) Is there any risk to the patient if I proceed with an uncertain management plan?
- Do I need to ask for help here and now? - is it urgent?

Activity:

- Discuss in advance with colleagues who can provide what sorts of advice, and what sort of problems are to be regarded as urgent
- When on-call, ensure you always know how to contact the next most senior member of the team

AER8 Seeks feedback from all colleagues in multi professional team (multi-source feedback)

Think:

- In what ways can I obtain feedback on my attitudes and performance?
- How should I react when feedback seems unfavourable?
- How should I react when feedback is positive?

Activity:

- Take opportunities for informal feedback - e.g. to ask medical and other colleagues how they think you are doing, especially after you have handled a difficult situation
Curriculum Sub-committee 24 July 2007

- Take a full roll in multi-source feedback, discuss the result with your Trainer and do your best to act thereon

Resources:

- [http://bmj.bmjjournals.com/cgi/content/full/330/7502/1251](http://bmj.bmjjournals.com/cgi/content/full/330/7502/1251)

**AER9 Engaged in appraisal and revalidation**

**Think:**

- What is the purpose of appraisal?
- What is the purpose of revalidation?
- What can I gain from them which may improve my performance as an ophthalmologist?
- How can I best prepare for them, so as to gain the most from them?
- What lessons can I learn from appraisal and revalidation as a trainee which will be useful after I am accredited?

**Activity:**

- Ask senior trainees how they prepare - ask them to show you their portfolio, and to advise you on yours after you have started it
- Ask your trainer what is expected of you in this regard
- Try to keep up-to-date with your portfolio; don't leave it all until the night before your RITA!
- Read GMC documentation on revalidation and keep up-to-date with changes and developments

Resources:

- [www.gmc-uk.org](http://www.gmc-uk.org)

**AER10 Ethical approach to clinical care, especially in relation to the appropriate use of resources, clinical research and issues of equality and diversity**

**Think:**

- Is there a role for rationing in healthcare?
- What should I do if the best treatment for my patient is not available on the NHS?
- What conflicts of responsibility may I meet in my practice? (e.g. family versus work)
- Does research ever conflict with patient care?
- What prejudices can I identify in myself? - and what can/should I do about them?
- What prejudices can I identify in "the system", and can I do anything to help solve these?

**Activity:**

- Initiate discussion on these issues with friends and colleagues, both medical and lay
- Discuss day-to-day rationing issues with your trainer
- Analyse your own motives from time to time
- Plan research carefully and always ensure ethical approval is obtained
• Go on an “Equality and Diversity” course - it will probably be essential when you become a trainer yourself

Resources:

• www.gmc-uk.org/guidance/good_medical_practice/index.asp#Research
• www.dti.gov.uk/er/equality/
• www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/EqualityAndDiversity/fs/en

**AER11** Aware of issues of probity and possible conflict of interest in professional practice

Think:

• What does "probity" mean?
  o Dictionary definition
  o For me in practice
• Have I slipped up integrity-wise in the past?
• Is there anything I do now which could be interpreted as showing dubious probity?
• What conflicts of interest have I met so far in my career, or might I meet in future?
• What should I do if my patient's interests seem to conflict with the interests of my research, my employer, my colleagues, my family or myself?

Activity:

• Talk these issues over with colleagues (both medical & non-medical) and your trainer
• Check through your financial interests and ensure there are no conflicts here
• Ensure that all research is fully "ethics-approved"

Resources:

• www.gmc-uk.org/guidance/good_medical_practice/index.asp#Probity

**AER12** All doctors must practice according to the GMC document *Duties of a Doctor*

Think:

• What actually are the duties of doctor?
• How do these apply to me in my everyday practice?

Activity:

• Think about a doctor you admire. What is it about the way they interpret and fulfil their duties which appeals to you - and how can you best emulate them?
• Talk these issues over with colleagues (both medical & non-medical) and your trainer

Resources:

• www.gmc-uk.org/guidance/good_medical_practice/index.asp
• http://qhc.bmjournals.com/cgi/content/full/9/1/14
AER13 Application of the law in relation to data protection and its relevance to health care

Think:

- In what circumstances may I be at risk of offending under this law?
- What sort of data is protected?
- What should I do if I need to collect personal data?
- Who can give me advice?

Activity:

- Discuss the issue with your trainer or a senior member of the IT department
- Find out who is your Trust's Caldicott Guardian and talk to her/him about any problems
- Ensure that you always seek Trust approval and ethics committee approval for any research

Resources:


AER14 Application of the law in relation to the use of human tissue

Think:

- In what circumstances may my research ideas put me at risk of breaking the law on human tissue?
- What are my responsibilities when I am seeking/obtaining/using donor tissue?

Activity:

- Talk to your local transplant coordinator
- Always ensure that your research projects are properly approved
- If you intend to harvest donor tissue yourself, make sure you go on a suitable course first

Resources:

- [http://www.mrc.ac.uk/pdf-tissue_guide_fin.pdf](http://www.mrc.ac.uk/pdf-tissue_guide_fin.pdf)
- [http://www.uktransplant.org.uk/ukt/default.jsp](http://www.uktransplant.org.uk/ukt/default.jsp)

AER15 Understands the responsibilities of an ophthalmologist in child protection

Think:

- Why should I take an interest in this subject?
- When should I be on the lookout for signs of child abuse/neglect?
Who can I turn to for urgent help on this matter?

What should I do if I am asked to examine a potentially abused child?

Activity:

- Read up about child protection issues
- Invite a senior paediatrician to come and talk to your local postgraduate meetings
- Talk to your paediatric colleagues about these issues before you have to deal with them yourself
- Talk to your medical defence society immediately if you have any concerns which you cannot resolve with local help

Resources:

www.nspcc.org.uk/inform/

www.dh.gov.uk/assetRoot/04/07/19/80/04071980.pdf

www.dh.gov.uk/assetRoot/04/06/08/34/04060834.pdf

AER16 Able to manage time effectively and deal with stress

Think:

- Do I ever waste time?
- When did I last find it difficult to fit everything I had to do into the time available?
- How did I cope on that occasion? - Could I have done better, and if so, how?
- When time is short at work, which activities should I give priority to?
- How can I avoid offending others when I do not have time for them?
- What is my reaction when colleagues are too busy to help me?
- What situations do I find stressful? Why?
- Is it possible for me to avoid such situations without shirking my responsibilities?
- When it is not possible what should I do?
- When is it appropriate to delegate tasks to others, or simply to ask for help?
- What matters to me most in my life?
- Do I take enough physical exercise?

Activity:

- Talk to colleagues and trainers about how they cope with shortage of time and/or stress
- Watch how they actually cope in such situations
- Think of a time when you think you coped badly and try to work out what you should have done - discuss with colleagues if necessary
- Remind yourself from time to time that everyone finds this sort of thing difficult
- Enrol on a time management course, and/or ask your programme director to arrange one for you and your colleagues

Resources:

- http://www.tsuccess.dircon.co.uk/timemanagementtips.htm
• http://www.mindtools.com/smpage.html
• http://www.stress.org.uk/
DECISIONS, REASONING, JUDGEMENT (DMCRJ) STUDY GUIDE

DMCRJ1  Make decisions by applying appropriate and clear clinical reasoning using evidence based approach

Think:
• How can I apply critique and analytical methods to published research?

Activity:
• Make use of hospital and departmental library
• Arrange and participate in journal clubs

Resources:
• Textbook of Evidence based Ophthalmology- available in hardcopy, PDA and PC (PDF)
• BMJ Clinical Evidence
• Evidence based medicine- How to Practice and Teach EBM. David L Sackett, et al
• Cogni-Q- PDA based data updated frequently www.unboundmedicine.com

DMCRJ2  Participate in departmental audit and understands its value in improving practice

Think:
• How can I apply clinical governance principles to everyday practice?

Activity:
• Approach and discuss ideas with supervising Consultant and local audit department

DMCRJ3  Participate in personal audit and understands its value in improving practice

Activity:
• Approach and discuss ideas with supervising Consultant and local audit department

DMCRJ4  Appreciates of the importance of basic scientific and clinical research in advancing knowledge so as to begin contributing to the evidence base

Activity:
• Plan research activities - clinical or laboratory based

Resources:
• Attend Conferences- College Congress, AAO, ARVO, EVER etc
DCMRJ5  Understand service management, so as to allow involvement in the organisation of ophthalmic clinical services

Activity:

- Shadow the clinical director or business manager for a day
- Attend departmental administrative meetings

Resources:

- Looking Forward Programme organised by Pfizer
- "ORYCLE" organised by OTG
- Management courses organised by the NHS
- [www.healthcareskills.nhs.uk](http://www.healthcareskills.nhs.uk)
ROLE IN THE HEALTH SERVICE (HS) STUDY GUIDE

**HS1 Understand how the Health Service is organised**

Introduction:

The ophthalmologist needs a good level of understanding of the way in which the Health Service is organised and managed, to include the interaction between major organisations such as the Department of Health, General Medical Council, the various Royal Colleges, and the primary and secondary healthcare delivery organisations.

Think:

- Who is ultimately responsible for the running of the Health Service?
- What are the roles and responsibilities of the Department of Health?
- How do Primary and Secondary Care Trusts relate to the DOH, and how is health care "purchased"?
- What are the roles and responsibilities of the GMC and the various Royal Colleges?
- How do doctors, nurses, managers and patients have an input into the running of the National Health Service?

Activity:

- Read up from the study resources below.

Resources:

- [www.dh.gov.uk](http://www.dh.gov.uk)
- [www.gmc-uk.org](http://www.gmc-uk.org)
- [www.aomrc.org.uk](http://www.aomrc.org.uk)

**HS2 Understand the principles of Clinical Governance**

Introduction:

The ophthalmologist needs a good level of understanding of the principles of clinical governance. The ophthalmologist must have an appreciation of the application of clinical governance principles to their own practice.

Think:

What is Clinical Governance?

How is the quality of the delivery of clinical care assured?

How do Clinical Governance principles respond when quality of clinical care is found to be below standard?
Activity:

- Read up from the study resources below.

Resources:

- www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ClinicalGovernance/fs/en
- www.rsmpress.co.uk/cgb.htm

**HS3** Understands and applies the principles in the GMC document "Good Medical Practice"

Introduction:

The ophthalmologist should demonstrate an understanding of the principles of GMP and show that those principles lie at the heart of his practice of clinical medicine.

Think:

- What principles are covered in the GMC document "Good Medical Practice"?
- Why are those principles important to the delivery of high quality clinical care?
- Does my practice reflect the requirements of GMP?

Activity:

- Read up from the study resources below.

Resources:

- www.gmc-uk.org/guidance/good_medical_practice

**HS4** Professional relationships

Introduction:

The ophthalmologist should understand the importance of maintaining effective professional relationships with all other health professionals where there might be shared care of a patient's clinical problem. These relationships extend to other medical, nursing and paramedical colleagues, as well as to members of lay bodies, where those bodies have a legitimate interest in a patient's medical care.

Think:

- What other medical, nursing, paramedical and lay persons/bodies have a role in the delivery of care to my patient?
- How should I best maintain the professional relationships between us to optimise the treatment of my patient?
- What do I do if that relationship fails or breaks down?
- Who is responsible for restoring clinical and other links between the various interested parties?

Activity:

- Read up from the study resources below.
HS5 Team working

Introduction:

The ophthalmologist should understand his role as the leader of a clinical team, involving nursing, paramedical and other workers involved in the clinical management of a patient under his care. His should acknowledge his part in multidisciplinary medical management, and be aware of and sensitive to the priorities of sometimes conflicting management strategies in the treatment of patients with multisystem disease.

Think:

- What are the responsibilities of a clinical team leader?
- How do I ensure the cohesion and efficient functioning of the team?
- How do identify and remedy breakdowns in team effectiveness?

Activity:

- Read up from the study resources below.

Resources:

- [www.cgsupport.nhs.uk/default.asp](http://www.cgsupport.nhs.uk/default.asp)
- [www.healthcareskills.nhs.uk/teams-leadership.html](http://www.healthcareskills.nhs.uk/teams-leadership.html)

HS6 Children and others with special needs

Introduction:

The ophthalmologist should recognise and understand his role in the management of very vulnerable patients - particularly children or those with special needs. He should be able to liaise professionally with the parents or careers of such patients, always recognising that his overwhelming responsibility is to the well being of the patient. He should be able to intercede in the best interests of the patient even if there is conflict of opinion with other parties.

Think:

- Does this patient (child, adult with special needs) require specialised clinical management techniques to reflect those needs?
- If so, where will I source them from?
- Are the parents/carers fully aware and in agreement with proposed treatment strategies?
- Is the care of the patient at the heart of my management plan?

Activity:

- Read up from the study resources below:
Resources:

- [www.bma.org.uk/ap.nsf/Content/childprotection](http://www.bma.org.uk/ap.nsf/Content/childprotection)
- National Patient Safety Agency [http://81.144.177.110/](http://81.144.177.110/)

**HS7 Provision of optimum health care in the community**

Introduction:

The ophthalmologist should understand his role as a provider of health care in the context of the wider community. He should promote good practice in community ophthalmic healthcare amongst medical, nursing and paramedical colleagues.

Think:

- How can ophthalmic disease be managed in the community?
- By whom?
- What is the interaction between non-medical health care providers in the community and the medical profession?

Activity:

- Read up from the study resources below.

Resources:

- [www.rcophth.ac.uk/docs/college/OPC.pdf](http://www.rcophth.ac.uk/docs/college/OPC.pdf)
- [www.rcophth.ac.uk/docs/college/SpreadingtheLoadSafely.pdf](http://www.rcophth.ac.uk/docs/college/SpreadingtheLoadSafely.pdf)
- [www.rcophth.ac.uk/docs/college/OPC-Career.pdf](http://www.rcophth.ac.uk/docs/college/OPC-Career.pdf)
- [www.rcophth.ac.uk/docs/college/PrescribingByOptometristsAug2004.pdf](http://www.rcophth.ac.uk/docs/college/PrescribingByOptometristsAug2004.pdf)

**HS8 Role as a researcher**

Introduction:

The ophthalmologist should understand the importance of research in the field of ophthalmology, and seek to promote it wherever possible.

Think:

- What is research?
- Do I need to obtain some research skills in order to understand research publications?
- What sort of research can I do?
- Where do I get ideas for research from?
- What do I know about research ethics and the law in relation to research?

Activity:

- Attend a research skills course
- Contact your local research ethics committee.
- Contact your Trust R&D department

Copyright RCOphth 2007
Curriculum Sub-committee 24 July 2007

- Read published research
- Attend journal clubs
- Ask others if there are any projects you can join
- Discuss research ideas with your trainers

Resource:

- www.site4sight.org.uk/

Reflect:

- How could that published research project have been carried out differently?
- What sort of research questions have been left unanswered?

HS9 Role as a teacher

Introduction:

The ophthalmologist should understand the importance of teaching and be able to make a positive contribution to the undergraduate and postgraduate development of doctors, nurses and paramedical staff in the field of ophthalmology.

Think:

- How do I learn to best effect?
- What is the optimum way of teaching others?
- What teaching aids do I need, and where can I source them from?
- Are there any "training the trainer" courses I could attend?

Resources:

- www.rcophth.ac.uk

HS10 Role as a manager

Introduction:

The ophthalmologist should acknowledge the role of medical staff in medical management, and should be able, where necessary and where called upon, to make a positive contribution to the management of departments, Trusts and the wider community for the better delivery of ophthalmic health care.

Think:

- What is medical management?
- Why is it important for me to be involved?
- Where can I obtain training in medical management techniques?
- Should I consider a higher qualification in medical management?

Resources:

- www.gmc-uk.org/guidance/library/management_healthcare.asp
CONTINUING PROFESSIONAL DEVELOPMENT (CPD) STUDY GUIDE

**CPD1 Adopts reflective practice**

Introduction:

All trainees must be able to adopt the principles of reflective practice. They must maintain a reflective diary as part of their portfolio and use this in their appraisals.

Think:

- What information do I need to keep for my training portfolio?
- How often should I update the information?
- Who acts as guarantor of accuracy of the information, apart from myself?
- How often should I arrange a portfolio review with my trainer?
- Have I got adequate backup information if the portfolio is lost/damaged?

Resources:

- See end of section

**CPD2 Aware of limits of knowledge**

Introduction:

All trainees must maintain an awareness of the limits of their knowledge. They must pursue means of gaining insight into their limitations and feedback on clinical practice in complex situations.

Think:

- Am I trained/competent to perform the planned procedure?
- What supervision is available in the event of an unforeseen problem?
- How do I get feedback regarding my competence in a particular procedure?
- What will I do if my level of competence is below that expected?

Resources:

- See end of section

**CPD3 Directs own self-learning**

Introduction:

All trainees must be able to identify and respond to their learning needs. They must be able to prepare and follow a learning plan. They must utilise all learning opportunities that are made available.

Think:

- How do I learn, to best effect?
- Who will tutor me, and in what kind of learning environment?
- How do I arrange a programme of learning for any given task?
• How often should I meet with and discuss my progress with my Educational Supervisor?

Resources:

• See end of section

**CPD4 Art of medicine**

*Introduction:*

All trainees must be able to apply their knowledge and skills in a flexible way and practice effectively in an environment of clinical uncertainty.

*Think:*

• What do I do when things go unexpectedly wrong?
• How do I inform the patient/carers of unexpected problems?
• How do I manage patients where I am unable to provide accurate predictions of clinical outcome/complication risks, etc.

Resources:

• See end of section

**CPD5 Continuing professional development**

*Introduction:*

All trainees must show that they actively participate in continuing professional development.

*Activity:*

• Maintain and keep up to date a clinical and learning activities portfolio
• Ensure regular, recorded and verified attendance at postgraduate teaching opportunities
• Ensure reasonable spread of subspecialty specific and non-specialty generic learning activities

Resources:

• See end of section

**CPD6 Personal career development**

*Introduction:*

All trainees must take responsibility for their own career development with the support and guidance of the educational supervisors.

*Think:*

• Is my clinical training delivering the educational targets I need to complete the requirements of Higher Specialist Training?
• Am I aware of what those targets are and the recommended timing of acquisition of clinical skills
• Do I need targeted retraining in any specific subspecialty field?

Resources:

• See end of section

**CPD7 Responsibility for personal health**

Introduction:

All trainees must take responsibility for their own personal health and well-being. They must take appropriate steps to protect patients when their own health is affected by illness or disability.

Think:

• Is my personal physical and mental health in any way compromised in such a way that delivery of clinical care to my patients is at risk?
• Do I need to seek the advice of colleagues, educational supervisors, occupational health, etc, for advice on my fitness to practice?
• Has my fitness to practice ever been called into question?

Resources:

• See end of section

**Study Resources for the whole CPD domain:**

• [www.mcgl.dircon.co.uk/scopme/cpddd3.htm](http://www.mcgl.dircon.co.uk/scopme/cpddd3.htm)
• [www.gmc-uk.org/education/pro_development/pro_development_guidance.asp](http://www.gmc-uk.org/education/pro_development/pro_development_guidance.asp)
• [www.premierit.com/websolutions/applications/](http://www.premierit.com/websolutions/applications/)