JRCPTB

Joint Royal Colleges of Physicians Training Board

Curriculum for Medical Ophthalmology Training

August 2021

ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH

ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Royal College
of Physicians

Contents

Medical Ophthalmology Training August 2021

1. Introduction

Medical ophthalmologists, or ophthalmic physicians, are trained in the diagnosis and management of patients with medical conditions affecting the eyes, orbits and visual pathways. Over 50% of new referrals present to ophthalmology with a medical rather than a surgical problem. An ageing population, increasing prevalence of diabetes, and new medical treatments for diabetic eye disease, retinal vein occlusions and age-related macular degeneration have led to a significant increase in workload for medical eye care. In addition, adalimumab, a biologic therapy, has recently been commissioned for adult and childhood uveitis through specialist regional uveitis centres. The Centre for Workforce Intelligence recommended a staged increase in medical ophthalmology trainees in 2014 [1].

The JRCPTB has been working with the Royal College of Ophthalmologists (RCOphth) on the future of the ophthalmic workforce in the UK, recognizing the increasing complexity of disease, the growing role of other clinicians including optometrists and orthoptists in hospital eye care services and progression in technology which will likely automate retinal imaging and diagnosis for some conditions. It has been agreed that Medical ophthalmology training will remain at the JRCPTB to enable delivery and management of the medical components of training and to benefit from educational and medical expertise at the JRCPTB, but there will continue to be close alignment of the curricula with the RCOphth and cross working on curriculum and training committees. There is much common ground between the ophthalmic specialty training (OST) curriculum and the medical ophthalmology curriculum and shared competencies are referenced in this curriculum as OST.

[1] Centre for Workforce Intelligence. Securing the future workforce supply: medical ophthalmology stocktake. Feb 2014. http://webarchive.nationalarchives.gov.uk

2. Purpose

2.1 Purpose of the curriculum

The purpose of the Medical Ophthalmology curriculum is to produce doctors with the generic professional and specialty specific capabilities needed to manage patients presenting with a wide range of medical conditions affecting the eyes, orbits and visual pathways. They will be entrusted to undertake the role of the medical ophthalmology registrar with a view to taking on the role of a consultant Ophthalmic Physician.

The scope of medical ophthalmology is broad and includes ocular inflammatory disease, medical retina disorders, neuro-ophthalmic conditions and urgent eye care in adults and children. Medical ophthalmologists manage common ophthalmic medical problems, such as diabetic retinopathy, age-related macular degeneration and stroke, as well as rarer, complex diseases such as uveitis, orbital inflammatory disease and myasthenia gravis. Some medical ophthalmologists manage diabetes retinal screening programmes.

Medical Ophthalmology Training August 2021

Medical ophthalmologists need skills in diagnostic reasoning and the ability to diagnose medical conditions presenting with visual symptoms or eye disease. Medical ophthalmologists are trained in managing immunosuppression for ocular disease, including biological therapies. They work with other physicians to manage patients with multisystem disease, and with ophthalmic surgeons to manage cases such as uveitic cataract and uveitic glaucoma where optimal perioperative medical care offers better post-operative visual outcomes. Medical ophthalmologists are trained in laser procedures and intravitreal injection therapies. Visual rehabilitation, registration of visual impairment and signposting patients to low vision services form part of their role.

Medical ophthalmology will normally be a five year programme and the components of the programme for the individual trainee will depend on the qualifications and training prior to entry to the programme. There are three sections to the training programme; core medical ophthalmic skills, internal medicine and higher medical ophthalmology training. The usual route into medical ophthalmology is at ST3 after two years of internal medicine (IM) training. Trainees then undergo core ophthalmic training for two years followed by higher medical ophthalmology for three years. There is an alternative pathway for trainees who start off in ophthalmology and decide to switch to medical ophthalmology. These trainees may enter competitively at ST3 and undergo two years in IM followed by three years in higher medical ophthalmology training.

Trainees will be entrusted to manage 'Eye Casualty' or urgent access clinics, unselected ophthalmology on-call, ophthalmology inpatients and ophthalmology clinics under supervision.

Trainees are expected to enter training with either MRCP (UK) or FRCOphth part 1 and need to complete both FRCOphth part 1 and MRCP(UK) to enter ST5.

At the end of training it would be expected that a medical ophthalmology trainee would be able to take up a consultant post working in adult or paediatric ophthalmology, managing common ophthalmic conditions and working in the following specialist areas; ocular inflammatory disease, medical retina disorders, neuro-ophthalmology. Trainees are expected to be able to perform anterior and posterior segment laser and undertake periocular and intraocular injections.

This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK.

2.2 High-level learning outcomes – capabilities in practice (CiPs)

The capabilities in practice (CiPs) describe the professional tasks or work within the scope of Medical Ophthalmology. Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and behaviours which should be demonstrated for an entrustment decision to be made. By the completion of training and award of a CCT, the doctor must demonstrate that they are capable of unsupervised practice in all CiPs.

The CiPs have been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the doctor in training's performance meets or exceeds the minimum expected level for completion of training, as defined in the curriculum.

Trainees in ST3-4 who have entered medical ophthalmology from OST should refer to the Internal medicine curriculum – see appendix 1 for the learning outcomes for Internal Medicine Stage 1.

The Medical Ophthalmology CiPs comprise six specialty CiPs and six generic CiPs which are shared across all physician specialties.

Learning outcomes – capabilities in practice (CiPs)
Generic CiPs
1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focused on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor
Specialty CiPs
1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list
2. Diagnosis and management of acute medical ophthalmology emergencies
3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants
4. Managing perioperative care of medical ophthalmological patients
5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum
6. Managing medical, ethical and social issues of visual impairment

2.3 Training pathway
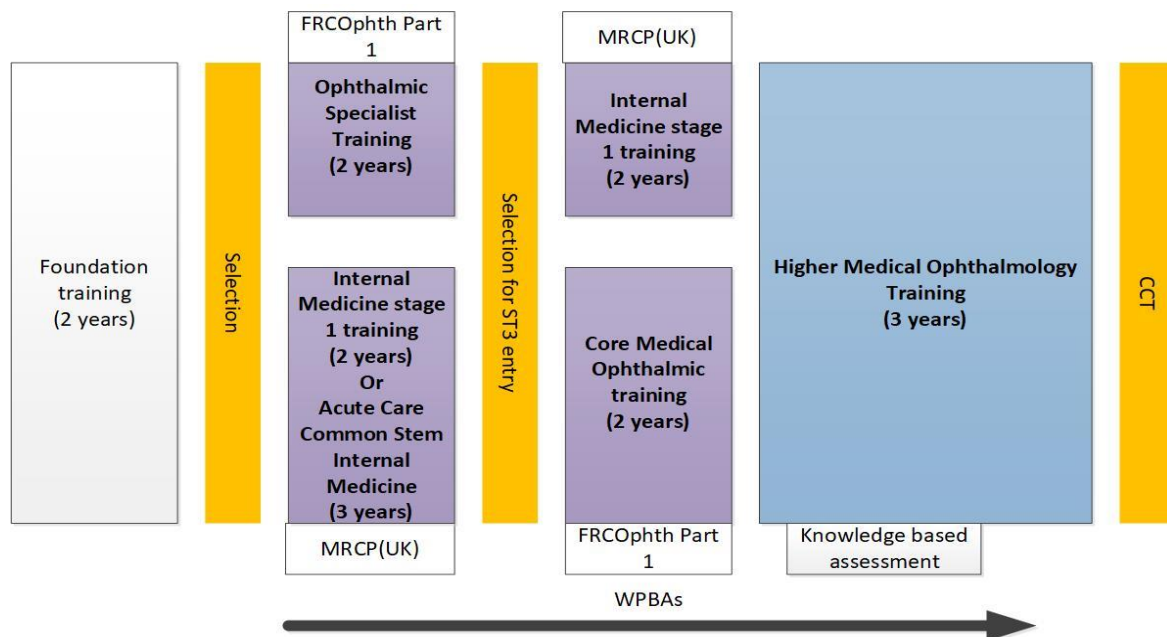
The medical ophthalmology training programme incorporates two years of internal medicine for trainees entering from ophthalmic specialty training. The Medical Ophthalmology curriculum has some overlap with the ophthalmic specialty training curriculum, particularly in the core medical ophthalmic training where there are common areas in history taking, ocular examination, ocular and neuroimaging, management of common ophthalmic conditions. In the higher medical ophthalmology curriculum, there is overlap in uveitis, medical retina, neuro-ophthalmology, laser treatments and ocular injections. Additional expertise is required from medical ophthalmology trainees in the medical aspects of ophthalmic eye disease, managing immunosuppression and in related medical specialties including dermatology, diabetes and endocrinology, infectious diseases, medical genetics, neurology, renal medicine, neurology, and rheumatology.

2.4 Duration of training

Training in Medical Ophthalmology will usually be completed in five years of full-time training. There will be options for those trainees who demonstrate exceptionally rapid development and acquisition of capabilities to complete training more rapidly than the current indicative time, although it is recognised that clinical experience is a fundamental aspect of development as a good physician. There may also be a small number of trainees who develop more slowly and will require an extension of training in line the Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide).

2.5 Flexibility and accreditation of transferable capabilities

The curriculum incorporates and emphasises the importance of the generic professional capabilities (GPCs). GPCs will promote flexibility in postgraduate training as these common

capabilities can be transferred from specialty to specialty. In addition, supporting flexibility for trainees to move between these specialties without needing to repeat aspects of training. The curriculum supports the accreditation of transferrable competencies (using the Academy framework).

The usual and most streamlined entry route into Medical ophthalmology is from internal medicine but there is also a route to allow trainees to enter from ophthalmic surgical training. The first two years of core medical ophthalmic training are similar to ophthalmic surgical training and the FRCOphth is taken directly from ophthalmic surgical training. The internal medicine training is transferable to all medical specialties. Trainees transferring between ophthalmology and other medical specialties may have shared common competencies recognised.

2.6 Less than full time training

Trainees are entitled to opt for less than full time training programmes. Less than full time trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed in accordance with the Gold Guide.

2.7 Generic Professional Capabilities and Good Medical Practice

The GMC has developed the Generic professional capabilities (GPC) framework[1] with the Academy of Medical Royal Colleges (AoMRC) to describe the fundamental, career-long, generic capabilities required of every doctor. The framework describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language. GPCs also represent a system-wide, regulatory response to the most common contemporary concerns about patient safety and fitness to practise within the medical profession. The framework will be relevant at all stages of medical education, training and practice.

---

[1] Generic professional capabilities framework

The nine domains of the GMC's Generic Professional Capabilities

Good medical practice (GMP)[2] is embedded at the heart of the GPC framework. In describing the principles, duties and responsibilities of doctors the GPC framework articulates GMP as a series of achievable educational outcomes to enable curriculum design and assessment.

The GPC framework describes nine domains with associated descriptor outlining the 'minimum common regulatory requirement' of performance and professional behaviour for those completing a CCT or its equivalent. These attributes are common, minimum and generic standards expected of all medical practitioners achieving a CCT or its equivalent.

The nine domains and subsections of the GPC framework are directly identifiable in the curriculum. They are mapped to each of the generic and specialty CiPs, which are in turn mapped to the assessment blueprints. This is to emphasise those core professional capabilities that are essential to safe clinical practice and that they must be demonstrated at every stage of training as part of the holistic development of responsible professionals.

This approach will allow early detection of issues most likely to be associated with fitness to practise and to minimise the possibility that any deficit is identified during the final phases of training.

---

[2] Good Medical Practice

Medical Ophthalmology Training August 2021

3. Content of Learning

The curriculum is spiral and topics and themes will be revisited to expand understanding and expertise. The level of entrustment for capabilities in practice (CiPs) will increase as an individual progresses from needing direct supervision to able to be entrusted to act unsupervised.

3.1 Capabilities in practice

CiPs describe the professional tasks or work within the scope of the specialty. CiPs are based on the concept of entrustable professional activities[3] which use the professional judgement of appropriately trained, expert assessors as a defensible way of forming global judgements of professional performance.

Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the knowledge, skills and attitudes which should be demonstrated. Doctors in training may use these capabilities to provide evidence of how their performance meets or exceeds the minimum expected level of performance for their year of training. The descriptors are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance.

Many of the CiP descriptors refer to patient centred care and shared decision making. This is to emphasise the importance of patients being at the centre of decisions about their own treatment and care, by exploring care or treatment options and their risks and benefits and discussing choices available.

Additionally, the CiPs repeatedly refer to the need to demonstrate professional behaviour with regard to patients, carers, colleagues and others. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability. Appropriate professional behaviour should reflect the principles of GMP and the GPC framework.

In order to complete training and be recommended to the GMC for the award of CCT and entry to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all generic and specialty CiPs. Once a trainee has achieved level 4 sign off for a CiP it will not be necessary to repeat assessment of that CiP if capability is maintained (in line with standard professional conduct).

This section of the curriculum details the six generic CiPs and six of specialty CiPs for Medical Ophthalmology. The expected levels of performance, mapping to relevant GPCs and the evidence that may be used to make an entrustment decision are given for each CiP. The list of evidence for each CiP is not prescriptive and other types of evidence may be equally valid for that CiP.

3.2 Generic capabilities in practice

---

[3] Nuts and bolts of entrustable professional activities

Medical Ophthalmology Training August 2021

The six generic CiPs cover the universal requirements of all specialties as described in GMP and the GPC framework. Assessment of the generic CiPs will be underpinned by the descriptors for the nine GPC domains and evidenced against the performance and behaviour expected at that stage of training. Satisfactory sign off will indicate that there are no concerns. It will not be necessary to assign a level of supervision for these non-clinical CiPs.

In order to ensure consistency and transferability, the generic CiPs have been grouped under the GMP-aligned categories used in the Foundation Programme curriculum plus an additional category for wider professional practice:

- professional behaviour and trust
- communication, team-working and leadership
- safety and quality
- wider professional practice.

For each generic CiP there is a set of descriptors of the observable skills and behaviours which would demonstrate that a trainee has met the minimum level expected. The descriptors are not a comprehensive list and there may be more examples that would provide equally valid evidence of performance.

KEY

CbD	Case-based discussion	DOPS	Direct observation of procedural skills
GCP	Good Clinical Practice	KBA	Knowledge Based Assessment
Mini-CEX	Mini-clinical evaluation exercise	MCR	Multiple consultant report
MSF	Multi source feedback	PS	Patient survey
QIPAT	Quality improvement project assessment tool	TO	Teaching observation

Generic capabilities in practice (CiPs)	
Category 1: Professional behaviour and trust	
1. **Able to function successfully within NHS organisational and management systems**	
Descriptors	• Aware of and adheres to the GMC professional requirements • Aware of public health issues including population health, social detriments of health and global health perspectives • Demonstrates effective clinical leadership • Demonstrates promotion of an open and transparent culture • Keeps practice up to date through learning and teaching • Demonstrates engagement in career planning • Demonstrates capabilities in dealing with complexity and uncertainty • Aware of the role of and processes for commissioning • Aware of the need to use resources wisely
GPCs	Domain 1: Professional values and behaviours Domain 3: Professional knowledge • professional requirements • national legislative requirements

Medical Ophthalmology Training August 2021

	• the health service and healthcare systems in the four countries Domain 9: Capabilities in research and scholarship
Evidence to inform decision	MCR MSF Active role in governance structures Management course End of placement reports
2. Able to deal with ethical and legal issues related to clinical practice	
Descriptors	• Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups • Behaves in accordance with ethical and legal requirements • Demonstrates ability to offer apology or explanation when appropriate • Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently
GPCs	Domain 3: Professional knowledge • professional requirements • national legislative requirements • the health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 7: Capabilities in safeguarding vulnerable groups Domain 8: Capabilities in education and training Domain 9: Capabilities in research and scholarship
Evidence to inform decision	MCR MSF CbD DOPS Mini-CEX ALS certificate End of life care and capacity assessment End of placement reports
Category 2: Communication, teamworking and leadership	
1. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement	
Descriptors	• Communicates clearly with patients and carers in a variety of settings • Communicates effectively with clinical and other professional colleagues • Identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues) • Demonstrates effective consultation skills including effective verbal and nonverbal interpersonal skills • Shares decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations • Shares decision making with children and young people • Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations
GPCs	Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty

	• clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 5: Capabilities in leadership and teamworking
Evidence to inform decision	MCR MSF PS End of placement reports ES report

Category 3: Safety and quality	

3. Is focused on patient safety and delivers effective quality improvement in patient care	
Descriptors	• Makes patient safety a priority in clinical practice • Raises and escalates concerns where there is an issue with patient safety or quality of care • Demonstrates commitment to learning from patient safety investigations and complaints • Shares good practice appropriately • Contributes to and delivers quality improvement • Understands basic Human Factors principles and practice at individual, team, organisational and system levels • Understands the importance of non-technical skills and crisis resource management • Recognises and works within limit of personal competence • Avoids organising unnecessary investigations or prescribing poorly evidenced treatments
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislative requirements • the health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • patient safety • quality improvement
Evidence to inform decision	MCR MSF QIPAT End of placement reports

Category 4: Wider professional practice	

4. Carrying out research and managing data appropriately	
Descriptors	• Manages clinical information/data appropriately

Medical Ophthalmology Training August 2021

	• Understands principles of research and academic writing • Demonstrates ability to carry out critical appraisal of the literature • Understands the role of evidence in clinical practice and demonstrates shared decision making with patients • Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry • Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice • Follows guidelines on ethical conduct in research and consent for research • Understands public health epidemiology and global health patterns • Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate
GPCs	Domain 3: Professional knowledge • professional requirements • national legislative requirements • the health service and healthcare systems in the four countries Domain 7: Capabilities in safeguarding vulnerable groups Domain 9: Capabilities in research and scholarship
Evidence to inform decision	MCR MSF MRCP(UK) GCP certificate Evidence of literature search and critical appraisal of research Use of clinical guidelines Quality improvement and audit Evidence of research activity End of placement reports

5. Acting as a clinical teacher and clinical supervisor

Descriptors	• Delivers effective teaching and training to medical students, junior doctors and other health care professionals • Delivers effective feedback with action plan • Able to supervise less experienced trainees in their clinical assessment and management of patients • Able to supervise less experienced trainees in carrying out appropriate practical procedures • Able to act a clinical supervisor to doctors in earlier stages of training
GPCs	Domain 1: Professional values and behaviours Domain 8: Capabilities in education and training
Evidence to inform decision	MCR MSF TO Relevant training course End of placement reports

3.3 Specialty capabilities in practice

The specialty CiPs describe the clinical tasks or activities which are essential to the practice of Medical Ophthalmology. The CiPs have been mapped to the nine GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

Satisfactory sign off will require educational supervisors to make entrustment decisions on the level of supervision required for each CiP and if this is satisfactory for the stage of training, the trainee can progress. More detail is provided in the programme of assessment section of the curriculum.

KEY

CbD	Case-based discussion	DOPS	Direct observation of procedural skills
GCP	Good Clinical Practice	KBA	Knowledge Based Assessment
Mini-CEX	Mini-clinical evaluation exercise	MCR	Multiple consultant report
MSF	Multi source feedback	PS	Patient survey
QIPAT	Quality improvement project assessment tool	TO	Teaching observation

Medical Ophthalmology Specialty CiPs

Specialty capabilities in practice (CiPs)	
1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list	
Descriptors	- Demonstrates professional behaviour with regard to patients, carers, colleagues and others - Triage, risk assess and prioritise patients appropriately (OST) - Apply management and team working skills appropriately, including understanding the perspectives of others, negotiating, re-assessing priorities and effectively managing complex dynamic situations (OST) - Collaborates with members of the multidisciplinary team in different ophthalmic and medical specialties, including radiology and laboratory based specialties - Participates in internal and external quality assurance - Remains updated and implements pathways on treatment protocols for ocular conditions including intravitreal therapy. - Works to optimise resources, train other health professionals and ensure maximal safety and efficiency when running injection lists and clinics
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills Domain 3: Professional knowledge Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement
Evidence to inform decision	CBD DOPS Mini-CEX

Medical Ophthalmology Training August 2021

	MSF
	MCR
	TO
	KBA
	PS
	Evidence of Attendance at Regional teaching
	End of placement reports
	Reflection
	Quality improvement projects

2. Diagnosis and management of acute medical ophthalmology emergencies	
Descriptors	- Demonstrates professional behaviour with regard to patients, carers, clinical and non-clinical colleagues - Be an effective supervisor, teacher and trainer of urgent eye care (OST) - Triage, risk assess and prioritise patients appropriately (OST) - Performs accurate clinical examinations - Shows appropriate clinical reasoning by analysing physical and psychological findings - Formulates an appropriate differential diagnosis - Formulates an appropriate diagnostic and management plan, taking into account patient preferences and the urgency required - Appropriately selects, manages and interprets investigations - Manage the complexity and uncertainty of urgent eye care (OST) - Understand and employ current accepted practice and recognise the need for sub-specialty input (OST) - Communicate and deliver feedback to referrers and patients to support integrated health care (OST) - Identify and treat patients with systemic disease presenting with urgent eye or visual symptoms - Liaises with other medical specialties for patients with complex medical conditions
GPCs	Domain 1: Professional values and behaviours
	Domain 2: Professional skills
	Domain 3: Professional knowledge
	Domain 5: Capabilities in leadership and team working
	Domain 6: Capabilities in patient safety and quality improvement
	Domain 7: Capabilities in safeguarding vulnerable groups
Evidence to inform decision	CBD
	DOPS
	Mini-CEX
	MSF
	MCR
	TO
	KBA
	PS
	Evidence of Attendance at Regional teaching
	Reflection
	Quality improvement projects
3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants	

Medical Ophthalmology Training August 2021

Descriptors	• Triage, risk assess and prioritise patients appropriately (OST) • Demonstrates professional behaviour with regard to patients, carers, clinical and non-clinical colleagues • Delivers patient centred care including shared decision making • Demonstrates effective consultation skills (including when in challenging circumstances) • Formulates an appropriate diagnostic and management plan for medical ophthalmology conditions, taking into account patient preferences • Interprets systemic investigations appropriately including laboratory results • Interprets and utilises ophthalmic imaging appropriately. • Explains clinical reasoning behind diagnostic and management plan, taking into account patient preferences • Demonstrates appropriate and timely liaison with other medical specialty services when required with other specialties and participates in the multidisciplinary teams relevant to patient care • Appropriate management of local and systemic treatment for medical ophthalmic conditions, including management of immunosuppression. Ensures appropriate counselling, patient information and primary care shared care liaison • Remains up to date with developments in the fields of inflammatory eye disease, medical retina and neuro-ophthalmology, as well as other relevant medical and ophthalmological specialties and subspecialties. • Demonstrates effective specialised management techniques for those with special needs (OST)
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills Domain 3: Professional knowledge Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Domain 7: Capabilities in safeguarding vulnerable groups Domain 8: Capabilities in education and training
Evidence to inform decision	CBD DOPS Mini-CEX MSF MCR TO KBA PS Evidence of Attendance at Regional teaching End of placement reports Reflection Quality improvement projects
4. Managing perioperative care of medical ophthalmological patients	
Descriptors	• Demonstrate an understanding of ophthalmic surgical procedures and understand the principles for selecting treatment (OST) • Risk stratify and prioritise patients for surgery appropriately (OST) • Refer appropriately for ophthalmic surgery

	• Manage patients with ocular inflammation, orbital inflammation and retinal disease undergoing ocular surgery including pre and post-operative care • Manage complications of cataract surgery (OST) and refer for surgical review appropriately • Formulates and communicates an appropriate management plan taking into account patient preferences • Liaises and co-ordinates operating arrangements with members of the theatre, surgical and medical ophthalmology teams
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills Domain 3: Professional knowledge Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Domain 7: Capabilities in safeguarding vulnerable groups
Evidence to inform decision	CBD DOPS Mini-CEX MSF MCR TO KBA PS Evidence of Attendance at Regional teaching End of placement reports Reflection Quality improvement projects
5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum	
Descriptors	• Demonstrates competence in all procedures as defined by the curriculum • Carries out an indicative number of procedures and achieves independent competence • Maintain appropriate audits of practice (OST) • Practice in line with latest evidence (OST) • Understands the indications and evidence base for carrying out procedural skills • Understands and demonstrates safe use of lasers • Follows local Intraocular and periocular injections protocols • Apply mental capacity legislation in clinical practice (OST)
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement
Evidence to inform decision	DOPS Mini-CEX MCR Evidence of Attendance at Regional teaching End of placement reports Reflection Quality improvement projects

6. Managing medical, ethical and social issues of visual impairment	
Descriptors	• Recognises the visually impaired patient • Refers appropriately to low vision and vision support services, including registration for a certificate of visual impairment • Communicates effectively with patient and carers and demonstrates compassionate professional behaviour • Understands the psychological consequences of visual impairment and the management of patients and families affected • Follows DVLA guidelines and advises patients on visual requirements for driving
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills Domain 3: Professional knowledge Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Domain 7: Capabilities in safeguarding vulnerable groups Domain 8: Capabilities in education and training Domain 9: Capabilities in research and scholarship
Evidence to inform decision	CBD DOPS Mini-CEX MSF MCR TO KBA PS Evidence of Attendance at Regional teaching End of placement reports Reflection Quality improvement projects

3.4 Presentations and conditions

The table below details the key presentations and conditions of Medical Ophthalmology. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate CiPs and GPCs. In this spiral curriculum, trainees will expand and develop the knowledge, skills and attitudes around managing patients with these conditions and presentations. The patient should always be at the centre of knowledge, learning and care.

Trainees must demonstrate core bedside skills, including information gathering through history and physical examination and information sharing with patients, families and colleagues.

Treatment care and strategy covers how a doctor selects drug treatments or interventions for a patient. It includes discussions and decisions as to whether care is focused mainly on curative intent or whether the main focus is on symptomatic relief. It also covers broader aspects of care, including involvement of other professionals or services.

Medical Ophthalmology Training August 2021

Particular presentations, conditions and issues are listed either because they are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health).

For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Curriculum area	Presentations	Conditions/Issues
Visual system biology and optics		Anatomy, physiology, biochemistry, pathology and embryology of the eye, adnexae and visual pathways Understand optics, refraction and the use of prisms and lenses in ophthalmology Refraction of adults and children Understand and interpret an orthoptic assessment (OST) Understand and interpret an optometry assessment
Core Medical Ophthalmic Practice	Visual loss Red eye Painful eye Trauma Ptosis Diplopia Watery eye Squint High eye pressure	Employ routinely available clinical examination equipment and investigation modalities (OST) Management of routine patients in the following subspecialties (OST) Oculoplastic and orbit Cornea and ocular surface Cataract and associated conditions Glaucoma Uveitis Medical retina Vitreo-retina Ocular motility Neuro-ophthalmology Paediatric ophthalmology Urgent Eye Care

Curriculum area	Presentations	Conditions/Issues
		Have detailed knowledge of national screening programmes especially with reference to ophthalmic diseases (OST)
Ocular and Orbital Inflammation	Pain Red eye Floaters Dry/ gritty eye Loss of vision Proptosis Systemic disease or treatment increases risk of eye disease	Orbital inflammation including thyroid eye disease Orbital and pre-septal cellulitis Neoplastic conditions of the orbit Vascular diseases of the orbits Uveitis Uveitis screening Scleritis Peripheral ulcerative keratitis Ocular cicatricial pemphigoid and associated cicatrising conditions Dry eye disease Corneal grafts Identify systemic disease associations
Neuro-Ophthalmology	Visual loss Ptosis Diplopia Nystagmus Stroke Optic disc abnormality Pupil abnormality Headache	Optic neuropathies Myasthenia gravis Multiple sclerosis and demyelination Cranial nerve palsies and ophthalmoplegia Intracranial hypertension Pupillary disorders Stroke Headache with ophthalmic / visual involvement Giant cell arteritis Pituitary tumours and space occupying lesions Nystagmus Blepharospasm and hemifacial spasm Indications for genetic testing
Retinal Disorders	Metamorphopsia Scotomata Blurred vision and visual loss floaters	Retinal degeneration including age related macular degeneration Diabetic retinopathy Retinal vascular disease Retinopathies associated with systemic disease and drug therapies Genetic eye disease including indications for genetic testing Autoimmune retinal disease
Pharmacology and Therapeutics	Inflammatory eye disease Ocular and orbital infection	Immunosuppressive therapy Therapeutic drug monitoring

Curriculum area	Presentations	Conditions/Issues
	Retinal disease Neuro-ophthalmic disease Systemic disease with associated eye condition	Adverse drug reactions Promote patient safety when prescribing Prescribing for pregnant or breastfeeding women Prescribing for children Prescribing for patients with organ dysfunction Promote immunisation (OST) Use of licensed and off-licensed drugs
Laser Surgery	Retinal laser Laser for treatment of capsular opacification Laser for the treatment of glaucoma	Diabetic retinopathy Diabetic maculopathy Retinal tear Retinal vascular disease Posterior capsule opacification Glaucoma
Intraocular Therapy	Injection of intraocular medications Intraocular implants	Age-related macular degeneration Retinal vascular disease Uveitis
Visual Rehabilitation and Management of Long Term conditions	Visual impairment Driving Occupation	Appropriate referral to the Eye clinic liaison officer and low vision services Registration of visual impairment Vision and occupation DVLA guidelines for visual disorders Visual rehabilitation
Dermatology	Drug reaction Rash Nail changes	Psoriasis Eczema and allergy Lichenoid disease Infection Behcet's disease Sarcoidosis Connective tissue disorders Vasculitis
Diabetes and Endocrinology	Thirst Change in weight Change in appearance Unwell	Diabetes Hyper and hypothyroidism and associated conditions Pituitary lesions and tumours Adrenal insufficiency
Diabetic Retinopathy screening	National diabetic retinopathy screening program	UK Diabetic retinopathy screening programmes, referral and grading
Infectious diseases	Rash Fever Lymphadenopathy	Systemic fungaemia Septicaemia and metastatic infection Tuberculosis

Curriculum area	Presentations	Conditions/Issues
	Unwell Screening tests	Syphilis Opportunistic infection HIV and associated conditions Toxoplasmosis Lyme disease Herpes viruses Immunisation Local and national guidelines of prevention of infection (OST)
Medical Genetics	Family history Genetic disease	Genetic conditions with systemic and ocular manifestations including: Connective tissue disorders Von Hippel Lindau Neurofibromatosis 1 and 2 Blau Mitochondrial disorders
Neurology	Loss of vision Loss of power Altered sensation Disorders of coordination	Multiple sclerosis and demyelination Neuroinflammatory conditions Cerebral aneurysm Brain tumour Stroke Myasthenia gravis Medically unexplained symptoms
Renal medicine/transplant medicine/ systemic vasculitis	Renal failure Renal transplant Renal dialysis Haematuria and proteinuria	Tubulointerstital nephritis and uveitis Sarcoidosis Connective tissue disorders Giant cell arteritis ANCA associated vasculitis Immunosuppression
Rheumatology	Joint pain/ swelling / deformity Pain Impaired mobility Fatigue Rash DXA scan	Rheumatoid arthritis Psoriatic arthritis Juvenile idiopathic arthritis Axial spondyloarthopathies Seronegative arthritis Fibromyalgia Behcet syndrome Connective tissue disease Autoinflammatory disease Osteoporosis

3.5 Practical procedures

There are a number of procedural skills in which a trainee must become proficient.

Trainees must be able to outline the indications for these procedures and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthetics, minimisation of patient discomfort, and requesting help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Trainees should receive training in procedural skills in a clinical skills lab if required. Assessment of procedural skills will be made using the direct observation of procedural skills (DOPS) tool. The table below sets out the minimum competency level expected for each of the practical procedures using level descriptors – see table below.

When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Trainees should record laser and injection procedures in a logbook. An indicative minimum number of 50 retinal laser procedures and 50 intravitreal injections is required by the end of training.

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
Minimum level required					
Remove corneal foreign body	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Punctal plugs		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Remove sutures from eye and adnexae	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Fit a bandage contact lens	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Irrigation and debridement of ocular contaminants	Able to perform the	Competent to perform the	Maintain	Maintain	Maintain

Medical Ophthalmology Training August 2021

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
	procedure under direct supervision	procedure unsupervised			
Corneal scrape	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Botox periocular injection		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Yag laser capsulotomy		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Peripheral laser iridotomy		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Intravitreal injection			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Intravitreal implant				Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised
Periocular steroid injection			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Macular laser			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Panretinal photocoagulation			Able to perform the	Competent to perform	Maintain

Medical Ophthalmology Training August 2021

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
			procedure under direct supervision	the procedure unsupervised	

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA) – referred to from this point as 'deaneries'. A training programme director (TPD) will be responsible for coordinating the specialty training programme. In England, the local organisation and delivery of training is overseen by a school of medicine.

Progression through the programme will be determined by the Annual Review of Competency Progression (ARCP) process and the training requirements for each indicative year of training are summarised in the ARCP decision aid (available on the JRCPTB website).

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the curriculum requirements are met and also that unnecessary duplication and educationally unrewarding experiences are avoided.

The following provides a guide on how training programmes should be focused in each training year in order for trainees to gain the experience and develop the capabilities to the level required.

Trainees will have an appropriate clinical supervisor and a named educational supervisor. The clinical supervisor and educational supervisor may be the same person.

ST3-4 (entry from IM)
Trainees should join the local or regional ophthalmology induction where possible. Trainees should gain experience and knowledge in core medical ophthalmic practice. Trainees should rotate around subspecialties in attachments of an indicative 4-6 months. Clinics should include emergency eye care, cornea, oculoplastics, glaucoma, medical and surgical retina, neuro-ophthalmology, uveitis, cataract and paediatrics. Trainees should be given the opportunity to train with orthoptists and optometrists. Simulation training in laser is recommended. Training should be offered on a supervised anterior segment laser list. Trainees should observe common ophthalmic surgical procedures including cataract and retinal detachment surgery. A timetable (full time) will normally consist of one research session, one session for administration and one session for post-graduate teaching. There should normally be an indicative minimum of one

Medical Ophthalmology Training August 2021

session of emergency eye care or on-call for ophthalmology. Trainees should take part in the routine management of ward admissions.

ST3-4 (entry from OST)
Trainees follow the internal medicine curriculum but should maintain contact with their local eye unit and it is recommended that they have an indicative one clinical session of medical ophthalmology and an indicative one research session each week. Medical placements should be orientated towards those most relevant to medical ophthalmology.

ST 5-6
This period of higher medical ophthalmology training consolidates and builds on training in the early ST years.
Trainees are expected to work in the medical ophthalmology subspecialties of ocular inflammation, medical retina and neuro-ophthalmology. There should be training in use of immunosuppression, including biologic treatments. Simulation training in laser and injections is recommended. Training should be offered in injection clinics and retinal laser clinics. There should be placements in relevant medical specialties relevant to medical ophthalmology which should be at a high level and include specialist clinics. A timetable (full time) will normally consist of one research session, one administration session and one session for post-graduate teaching. There will normally be one session of laser or intravitreal injections, 1-2 medical specialist clinics and the remainder should be medical ophthalmology clinics, to include adult and paediatric uveitis, orbit, corneal inflammatory disease, neuro-ophthalmology, ocular genetics and medical retina. It may also include one emergency eye clinic or ophthalmology on-call. There should be training opportunities in neuro-radiology.

ST7
The final year of training prepares trainees for a role as a consultant. There is ongoing training in medical ophthalmology clinics with an emphasis on management of the entire clinic or injection session and providing a second opinion for complex patients. Trainees should be permitted to attend management meetings. Trainees may concentrate on one or more medical ophthalmology subspecialties for an indicative six month period subject to local arrangements. A timetable (full time) will normally consist of one research session, one administration session, one post-graduate teaching session, one medical specialty clinic, 0-1 injection or laser clinic and the remainder as medical ophthalmology clinics. A trainee may spend up to an indicative three months acting up as a consultant.

4.2 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences and will achieve the capabilities described in the syllabus through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

This section identifies the types of situations in which a trainee will learn.

Medical Ophthalmology Training August 2021

Work-based experiential learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

Medical clinics including specialty clinics
The educational objectives of attending clinics are:
- To understand the management of chronic diseases.
- Be able to assess a patient in a defined timeframe.
- To interpret and act on the referral letter to clinic.
- To propose an investigation and management plan in a setting different from the acute medical situation.
- To review and amend existing investigation plans.
- To write an acceptable letter back to the referrer.
- To communicate with the patient and where necessary relatives and other health care professionals.

These objectives will normally be achieved in a hospital setting. The clinic might be primarily run by a specialist nurse (or other qualified health care professionals) rather than a consultant physician or surgeon. After initial induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. Trainees should see a range of new and follow-up patients and present their findings to their clinical supervisor. Clinic letters written by the trainee should also be reviewed and feedback given.

The number of patients that a trainee should see in each medical clinic is not defined, neither is the time that should be spent in clinic, but as a guide this should be a minimum of three hours.

Clinic experience should be used as an opportunity to undertake supervised learning events and reflection.

The majority of medical ophthalmology work is clinic based. For ophthalmology related clinics, trainees are expected to attend the whole clinic session and to see an increasing number of patients as training progresses, with the aim of taking on a consultant role at the end of training.

Reviewing patients with consultants
It is important that trainees have an opportunity to present at least a proportion of the patients whom they have seen to their consultant for senior review in order to obtain immediate feedback into their performance (that may be supplemented by an appropriate WBA such as a mini-CEX or CBD). This may be accomplished when working in a clinic with a consultant or reviewing ward inpatients with a consultant.

Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments
Every patient seen, on the ward or in outpatients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness. The experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection on clinical problems.

Inpatient reviews by more senior doctors
Every time a trainee observes another doctor seeing a patient or their relatives there is an opportunity for learning. Inpatient reviews should be led by a more senior doctor and include feedback on clinical and decision-making skills.

Multi-disciplinary team meetings
There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Trainees have supervised responsibility for the care of inpatients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training, with increasing clinical independence and responsibility.

Formal postgraduate teaching
The content of these sessions is determined by the local faculty of medical education and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians or Royal College of Ophthalmologists.

Suggested activities include:
- a programme of formal regular teaching sessions to cohorts of trainees (eg a weekly training session for IM or ophthalmology teaching within a training site)
- case presentations
- research, audit and quality improvement projects
- lectures and small group teaching
- Grand Rounds
- clinical skills demonstrations and teaching
- critical appraisal and evidence based medicine and journal clubs
- joint specialty meetings
- attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

Learning with peers - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions.

Independent self-directed learning
Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:
- reading, including web-based material such as e-Learning for Healthcare (e-LfH)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)

Medical Ophthalmology Training August 2021

- audit, quality improvement and research projects
- reading journals
- achieving personal learning goals beyond the essential, core curriculum.

Formal study courses

Trainees should attend a laser eye surgery course prior to treating patients with a laser. Time to be made available for other formal courses is encouraged, subject to local conditions of service. Examples include management and leadership courses and communication courses, which are particularly relevant to patient safety and experience.

4.3 Academic training

The four nations have different arrangements for academic training and doctors in training should consult the local deanery for further guidance.

Trainees may train in academic medicine as an academic clinical fellow (ACF), academic clinical lecturer (ACL) or equivalent. Academic trainees can be recruited at any point in the training programme.

Some trainees may opt to do research leading to a higher degree without being appointed to a formal academic programme. This new curriculum should not impact in any way on the facility to take time out of programme for research (OOPR) but as now, such time requires discussion between the trainee, the TPD and the Deanery as to what is appropriate together with guidance from the appropriate SAC that the proposed period and scope of study is sensible.

4.4 Taking time out of programme

There are a number of circumstances when a trainee may seek to spend some time out of specialty training, such as undertaking a period of research or taking up a fellowship post. All such requests must be agreed by the postgraduate dean in advance and trainees are advised to discuss their proposals as early as possible. Full guidance on taking time out of programme can be found in the Gold Guide.

4.5 Acting up as a consultant

A trainee coming towards the end of their training may spend up to three months "acting-up" as a consultant, provided that a consultant supervisor is identified for the post and satisfactory progress is made. As long as the trainee remains within an approved training programme, the GMC does not need to approve this period of "acting up" and their original CCT date will not be affected. More information on acting up as a consultant can be found in the Gold Guide.

5   Programme of Assessment

5.1 Purpose of assessment

The purpose of the programme of assessment is to:

- Assess trainees' actual performance in the workplace.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of GMP.
- Ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.
- Identify trainees who should be advised to consider changes of career direction.

5.2 Programme of Assessment

Our programme of assessment refers to the integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training. The purpose of the programme of assessment is to robustly evidence, ensure and clearly communicate the expected levels of performance at critical progression points in, and to demonstrate satisfactory completion of training as required by the curriculum.

The programme of assessment is comprised of several different individual types of assessment. A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments, including those conducted in the workplace, are linked to the relevant curricular learning outcomes (e.g. through the blueprinting of assessment system to the stated curricular outcomes).

The programme of assessment emphasises the importance and centrality of professional judgement in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curricula. Assessors will make accountable, professional judgements. The programme of assessment includes how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

The assessments will be supported by structured feedback for trainees. Assessment tools will be both formative and summative and have been selected on the basis of their fitness for purpose.

Assessment will take place throughout the training programme to allow trainees continually to gather evidence of learning and to provide formative feedback. Those assessment tools which are not identified individually as summative will contribute to summative judgements about a trainee's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component to all SLEs and WBPAs. In order for trainees to maximise benefit, reflection and feedback should take place as soon as possible after an event. Every clinical encounter can provide a unique opportunity for reflection and feedback

Medical Ophthalmology Training August 2021

and this process should occur frequently. Feedback should be of high quality and should include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

5.3 Assessment of CiPs

Assessment of CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks.

Clinical supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance throughout the training year. This feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing at that stage of training. To support this, workplace based assessments and multiple consultant reports will include global assessment anchor statements.

Global assessment anchor statements

➢ Below expectations for this year of training; may not meet the requirements for critical progression point
➢ Meeting expectations for this year of training; expected to progress to next stage of training
➢ Above expectations for this year of training; expected to progress to next stage of training

---

Towards the end of the training year, trainees will make a self-assessment of their progression for each CiP and record this in the ePortfolio with signposting to the evidence to support their rating.

The educational supervisor (ES) will review the evidence in the ePortfolio including workplace based assessments, feedback received from clinical supervisors (via the Multiple Consultant Report) and the trainee's self-assessment and record their judgement on the trainee's performance in the ES report, with commentary.

For **generic CiPs**, the ES will indicate whether the trainee is meeting expectations or not using the global anchor statements above. Trainees will need to be meeting expectations for the stage of training as a minimum to be judged satisfactory to progress to the next training year.

For **specialty CiPs**, the ES will make an entrustment decision for each CiP and record the indicative level of supervision required with detailed comments to justify their entrustment decision. The ES will also indicate the most appropriate global anchor statement (see above) for overall performance.

Level descriptors for specialty CiPs

Level	Descriptor
Level 1	**Entrusted to observe only** – no provision of clinical care
Level 2	**Entrusted to act with direct supervision**:

Medical Ophthalmology Training August 2021

	The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	**Entrusted to act with indirect supervision**: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at bedside if required to provide direct supervision
Level 4	**Entrusted to act unsupervised**

The ARCP will be informed by the ES report and the evidence presented in the ePortfolio. The ARCP panel will make the final summative judgement on whether the trainee has achieved the generic outcomes and the appropriate level of supervision for each CiP. The ARCP panel will determine whether the trainee can progress to the next year/level of training in accordance with the Gold Guide. ARCPs will be held for each training year. The final ARCP will ensure trainees have achieved level 4 in all CiPs for the critical progression point at completion of training.

5.4 Critical progression points

There will be key progression points on entry and on completion of specialty training. Trainees will be required to be entrusted at level 4 in all CiPs by the end of training in order to achieve an ARCP outcome 6 and be recommended for a CCT.

The educational supervisor report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels for the CiPs and acquired the procedural competence required for each year of training. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training [see section 5.6].

The outline grid below sets out the expected level of supervision and entrustment for the specialty CiPs and includes the critical progression points across the whole training programme.

Medical Ophthalmology Training August 2021

Table 1: Outline grid of levels expected for Medical Ophthalmology specialty CiPs

Levels to be achieved by the end of each training year for specialty CiPs

Level descriptors
Level 1: Entrusted to observe only – no clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

Specialty CiP	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list	1	2	2	3	4	
2. Diagnosis and management of acute medical ophthalmology emergencies	2	2	3	3	4	
3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants	2	2	2	3	4	
4. Managing perioperative care of medical ophthalmological patients	2	2	3	3	4	
5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum	2	2	2	3	4	
6. Managing medical, ethical and social issues of visual impairment	2	2	3	3	4	

Medical Ophthalmology Training August 2021

5.5 Evidence of progress

The following methods of assessment will provide evidence of progress in the integrated programme of assessment. The requirements for each training year/level are stipulated in the ARCP decision aid (www.jrcptb.org.uk).

Summative assessment

Examinations and certificates
- MRCP (UK)
- FRCOphth part 1
- Advanced Life Support Certificate (ALS)

Workplace based assessment (WPBA)
- Direct Observation of Procedural Skills (DOPS) – summative

Formative assessment

Knowledge based assessment (KBA)

Supervised Learning Events (SLEs)
- Case-Based Discussions (CbD)
- mini-Clinical Evaluation Exercise (mini-CEX)
- clinical rating scale (CRS)

WPBA
- Direct Observation of Procedural Skills (DOPS) – formative
- Multi-Source Feedback (MSF)
- Patient Survey (PS)
- Quality Improvement Project Assessment Tool (QIPAT)
- Teaching Observation (TO)

Logbook of procedures

Supervisor reports
- Multiple Consultant Report (MCR)
- Educational Supervisor Report (ESR)

These methods are described briefly below. More information and guidance for trainees and assessors are available in the ePortfolio and on the JRCPTB website ([www.jrcptb.org.uk)](www.jrcptb.org.uk).

Assessment should be recorded in the trainee's ePortfolio. These methods include feedback opportunities as an integral part of the programme of assessment.

Advanced Life Support Certificate (ALS) up to date certificate required

MRCP(UK) – all trainees are required to pass this examination. For trainees entering from OST the Part 1 MRCP should have been attempted by the end of ST3. MRCP(UK) is an essential requirement for entry into ST5.

The Royal College of Ophthalmologists FRCOphth part 1 – all trainees are required to pass this examination. For trainees entering from internal medicine, the exam should be attempted by the end of ST3. FRCOphth part 1is an essential requirement for entry into ST5.

Advanced Life Support Certificate
A valid certificate should be maintained during training

Good Clinical Practice ICH GCP
These guidelines developed by the International Conference on Harmonization provide training on clinical trials. There are online training courses. A valid certificate is required for ST5-7.

KBA – Knowledge based assessment
This is a formative assessment taken by trainees annually from ST5-7. It is designed to sample areas of the curriculum, identify knowledge gaps and focus learning.

Case-based Discussion (CbD)
The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, outpatient letter, and discharge summary). A typical encounter might be when presenting newly referred patients in the outpatient department.

mini-Clinical Evaluation Exercise (mini-CEX)
This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Clinical rating scale (CRS)
This is a modified mini-CEX from ophthalmic specialty training

Direct Observation of Procedural Skills (DOPS)
A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development. DOPS can be undertaken as many times as the trainee and their supervisor feel is necessary (formative). A trainee can be regarded as competent to perform a procedure independently after they are signed off as such by an appropriate assessor (summative).

Multi-source feedback (MSF)
This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administrative staff, and other allied professionals. Raters should be agreed with the educational supervisor at the start of the training year. The trainee will not see the individual responses by raters. Feedback is given to the trainee by the Educational Supervisor.

Patient Survey (PS)
A trainee's interaction with patients should be continually observed and assessed. The Patient Survey provides a tool to assess a trainee during a consultation period. The Patient Survey assesses the trainee's performance in areas such as interpersonal skills, communication skills and professionalism.

Quality Improvement Project Assessment Tool (QIPAT)
The QIPAT is designed to assess a trainee's competence in completing a quality improvement project. The QIPAT can be based on review of quality improvement project documentation or on a presentation of the quality improvement project at a meeting. If possible, the trainee should be assessed on the same quality improvement project by more than one assessor.

Teaching Observation (TO)
The TO form is designed to provide structured, formative feedback to trainees on their competence at teaching. The TO can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

Logbook of procedures
An anonymised logbook of procedures should be kept to include individual procedures, level of supervision and complications.

Multiple Consultant Report (MCR)
The MCR captures the views of consultant supervisors based on observation on a trainee's performance in practice. The MCR feedback and comments received give valuable insight into how well the trainee is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the trainee and contribute to the educational supervisor's report.

Educational supervisors report (ESR)

The ES will periodically (at least annually) record a longitudinal, global report of a trainee's progress based on a range of assessment, potentially including observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESR will include the ES's summative judgement of the trainee's performance and the entrustment decisions given for the learning outcomes (CiPs). The ESR can incorporate commentary or reports from longitudinal observations, such as from supervisors (MCRs) and formative assessments demonstrating progress over time.

5.6 Decisions on progress (ARCP)

The decisions made at critical progression points and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

Periodic (at least annual) review should be used to collate and systematically review evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The annual review of progression (ARCP) process supports the collation and integration of evidence to make decisions about the achievement of expected outcomes.

Assessment of CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks, as do decisions about the satisfactory completion of presentations/conditions and procedural skills set out in this curriculum. The outline grid in section 5.4 sets out the level of supervision expected for each of the clinical and specialty CiPs. The table of practical procedures sets out the minimum level of performance expected at the end of each year or training. The requirements for each year of training are set out in the ARCP decision aid (www.jrcptb.org.uk).

The ARCP process is described in the Gold Guide. Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an informal ePortfolio review either with their educational supervisor or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. This is known as a Penultimate Year Assessment (PYA) and will identify any outstanding targets that the trainee will need to complete to meet all the learning outcomes.

Medical Ophthalmology Training August 2021

In order to guide trainees, supervisors and the ARCP panel, JRCPTB has produced an ARCP decision aid which sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression point. The ARCP decision aid is available on the JRCPTB website www.jrcptb.org.uk.

Poor performance should be managed in line with the Gold Guide.

5.7 Assessment blueprint

The table below show the possible methods of assessment for each CiP. It is not expected that every method will be used for each competency and additional evidence may be used to help make a judgement on capability.

KEY

KBA	Knowledge based assessment	CbD	Case-based discussion
DOPS	Direct observation of procedural skills	Mini-CEX	Mini-clinical evaluation exercise
MCR	Multiple consultant report	MSF	Multi source feedback
PS	Patient survey	QIPAT	Quality improvement project assessment tool
TO	Teaching observation		

Blueprint for WPBAs mapped to CiPs

Learning outcomes	KBA	CbD	DOPS	MCR	Mini-CEX	MSF	PS	QIPAT	TO	CRS
Generic CiPs										
Able to function successfully within NHS organisational and management systems				√		√				
Able to deal with ethical and legal issues related to clinical practice	√	√	√	√	√	√				
Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement				√	√	√	√			√
Is focused on patient safety and delivers effective quality improvement in patient care				√		√		√		
Carrying out research and managing data appropriately				√		√				
Acting as a clinical teacher and clinical supervisor				√		√			√	
Specialty CiPs										

Medical Ophthalmology Training August 2021

Learning outcomes	KBA	CbD	DOPS	MCR	Mini-CEX	MSF	PS	QIPAT	TO	CRS
1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list		√	√	√	√	√	√			
2. Diagnosis and management of acute medical ophthalmology emergencies	√	√	√	√	√	√				√
3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants	√	√	√	√	√	√	√			√
4. Managing perioperative care of medical ophthalmological patients	√	√	√	√	√	√	√			
5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum			√	√	√					
6. Managing medical, ethical and social issues of visual impairment	√	√		√	√	√	√			√

6 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance. For further information please refer to the AoMRC guidance on Improving feedback and reflection to improve learning[4].

Access to high quality, supportive and constructive feedback is essential for the professional development of the trainee. Trainee reflection is an important part of the feedback process and exploration of that reflection with the trainer should ideally be a two way dialogue. Effective feedback is known to enhance learning and combining self-reflection to feedback promotes deeper learning.

Trainers should be supported to deliver valuable and high quality feedback. This can be by providing face to face training to trainers. Trainees would also benefit from such training as

---

[4] Improving feedback and reflection to improve learning. A practical guide for trainees and trainers

they frequently act as assessors to junior doctors, and all involved could also be shown how best to carry out and record reflection.

6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to discuss all cases with a supervisor if appropriate. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Organisations must make sure that each doctor in training has access to a named clinical supervisor and a named educational supervisor. Depending on local arrangements these roles may be combined into a single role of educational supervisor. However, it is preferred that a trainee has a single named educational supervisor for (at least) a full training year, in which case the clinical supervisor is likely to be a different consultant during some placements.

The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training[5].

Educational supervisor
The educational supervisor is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

Clinical supervisor
Consultants responsible for patients that a trainee looks after provide clinical supervision for that trainee and thereby contribute to their training; they may also contribute to assessment of their performance by completing a 'Multiple Consultant Report (MCR)' and other WPBAs. A trainee may also be allocated (for instance, if they are not working with their educational supervisor in a particular placement) a named clinical supervisor, who is responsible for reviewing the trainee's training and progress during a particular placement. It is expected that a named clinical supervisor will provide a MCR for the trainee to inform the Educational Supervisor's report.

The educational and (if relevant) clinical supervisors, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. If the service lead (clinical director) has any concerns about the performance of the trainee, or there are issues of doctor or patient safety, these

---

[5] Promoting excellence: standards for medical education and training

Medical Ophthalmology Training August 2021

would be discussed with the clinical and educational supervisors (as well as the trainee). These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles[6]. It is essential that training in assessment is provided for trainers and trainees in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the WPBAs and the application of standards.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

Trainees
Trainees should make the safety of patients their first priority and they should not be practising in clinical scenarios which are beyond their experiences and competencies without supervision. Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Trainees would need to plan their WPBAs accordingly to enable their WPBAs to collectively provide a picture of their development during a training period. Trainees should actively seek guidance from their trainers in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of WPBAs according to their individual learning needs. It is the responsibility of trainees to seek feedback following learning opportunities and WPBAs. Trainees should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio

Induction Appraisal
The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

---

[6] Recognition and approval of trainers

Medical Ophthalmology Training August 2021

Mid-point Review

This meeting between trainee and educational supervisor is not mandatory (particularly when an attachment is shorter than 6 months) but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP).At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal

Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed. Supervisors should also identify areas where a trainee has performed about the level expected and highlight successes.

7   Quality Management

The organisation of training programs is the responsibility of the deaneries. The deaneries will oversee programmes for postgraduate medical training in their regions. The Schools of Medicine in England, Wales and Northern Ireland and the Medical Specialty Training Board in Scotland will undertake the following roles:

- oversee recruitment and induction of trainees into the specialty
- allocate trainees into particular rotations appropriate to their training needs
- oversee the quality of training posts provided locally
- ensure adequate provision of appropriate educational events
- ensure curricula implementation across training programmes
- oversee the workplace based assessment process within programmes
- coordinate the ARCP process for trainees
- provide adequate and appropriate career advice
- provide systems to identify and assist doctors with training difficulties
- provide flexible training.

Educational programmes to train educational supervisors and assessors in workplace based assessment may be delivered by deaneries or by the colleges or both.

Development, implementation, monitoring and review of the curriculum are the responsibility of the JRCPTB and the SAC. The committee will be formally constituted with representatives from each health region in England, from the devolved nations and with trainee and lay representation. It will be the responsibility of the JRCPTB to ensure that curriculum developments are communicated to heads of school, regional specialty training committees and TPDs.

The JRCPTB has a role in quality management by monitoring and driving improvement in the standard of all medical specialties on behalf of the three Royal Colleges of Physicians in Edinburgh, Glasgow and London. The SACs are actively involved in assisting and supporting deaneries to manage and improve the quality of education within each of their approved training locations. They are tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing applications for new posts and programmes, provision of external advisors to deaneries and recommending trainees eligible for CCT or Certificate of Eligibility for Specialist Registration (CESR).

JRCPTB uses data from six quality datasets across its specialties and subspecialties to provide meaningful quality management. The datasets include the GMC national Training Survey (NTS) data, ARCP outcomes, examination outcomes, new consultant survey, penultimate year assessments (PYA)/external advisor reports and the monitoring visit reports.

Quality criteria have been developed to drive up the quality of training environments and ultimately improve patient safety and experience. These are monitored and reviewed by JRCPTB to improve the provision of training and ensure enhanced educational experiences.

8   Intended use of curriculum by trainers and trainees

This curriculum and ARCP decision aid are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) via the website www.jrcptb.org.uk.

Clinical and educational supervisors should use the curriculum and decision aid as the basis of their discussion with trainees, particularly during the appraisal process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining an ePortfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

Recording progress in the ePortfolio

On enrolling with JRCPTB trainees will be given access to the ePortfolio whichallows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure it is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use it to evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings.

They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

Deaneries, training programme directors, college tutors and ARCP panels may use the itto monitor the progress of trainees for whom they are responsible.

JRCPTB will use summarised, anonymous ePortfolio data to support its work in quality assurance.

All appraisal meetings, personal development plans and workplace based assessments (including MSF) should be recorded.Trainees are encouraged to reflect on their learning experiences and to record these.. Reflections can be kept private or shared with supervisors.

Reflections, assessments and other ePortfolio content should be used to provide evidence towards acquisition of curriculum capabilities. Trainees should add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:
- To provide the means for reflection and evaluation of current practice.
- To inform discussions with supervisors to help both gain insight and assists in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

Supervisors can sign-off and comment on curriculum capabilities to build up a picture of progression and to inform ARCP panels.

9   Equality and diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates.

Deaneries quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC. They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:
- Monitoring of recruitment processes.
- Ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post

Medical Ophthalmology Training August 2021

- Deaneries ensuring that educational supervisors have had equality and diversity training (for example, an e-learning module) every three years.
- Deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every three years.
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent).
- Monitoring of College Examinations.
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments.

Appendix 1

Levels to be achieved in Internal Medicine stage 1 clinical CiPs for trainees entering Medical Ophthalmology from OST

Clinical CiP	IMY1	IMY2
1. Managing an acute unselected take	2	3
2. Managing the acute care of patients within a medical specialty service	2*	2*
3. Providing continuity of care to medical inpatients	2	3
4. Managing outpatients with long term conditions	2	2
5. Managing medical problems in patients in other specialties and special cases	2	2
6. Managing an MDT including discharge planning	2	2
7. Delivering effective resuscitation and managing the deteriorating patient	2	3
8. Managing end of life and applying palliative care skills	2	2

Clinical CiPs – Internal Medicine

Medical Ophthalmology Training August 2021

1. Managing an acute unselected take	
Descriptors	• Demonstrates professional behaviour with regard to patients, carers, colleagues and others • Delivers patient centred care including shared decision making • Takes a relevant patient history including patient symptoms, concerns, priorities and preferences • Performs accurate clinical examinations • Shows appropriate clinical reasoning by analysing physical and psychological findings • Formulates an appropriate differential diagnosis • Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues • Appropriately selects, manages and interprets investigations • Recognises need to liaise with specialty services and refers where appropriate
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty 　clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislation • the health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • patient safety • quality improvement
Evidence to inform decision	MCR MSF CbD ACAT MRCP(UK) Logbook of cases Simulation training with assessment
2. Managing the acute care of patients within a medical specialty service	
Descriptors	• Able to manage patients who have been referred acutely to a specialised medical service as opposed to the acute unselected take (eg cardiology and respiratory medicine acute admissions • Demonstrates professional behaviour with regard to patients, carers, colleagues and others • Delivers patient centred care including shared decision making • Takes a relevant patient history including patient symptoms, concerns, priorities and preferences

Medical Ophthalmology Training August 2021

	• Performs accurate clinical examinations • Shows appropriate clinical reasoning by analysing physical and psychological findings • Formulates an appropriate differential diagnosis • Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues • Appropriately selects, manages and interprets investigations • Demonstrates appropriate continuing management of acute medical illness in a medical specialty setting • Refers patients appropriately to other specialties as required
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills: • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislation • the health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • patient safety • quality improvement
Evidence to inform decision	MCR MSF CbD ACAT MRCP(UK) Logbook of cases Simulation training with assessment
3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment	
Descriptors	• Demonstrates professional behaviour with regard to patients, carers, colleagues and others • Delivers patient centred care including shared decision making • Demonstrates effective consultation skills • Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues • Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take

Medical Ophthalmology Training August 2021

	• Recognises need to liaise with specialty services and refers where appropriate Appropriately manages comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions) • Demonstrates awareness of the quality of patient experience
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislation • the health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • patient safety • quality improvement
Evidence to inform decision	MCR MSF ACAT Mini-CEX DOPS MRCP(UK)
4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)	
Descriptors	• Demonstrates professional behaviour with regard to patients, carers, colleagues and others • Delivers patient centred care including shared decision making • Demonstrates effective consultation skills • Formulates an appropriate diagnostic and management plan, taking into account patient preferences • Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues • Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting • Demonstrates awareness of the quality of patient experience
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements

Medical Ophthalmology Training August 2021

	• national legislation
	• the health service and healthcare systems in the four countries
	Domain 5: Capabilities in leadership and teamworking
Evidence to inform decision	MCR ACAT mini-CEX PS MRCP(UK) Letters generated at outpatient clinics

5. Managing medical problems in patients in other specialties and special cases	
Descriptors	• Demonstrates effective consultation skills (including when in challenging circumstances) • Demonstrates management of medical problems in inpatients under the care of other specialties • Demonstrates appropriate and timely liaison with other medical specialty services when required
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 7: Capabilities in safeguarding vulnerable groups
Evidence to inform decision	MCR ACAT CbD MRCP(UK)

6. Managing a multidisciplinary team including effective discharge planning	
Descriptors	• Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations • Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover • Effectively estimates length of stay • Delivers patient centred care including shared decision making • Identifies appropriate discharge plan • Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 5: Capabilities in leadership and teamworking

Medical Ophthalmology Training August 2021

Evidence to inform decision	MCR MSF ACAT MRCP(UK) Discharge summaries
7. Delivering effective resuscitation and managing the acutely deteriorating patient	
Descriptors	• Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious • Demonstrates the professional requirements and legal processes associated with consent for resuscitation • Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families • Demonstrates competence in carrying out resuscitation
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislation • the health service and healthcare systems in the four countries Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • patient safety • quality improvement Domain 7: Capabilities in safeguarding vulnerable groups
Evidence to inform decision	MCR DOPS ACAT MSF MRCP(UK) ALS certificate Logbook of cases Reflection Simulation training with assessment
8. Managing end of life and applying palliative care skills	
Descriptors	• Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs • Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life • Demonstrates safe and effective use of syringe pumps in the palliative care population • Able to manage non complex symptom control including pain • Facilitates referrals to specialist palliative care across all settings

Medical Ophthalmology Training August 2021

	• Demonstrates effective consultation skills in challenging circumstances • Demonstrates compassionate professional behaviour and clinical judgement
GPCs	Domain 1: Professional values and behaviours Domain 2: Professional skills: • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty • clinical skills *(history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)* Domain 3: Professional knowledge • professional requirements • national legislation • the health service and healthcare systems in the four countries
Evidence to inform decision	MCR CbD Mini-CEX MSF MRCP(UK) Regional teaching Reflection

Medical Ophthalmology Training August 2021

JRCPTB

Joint Royal Colleges of Physicians Training Board

ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH

ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Royal College
of Physicians