SPECIALTY TRAINING CURRICULUM

FOR

MEDICAL OPHTHALMOLOGY

AUGUST 2010

Joint Royal Colleges of Physicians Training Board

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1 Introduction

Medical Ophthalmology is a holistic speciality which provides specific expertise in the diagnosis and medical treatment of people with disorders of vision.

Medical ophthalmologists are physicians with core medical training who are additionally trained in the specialist management of medical disorders affecting vision.

The predominant workload consists of the management of the main causes of permanent, but often preventable causes of visual impairment in the United Kingdom:

- Inflammatory disorders affecting vision (e.g. uveitis)
- Neurological disorders affecting vision (e.g. multiple sclerosis)
- Retina specific disorders affecting vision (e.g. age-related macular degeneration)
- Vascular disorders affecting vision (e.g. diabetes, diabetic retinopathy screening)
- Ophthalmic procedures particularly laser therapy and local injection therapy

The increasing medical workload within ophthalmology now gives the option for doctors to train specifically in its medical aspects and to benefit from the same core medical training that other medical specialities receive. Consequently, this gives the patient the opportunity to be managed by an ophthalmic physician trained in all aspects of their care, rather than being co-managed by ophthalmology and another medical specialty.

Trainees are expected to achieve competency in the recognition, diagnosis and management of all the common medical conditions affecting vision as well as developing awareness and some management expertise of the rarer ones. As such during the four year medical ophthalmology training programme it is expected that the medical ophthalmology registrar will build on the general history taking competencies developed during foundation and core medical training as well as develop the specific skills needed to take an adequate visual system history.

Medical ophthalmology overlaps with many other specialities such as ophthalmology, dermatology, diabetes and endocrinology, infectious diseases, medical genetics, neurology, neurosurgery, rheumatology and stroke medicine. Leadership skills and the ability to work as a member of a team are important attributes.

2 Rationale

2.1 Purpose of the Curriculum

The purpose of this curriculum is to define the process of training and the competencies needed for the award of a certificate of completion of training (CCT) in Medical Ophthalmology.

The curriculum covers training in all four nations of the UK.

2.2 Development

This curriculum was developed for the Specialty Advisory Committee for Medical Ophthalmology by a Curriculum Sub-Committee led by Dr John Olson, with trainee and lay input, under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB).

Consultation has been undertaken with:

- The Specialist Advisory Committee for Medical Ophthalmology
- The Medical Ophthalmological Society UK
- The Royal College of Ophthalmologists
- Current Speciality Registrars in Medical Ophthalmology
- Patient bodies

This curriculum replaces the previous version of the curriculum dated May 2007 with changes to ensure the curriculum meets GMC's standards for Curricula and Assessment, and to incorporate revisions to the content and delivery of the training programme. Major changes from the previous curriculum include the incorporation of leadership, health inequalities and common competencies.

2.3 Training Pathway

Specialty training in Medical Ophthalmology consists of core and higher speciality training. Core training provides physicians with: the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms; and with high quality review skills for managing inpatients and outpatients. Higher speciality training then builds on these core skills to develop the specific competencies required to practise independently as a consultant in Medical Ophthalmology.

Core training may be completed in either a Core Medical Training (CMT) or Acute Care Common Stem (ACCS) programme. The full curriculum for specialty training in Medical Ophthalmology therefore consists of the curriculum for either CMT or ACCS plus this specialty training curriculum for Medical Ophthalmology.

There are common competencies that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career, for example communication, examination and history taking skills. These are initially defined for CMT and then developed further in the specialty. This curriculum supports the spiral nature of learning that underpins a trainee's continual development. It recognises that for many of the competences outlined there is a maturation process whereby practitioners become more adept and skilled as their career and experience progresses. It is intended that doctors should recognise that the acquisition of basic competences is often followed by an increasing sophistication and complexity of that competence throughout their career. This is reflected by increasing expertise in their chosen career pathway.

Completion of CMT or ACCS and acquisition of full MRCP (UK) will be required before entry into Specialty training at ST3.

The approved curriculum for CMT is a sub-set of the Curriculum for General Internal Medicine (GIM). A "Framework for CMT" has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the Framework document has been extracted from the approved curriculum but only includes the syllabus requirements for CMT and not the further requirements for acquiring a CCT in GIM.

For entrants to specialist training from (surgical) ophthalmology, the competencies described in the curriculum will build on previous training. Adequate experience in the diagnosis and ongoing management of patients with a broad range of general medical problems will still be required and access to core medical training will be enabled to successful applicants prior to commencement of speciality training in medical ophthalmology.

MRCP (UK) is an essential requirement before entering specialty training in Medical Ophthalmology.

2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a CCT. Trainees can enrol online at www.jrcptb.org.uk

2.5 Duration of Training

Although this curriculum is competency based, the SAC has advised that training from ST1 will usually be completed in 6 years in full time training (2 years core plus 4 years specialty training). For those entering from (surgical) ophthalmology, training from ST1 will usually be completed in 6 years in full time training (1-2 years (surgical) ophthalmology training plus 2 years core medical training plus 3-4 years medical ophthalmology specialty training).

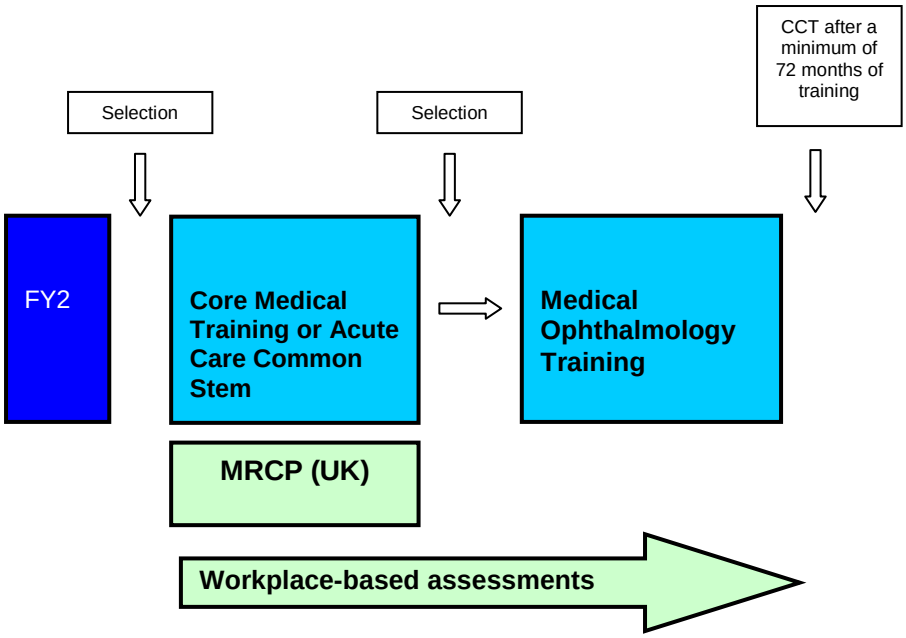


Diagram 1.0 The training Pathway for Medical Ophthalmology with CMT or ACCS

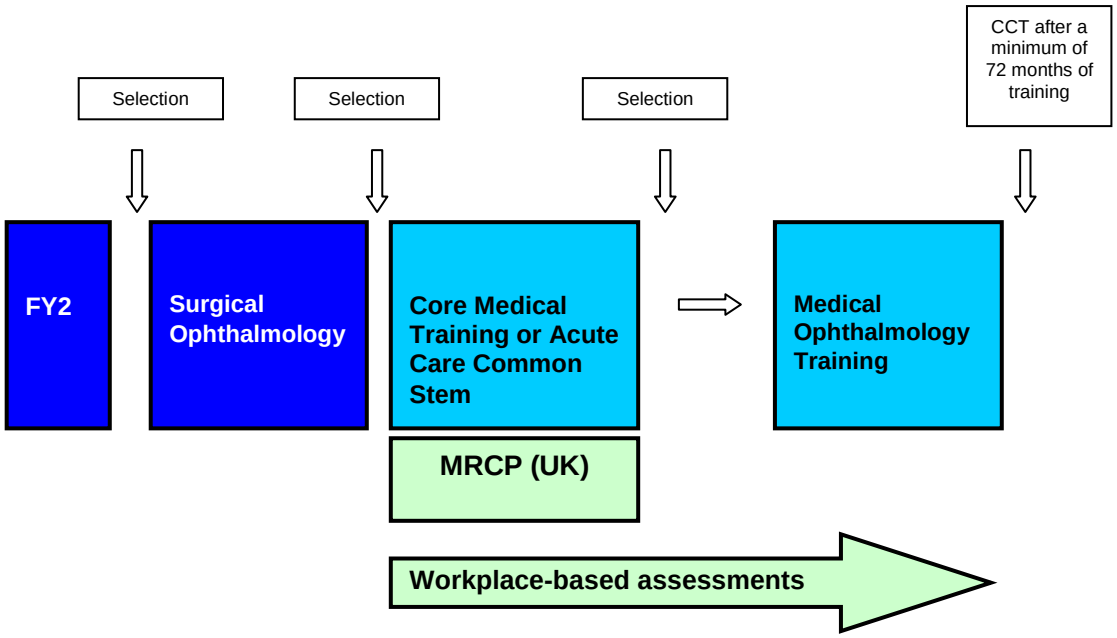


Diagram2.0 The training pathway for Medical Ophthalmology with Surgical Ophthalmology and CMT or ACCS

2.6 Less Than Full Time Training (LTFT)

Trainees who are unable to work full-time are entitled to opt for less than full time training programmes. EC Directive 2005/36/EC requires that:

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

The above provisions must be adhered to. LTFT 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.

EC Directive 2005/36/EC states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time. If you are returning or converting to training at less than full time please complete the LTFT application form on the JRCPTB website www.jrcptb.org.uk .

Funding for LTFT is from deaneries and these posts are not supernumerary. Ideally therefore 2 LTFT trainees should share one post to provide appropriate service cover.

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 during annual appraisal by their TPD and chair of STC and Deanery Associate Dean for LTFT training. As long as the statutory European Minimum Training Time (if

relevant), has been exceeded, then indicative training times as stated in curricula may be adjusted in line with the achievement of all stated competencies

3 Content of Learning

3.1 Programme Content and Objectives

This section lists the specific knowledge, skills, and behaviours to be attained throughout training in medical ophthalmology. The content is divided into progressive elements and modular elements.

The progressive elements will be delivered throughout the 4 years, and the trainee will build on each successive year's competencies. In the table for each progressive element there is a column describing the year in which the competence is expected to be acquired. This can be used with the ARCP decision aid to determine satisfactory progression through the training programme (see section 5.5).

The modular elements can be delivered at any point during the programme, usually as a specialist attachment to acquire specific competencies. On completion of the module the trainee will be expected to have acquired all the competencies described.

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at http://www.gmc-uk.org/Framework_4_3.pdf_25396256.pdf

The Framework for Appraisal and Assessment covers the following domains:
Domain 1 – Knowledge, Skills and Performance
Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The "GMP" column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to "Knowledge, Skills and Performance" but some parts will also relate to other domains.

3.3 Syllabus

Each table below contains a broad statement describing the competencies contained in that table. These are divided in to knowledge, skills and behaviours. For each of these the next column lists suitable assessment methods. The "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

Where there is a ***** in the syllabus this competency will be assessed by a knowledge-based assessment tool in the future. (See section 5.1 for further details)

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

The final column shows the year in which it is expected the trainee should acquire the competence. This applies to progressive elements only. For modular elements the competencies should be acquired during the year in which the module is undertaken.

Syllabus Contents

1. Progressive Elements

These elements will be undertaken throughout specialist training. The final column indicates the year by which each competency is expected to be acquired.

It is anticipated that trainees will recall and build upon the competencies outlined by the Foundation Programme Curriculum and which they should have acquired during the Foundation Programme training period. It is recognised that for many of the competencies outlined there is a continuing maturation process which means that the practitioners will become more adept and skilled as their career progresses. It is intended that doctors recognise that these competencies become increasingly sophisticated throughout their career leading to improved ability to ascertain patient needs, make diagnoses and formulate inclusive treatment plans.

The Medical Leadership Competency Framework, developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, has informed the inclusion of leadership competencies in this curriculum.

To further aid decisions on progression of competence there are four descriptor levels included for the common progressive competencies. It is anticipated that early specialty trainees will achieve competencies to level 2 as these competencies will also have been covered in CMT, whereas the competencies defined by the level 3 and 4 descriptors will be acquired in the latter part of specialty training

The following acronyms are used below:

- mini-CEX: mini-Clinical Evaluation Exercise
- DOPS: Direct Observation of Procedural Skills
- MSF: Multi-Source Feedback
- CbD: Case-Based Discussion
- PS: Patient Survey
- AA: Audit Assessment
- TO:Teaching Observation

1.1 Legal Framework for Practice

To understand the legal framework within which healthcare is provided in the UK and/or devolved administrations in order to ensure that personal clinical practice is always provided in line with this legal framework

Knowledge	Assessment Methods	GMP	Year of Achievement
All decisions and actions must be in the best interests of the patient	CbD, mini-CEX	1	1
Understands the legislative framework within which healthcare is provided in the UK and/or devolved administrations, in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	CbD, mini-CEX	1,2	4
Understands the differences between health related legislation in the four countries of the UK	CbD	1	4
Understands sources of medical legal information	CbD, mini-CEX	1	2
Understands disciplinary processes in relation to medical malpractice	CbD, mini-CEX, MSF	1	2
Understands the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	CbD, mini-CEX, MSF	1	3
Skills			
Cooperates with other agencies with regard to legal requirements, including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances	CbD, mini-CEX	1	4
Prepares appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	CbD	1	4
Is prepared to present such material in Court	CbD, mini-CEX	1	1
Incorporates legal principles into day-to-day practice	CbD, mini-CEX	1	1
Practices and promotes accurate documentation within clinical practice	CbD, mini-CEX	1,3	1

Behaviours			
Willing to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	CbD, mini-CEX, MSF	1	1
Promotes informed reflection on legal issues by members of the team	CbD, mini-CEX, MSF	1,3	1
All decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MSF	1,2,3,4	1

Level Descriptor	
1	Knows the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC Knows the limits to professional capabilities, particularly those of pre-registration doctors
2	Identifies to Senior Team Members cases which should be reported to external bodies and, where appropriate, initiates that report Identifies to Senior Members of the Clinical Team situations where consideration of medical legal matters may be of benefit Is aware of local Trust procedures around substance abuse and clinical malpractice
3	Works with external strategy bodies around cases that should be reported to them; collaborates with them on complex cases preparing brief statements and reports as required Actively promotes discussion on medical legal aspects of cases within the clinical environment Participates in decision-making with regard to resuscitation decisions and around decisions related to driving, discussing the issues openly but sensitively with patients and relatives
4	Works with external strategy bodies around cases that should be reported to them; collaborates with them on complex cases providing full medical legal statements as required; presents material in Court where necessary Where appropriate, leads the clinical team in ensuring that medico- legal factors are considered openly and consistently in the care and best interests of the patient; ensures that patients and relatives are involved openly in all such decisions

1.2 Management and NHS structure

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision

Knowledge	Assessment Methods	GMP	Year of Achievement
Understand the guidance given on management and doctors by the GMC	CbD	1	1
Understand the local structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	CbD	1	1
Understand the structure and function of healthcare systems as they apply to medical ophthalmology	CbD	1	1
Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	CbD	1	1

Understand the importance of local demographic, socio-economic and health data and the use to improve system performance	CbD	1	1
Understand the principles of: • Clinical coding • European Working Time Regulations including rest provisions • National Service Frameworks • Health regulatory agencies (e.g. NICE, Scottish Government) • NHS Structure and relationships • NHS finance and budgeting • Consultant contract and the contracting process • Resource allocation • The role of the Independent sector as providers of healthcare • Patient and public involvement processes and role	CbD, mini-CEX	1	3
Understand the principles of recruitment and appointment procedures	CbD	1	3
Skills			
Participate in managerial meetings	CbD	1	3
Take an active role in promoting the best use of healthcare resources	CbD, mini-CEX	1	3
Work with stakeholders to create and sustain a patient-centred service	CbD, mini-CEX	1	4
Employ new technologies appropriately, including information technology	CbD, mini-CEX	1	2
Behaviours			
Recognise the importance of equitable allocation of healthcare resources and of commissioning	CbD	1,2	2
Recognise the role of doctors as active participants in healthcare systems	CbD, mini-CEX	1,2	2
Respond appropriately to health service objectives and targets and take part in the development of services	CbD, mini-CEX	1,2	3
Recognise the role of patients and carers as active participants in healthcare systems and service planning	CbD, mini-CEX, PS	1,2,3	3
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	CbD, MSF	1	3

Level Descriptor	
1	Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare. Describes the roles of members of the clinical team and the relationships between those roles.

	Participates fully in clinical coding arrangements and other relevant local activities.
2	Can describe in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare Can describe the roles of members of the clinical team and the relationships between those roles Participates fully in clinical coding arrangements and other relevant local activities
3	Can describe the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services Participate in team and clinical directorate meetings including discussions around service development Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty
4	Describe the local structure for health services and how they relate to regional or devolved administration structures Be able to discuss funding allocation processes from central government in outline and how that might impact on the local health organisation Participate fully in clinical directorate meetings and other appropriate local management structures in planning and delivering healthcare within the specialty Participate as appropriate in staff recruitment processes in order to deliver an effective clinical team Within the Directorate collaborate with other stake holders to ensure that their needs and views are considered in managing services

1.3 Personal Behaviour

To develop the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes

To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective

To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem

To become someone who is trusted and is known to act fairly in all situations

Knowledge	Assessment Methods	GMP	Year of Achievement
Recalls and builds upon the competencies defined in earlier curriculum: • Deals with inappropriate patient and family behaviour • Respects the rights of children, elderly, people with physical, mental, learning or communication difficulties • Adopts an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability and sexuality • Places needs of patients above own convenience • Behaves with honesty and probity • Acts with honesty and sensitivity in a non-confrontational manner	CbD, mini-CEX, MSF, PS	1,2,3,4	1

• Knows the main methods of ethical reasoning: casuistry, ontology and consequential • The overall approach of value-based practice and how this relates to ethics, law and decision-making			
Outlines the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Dean, BMA, specialist societies, medical defence societies)	CbD	1	1
Skills			
Practises with professionalism including: • Integrity • Compassion • Altruism • Continuous improvement • Aspiration to excellence • Respect of cultural and ethnic diversity • Regard to the principles of equity	CbD, mini-CEX, MSF, PS	1,2,3,4	1
Liaises with colleagues to plan and implement work rotas	MSF	3	1
Promotes awareness of the doctor's role in utilising healthcare resources optimally and within defined resource constraints	CbD, mini-CEX, MSF	1,3	1
Recognises and responds appropriately to unprofessional behaviour in others	CbD	1	1
If appropriate and permitted, is able to provide specialist support to hospital and community based services	CbD, MSF	1	1
Is able to handle enquiries from the press and other media effectively	CbD	1,3	4
Behaviours			
Recognises personal beliefs and biases and understands their impact on the delivery of health services	CbD, mini-CEX, MSF	1	1
Where personal beliefs and biases impact upon professional practice, ensures appropriate referral of the patient	CbD, MSF	1	1
Recognises the need to use all healthcare resources prudently and appropriately	CbD, mini-CEX	1,2	1
Recognises the need to improve clinical leadership and management skill	CbD, mini-CEX	1	1
Recognises situations when it is appropriate to involve professional and regulatory bodies	CbD, mini-CEX	1	1
Willing to act as a leader, mentor, educator and role model	CbD, mini-CEX, MSF	1	1
Willing to accept mentoring as a positive contribution to promote personal professional development	CbD, mini-CEX	1	1

Participates in professional regulation and professional development	CbD, mini-CEX, MSF	1	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1,2,4	1
Recognises the right for equity of access to healthcare	CbD, mini-CEX,	1	1
Recognises need for reliability and accessibility throughout the healthcare team	CbD, mini-CEX, MSF	1	1

Level Descriptor	
1	Works work well within the context of multi-professional teams Listens well to others and takes other viewpoints into consideration Supports patients and relatives at times of difficulty e.g. after receiving difficult news Is polite and calm when called or asked to help
2	Responds to criticism positively and seeks to understand its origins and works to improve Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback Involves patients in decision making wherever possible
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them; takes action necessary to ensure that patient safety is not compromised
4	Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage

1.4 Time Management and Decision Making

To demonstrate increasing ability to prioritise and organise clinical and clerical duties in order to optimise patient care

To demonstrate improving ability to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands that effective organisation is key to time management	CbD	1	1
Understands that some tasks are more urgent and/or more important than others	CbD	1	1
Understands the need to prioritise work according to urgency and importance	CbD	1	2
Maintains focus on individual patient needs whilst balancing multiple competing pressures	CbD	1	3
Understands that some tasks may have to wait or be delegated to others	CbD	1	3

Understands the roles, competencies and capabilities of other professionals and support workers	CbD	1	3
Outlines techniques for improving time management	CbD	1	3
Understands the importance of prompt investigation, diagnosis and treatment in disease and illness management	CbD, mini-CEX	1,2	1
Skills			
Estimates the time likely to be required for essential tasks and plans accordingly	CbD, mini-CEX	1	2
Groups together tasks when this will be the most effective way of working	CbD, mini-CEX	1	2
Recognises the most urgent / important tasks and ensures that they are managed expediently	CbD, mini-CEX	1	1
Regularly reviews and re-prioritises personal and team work load	CbD, mini-CEX	1	2
Organises and manages workload effectively and flexibly	CbD, mini-CEX	1	1
Makes appropriate use of other professionals and support workers	CbD, mini-CEX	1	2
Behaviours			
Recognises when oneself or others are falling behind and takes steps to rectify the situation	CbD, MSF	3	1
Remains calm in stressful or high pressure situations and adopts a timely, rational approach	MSF	1,2,3,4	3
Appropriately recognises and handles uncertainty within the consultation	MSF	1,2,3,4	3

Level Descriptor	
1	Recognises the need to identify work and compiles a list of tasks Works systematically through tasks and attempts to prioritise Discusses the relative importance of tasks with more senior colleagues Understands importance of completing tasks and checks progress with more senior members of clinical team (doctors or nurses) Understands importance of communicating progress with other team members Able to express when finds workload too much
2	Organises work appropriately and is able to prioritise When unsure, always consults more senior member of team Works with and guides more junior colleagues and takes work from them if they are seeming to be overloaded Discusses work on a daily basis with more senior members of team Completes work in a timely fashion
3	Organises own daily work efficiently and effectively and supervises work of others Is known to be reliable Manages to balance apparently competing tasks Recognises the most important tasks and responds appropriately

	Anticipates when priorities should be changed Starting to lead and direct the clinical team in effective fashion Supports others who are falling behind Requires minimal organisational supervision
4	Automatically prioritises, reprioritises and manages workload in most effective and efficient fashion Communicates and delegates rapidly and clearly Automatically responsible for organising the clinical team Manages to supervise or guide the work of more than one team e.g. outpatient and ward team Calm leadership in stressful situations

1.5 Communication with Colleagues and Cooperation

To recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals

To communicate succinctly and effectively with other professionals as appropriate

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands the section in "Good Medical Practice" on Working with Colleagues, in particular:	CbD, MSF	1	1
• The roles played by all members of a multi-disciplinary team	CbD, MSF	1	2
• The features of good team dynamics	CbD, MSF	1	2
• The principles of effective inter-professional collaboration to optimise patient, or population, care	CbD, MSF	1	2
Understands the principles of confidentiality that provide boundaries to communicate	CbD	1	3
Skills			
Communicates accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	CbD, mini-CEX	1,3	1
Utilises the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	CbD, mini-CEX, MSF	1,3	1
Communicates effectively with administrative bodies and support organisations	CbD, mini-CEX, MSF	1,3	2
Employs behavioural management skills with colleagues to prevent and resolve conflict and enhance collaboration	CbD, mini-CEX, MSF	1,3	3
Behaviours			
Is aware of the importance of, and takes part in, multi-disciplinary teamwork, including adoption of a leadership role when appropriate but also recognising where others are better equipped to lead	CbD, mini-CEX, MSF	3	3
Fosters a supportive and respectful environment where there is open and transparent communication between all team members	CbD, mini-CEX, MSF	1,3	1
Ensures appropriate confidentiality is maintained during communication with any member of the team	CbD, mini-CEX, MSF	1,3	1
Recognises the need for a healthy work/life balance for the whole team, including oneself, but takes own leave only after giving appropriate notice to ensure that cover is in place	CbD, mini-CEX, MSF	1	1
Is prepared to accept additional duties in situations of unavoidable and unpredictable	CbD, MSF	1	1

absence of colleagues ensuring that the best interests of the patient are paramount	
Level Descriptor	
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof Knows who the other members of the team are and ensures effective communication
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate) Supports other members of the team; ensures that all are aware of their roles
3	Able to predict and manage conflict between members of the healthcare team
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members

1.6 The Patient as Central Focus of Care

To develop the ability to prioritise the patient's agenda encompassing their beliefs, concerns expectations and needs

Knowledge	Assessment Methods	GMP	Year of Achievement
Outlines health needs of particular populations e.g. ethnic minorities and recognise the impact of health beliefs, culture and ethnicity in presentations of physical and psychological conditions	CbD	1	2
Skills			
Gives adequate time for patients and carers to express their beliefs ideas, concerns and expectations	mini-CEX	1,3,4	1
Responds to questions honestly and seek advice if unable to answer	CbD, mini-CEX	3	1
Encourages the health care team to respect the philosophy of patient focused care	CbD, mini-CEX, MSF	3	2
Develops a self-management plan with the patient	CbD, mini-CEX	1,3	3
Supports patients, parents and carers, where relevant, to comply with management plans	CbD, mini-CEX, PS	3	2
Encourages patients to voice their preferences and personal choices about their care	mini-CEX, PS	3	2
Behaviours			
Supports patient self-management	CbD, mini-CEX, PS	3	1
Recognises the duty of the medical professional to act as patient advocate	CbD, mini-CEX, MSF, PS	3,4	1

Level Descriptor	
1	Responds honestly and promptly to patient questions but knows when to refer for senior help Recognises the need for disparate approaches to individual patients Is always respectful to patients

	Introduces self clearly to patients and indicates own place in team Always checks that patients are comfortable and willing to be seen; asks about and explains all elements of examination before undertaking even taking a pulse Always warns patients of any procedure and is aware of the notion of implicit consent Never undertakes consent for a procedure that he/she is not competent to do Always seeks senior help when does not know answer to patients' queries Always asks patients if there is anything else they need to know or ask
2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope Is sensitive to patients' own cultural concerns and norms Explains diagnoses and medical procedures in ways that enable patients to understand and make decisions about their own health care
3/4	Deals rapidly with more complex situations, promotes patients' self care and ensures all opportunities are outlined Discusses complex questions and uncertainties with patients to enable them to make decisions about difficult aspects of their health e.g. to opt for no treatment or to make end-of-life decisions

1.7 Relationships with Patients and Communication within a Consultation

To develop the abilities to communicate effectively and sensitively with patients, relatives and carers

Knowledge	Assessment Methods	GMP	Year of Achievement
States how to structure a consultation appropriately	CbD, mini-CEX, PS	1	1
States the importance of the patient's background, culture, education and preconceptions (beliefs, ideas, concerns, expectations) to the process	CbD, mini-CEX, PS	1	1
Skills			
Establishes a rapport with the patient and any relevant others (e.g. carers)	CbD, mini-CEX, PS	1,3	1
Utilise open and closed questioning appropriately	mini-CEX, PS	1,3	1
Listens actively and questions sensitively to guide the patient and to clarify information	mini-CEX, PS	1,3	1
Identifies and manages communication barriers, tailoring language to the individual patient and others and using interpreters when indicated	CbD, mini-CEX, PS	1,3	1
Delivers information compassionately, being alert to and managing both the patient's and the trainee's emotional response (anxiety, antipathy etc)	CbD, mini-CEX	1,3,4	1
Uses and refers patients to appropriate written and other evidence-based information sources e.g. Uveitis Information Group, Diabetes UK, Royal National Institute of Blind People (RNIB)	CbD, mini-CEX	1,3	1
Checks the patient's/carer's understanding,	CbD, mini-	1,3	1

ensuring that all their concerns/questions have been covered	CEX		
Indicates when the consultation is nearing its end and concludes with a summary and appropriate action plan; asks the patient to summarise back to check his/her understanding	CbD, mini-CEX	1,3	2
Makes accurate contemporaneous records of the discussion	CbD, mini-CEX	1,3	1
Manages follow-up effectively and safely, utilising a variety if methods (e.g. phone call, email, letter)	CbD, mini-CEX	1	2
Ensures appropriate referral and communications with other healthcare professionals resulting from the consultation are made accurately and in a timely manner	CbD, mini-CEX	1,3	1
Behaviours			
Approaches the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language and endeavouring to ensure an appropriate physical environment; acts as an equal not a superior	CbD, mini-CEX, MSF, PS	1,3,4	1
Ensures appropriate personal language and behaviour	CbD, mini-CEX, MSF, PS	1, 4	1
Ensures that the approach is inclusive and patient-centred and respects the diversity of values in patients, carers and colleagues	CbD, mini-CEX, MSF, PS	1,3	1
Willing to provide patients with a second opinion	CbD, mini-CEX, MSF, PS	1,3	1
Uses different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	CbD, mini-CEX, MSF	1,3	1
Is confident and positive in one's own values	CbD, mini-CEX	1,3	1

Level Descriptor	
1	Conducts simple consultation with due empathy and sensitivity and writes accurate records thereof
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur

1.8 Visual System Biology

To be able to describe the structure and function of the visual system

To be able to explain the pathophysiological consequences of diseases of the visual system and the mechanisms by which treatment may be effective

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe anatomy, physiology, immunology, biochemistry and molecular biology of the visual system	CbD	1	1
Describe alterations of these in disease states	CbD	1	2
Skills			
Applies knowledge of biology when assessing and treating patients	mini-CEX	1	3
Selects appropriate therapy on the basis of biology	CbD, mini-CEX	1	3
Behaviours			
Recognises importance of biology for understanding changes in health and disease	mini-CEX	1	1
Teaching and Learning Methods			
Attend trainee seminars within department			
Journal club review			
Self-directed learning			
Attendance at suitable course			
Participation in research project			
Attendance at suitable meetings			
Methods agreed by Educational Supervisor and Trainee			

1.9 History Taking

To develop the ability to elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances

To record the history accurately and synthesise this with relevant clinical examination, establish a problem list increasingly based on pattern recognition including differential diagnosis and formulate a management plan that takes account of likely clinical evolution

Knowledge	Assessment Methods	GMP	Year of Achievement
Recognises importance of different elements of history	mini-CEX	1,2,3,4	1
Recognises that patients do not present history in structured fashion	mini-CEX	1,2,3,4	1
Knows likely causes and risk factors for conditions relevant to mode of presentation	mini-CEX	1,2	1
Recognises that the patient's agenda and the history should inform examination, investigation and management	mini-CEX	1	1

Skills				
Identifies and overcomes possible barriers to effective communication		mini-CEX	1,2,3,4	2
Manages time and draws consultation to a close appropriately		mini-CEX	1,2,3,4	3
Recognises that effective history taking in non-urgent cases may require several discussions with the patient and other parties, over time		mini-CEX	1,2,3,4	1
Supplements history with standardised instruments or questionnaires when relevant		mini-CEX	1,2,3,4	2
Manages alternative and conflicting views from family, carers, friends and members of the multi-professional team		mini-CEX	1,2,3,4	3
Assimilates history from the available information from patient and other sources including members of the multi-professional team		mini-CEX	1,2,3,4	2
Recognises and interprets appropriately the use of non verbal communication from patients and carers		mini-CEX	1,3	2
Focuses on relevant aspects of history		mini-CEX	1,3	3
Maintains focus despite multiple and often conflicting agendas		mini-CEX	1,2,3,4	3
Behaviours				
Shows respect and behaves in accordance with Good Medical Practice		mini-CEX, MSF	3, 4	1
Level Descriptor				
1	Obtains records and presents accurate clinical history relevant to the clinical presentation Elicits most important positive and negative indicators of diagnosis, including an indication of patient's views Starts to screen out irrelevant information Format notes in a logical way and writes legibly Records regular follow up notes			
2	Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients, ward referral Demonstrates ability to target history to discriminate between likely clinical diagnoses Records information in most informative fashion Writes a summary of the case when the patient has been seen and clerked by a more junior colleague Notes are always comprehensive, focused and informative Accurately summarises the details of the patient notes Demonstrates an awareness that effective history taking needs to take due account of patient's beliefs and understanding			
3	Demonstrates ability to rapidly obtain relevant history in context of severely ill patients Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives, or where communication difficulties are significant Demonstrates ability to keep interview focussed on most important clinical issues Writes timely, comprehensive, informative letters to patients and to GPs			
4	Quickly focuses questioning to establish working diagnosis and relate to relevant			

	examination, investigation and management plan in most acute and common chronic conditions in almost any environment In the context of non-urgent cases, demonstrates an ability to use time effectively as part of the information collection process Writes succinct notes and accurately summarises accurately complex cases

1.10 Clinical Examination

To develop the ability to perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances

To relate physical findings to history in order to establish diagnosis(es) and formulate a management plan

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands the need for a targeted and relevant clinical examination	CbD, mini-CEX	1	1
Understands the basis for clinical signs and the relevance of positive and negative physical signs	CbD, mini-CEX	1	2
Recognises constraints to performing physical examination and strategies that may be used to overcome them	CbD, mini-CEX	1	1
Recognises the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	CbD, mini-CEX	1	2
Recognises when the offer/use of a chaperone is appropriate or required	CbD, mini-CEX	1	1
Skills			
Performs an examination relevant that is time efficient, valid and targeted to the presentation and risk	CbD, mini-CEX	1	1
Recognises the possibility of deliberate harm (both self-harm and harm by others) in vulnerable patients and report to appropriate agencies	CbD, mini-CEX	1,2	2
Actively elicits important clinical findings	CbD, mini-CEX	1	2
Performs relevant adjunctive examinations	CbD, mini-CEX	1	3
Behaviours			
Shows respect and behaves in accordance with Good Medical Practice	CbD, mini-CEX, MSF	1,4	1
Ensures a clinically appropriate examination, whilst considering social, cultural and religious boundaries,	CbD, mini-CEX, MSF	1,4	1

communicating appropriately and make alternative arrangements where necessary	
Level Descriptor	
1	Accurately performs, describes and records findings from basic physical examination Elicits most important physical signs Uses and interprets findings adjuncts to basic examination appropriately
2	Performs focused clinical examination, directed towards presenting complaint. Actively seeks and elicits relevant positive and negative signs Uses and interprets findings adjuncts to basic examination appropriately
3	Performs and interprets relevant, advanced and focused clinical examination e.g. assessment of less common joints, neurological examination Elicits subtle findings Uses and interprets findings of advanced adjuncts to basic examination appropriately
4	Rapidly and accurately performs and interprets focused clinical examination in challenging circumstances

1.11 Inflammatory/Infectious Disorders Affecting Vision

To be able to carry out specialist assessment, investigation and management of a patient presenting with an inflammatory/infectious disorder affecting vision

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe the clinical features and management of inflammatory disorders affecting vision	CbD, *	1	1
Identify different presentations of inflammatory/infectious disorders affecting vision	CbD, mini-CEX, *	1	2
Describe appropriate investigations for different presentations of inflammatory/infectious disorders affecting vision	CbD, mini-CEX, *	1	2
Identify accurate and current treatments appropriate to inflammatory/infectious disorders affecting vision	CbD, mini-CEX, *	1	2
Skills			
Perform detailed and reliable history taking and record appropriate details in patient record	CbD, mini-CEX	1	1
Demonstrate detailed and correct physical examination, including the visual system and other relevant body systems	CbD, mini-CEX	1	2
React appropriately to inflammatory/infectious disorders affecting vision of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation	CbD, mini-CEX	1	2
Select appropriate investigations	CbD, mini-CEX	1	2
Formulate accurate, complete and appropriate differential diagnosis	CbD, mini-CEX	1	3
Select appropriate treatment plan	CbD, mini-	1	3

	CEX		
Communicate treatment plan to patient or relatives/carers	CbD, mini-CEX, PS	1	2
Assess severity of acute inflammatory/infectious disorders affecting vision accurately by telephone, and at the bedside	CbD, mini-CEX	1	3
Behaviours			
Recognises potentially serious inflammatory disorders affecting vision	CbD, mini-CEX, MSF	1	2
Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent	CbD, mini-CEX, MSF	1,2	2
Recognises own limits and chooses appropriately when to ask for help	CbD, mini-CEX, MSF	1,3	2
Teaching and Learning Methods			
Supervised outpatient clinics			
Ward-based learning, including ward rounds and consultations			
Supervised emergency work – observation and performance of assessment of emergency cases and of telephonic assessment			
Planned teaching e.g. registrar training days			
Clinical meetings – departmental, regional and national e.g. Medical Ophthalmological Society UK, Royal College of Ophthalmologists, Ophthalmological Clubs, Regional Trainee Study days			
Independent study			
Appropriate courses			
Journal club			
Methods agreed by Educational Supervisor and Trainee			

1.12 Neurological Disorders Affecting Vision

To be able to carry out specialist assessment, investigation and management of a patient presenting with a neurological disorder affecting vision

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe the clinical features and management of neurological disorders affecting vision	CbD, *	1	1
Identify different presentations of neurological disorders affecting vision	CbD, mini-CEX, *	1	2
Describe appropriate investigations for different presentations of neurological disorders affecting vision	CbD, mini-CEX, *	1	2
Identify accurate and current treatments appropriate to neurological disorders affecting vision	CbD, mini-CEX, *	1	2
Skills			
Perform detailed and reliable history taking and record appropriate details in patient record	CbD, mini-CEX	1	1

Demonstrate detailed and correct physical examination, including the visual system and other relevant body systems	CbD, mini-CEX	1	2
React appropriately to neurological disorders affecting vision of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation	CbD, mini-CEX	1	2
Select appropriate investigations	CbD, mini-CEX	1	2
Formulate accurate, complete and appropriate differential diagnosis	CbD, mini-CEX	1	3
Select appropriate treatment plan	CbD, mini-CEX	1	3
Communicate treatment plan to patient or relatives/carers	CbD, mini-CEX, PS	1	2
Assess severity of acute neurological disorders affecting vision accurately by telephone, and at the bedside	CbD, mini-CEX	1	3
Behaviours			
Recognises potentially serious neurological disorders affecting vision	CbD, mini-CEX, MSF	1	2
Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent	CbD, mini-CEX, MSF	1,2	2
Recognises own limits and chooses appropriately when to ask for help	CbD, mini-CEX, MSF	1,3	2
Teaching and Learning Methods			
Supervised outpatient clinics			
Ward-based learning, including ward rounds and consultations			
Supervised emergency work – observation and performance of assessment of emergency cases and of telephonic assessment			
Planned teaching e.g. registrar training days			
Clinical meetings – departmental, regional and national e.g. Medical Ophthalmological Society UK, Royal College of Ophthalmologists, Ophthalmological Clubs, Regional Trainee Study days			
Independent study			
Appropriate courses			
Journal club			
Methods agreed by Educational Supervisor and Trainee			

1.13 Retina Specific Disorders Affecting Vision

To be able to carry out specialist assessment, investigation and management of a patient presenting with a retina specific disorder affecting vision

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe the clinical features and management of retina specific disorders affecting vision	CbD, *	1	1
Identify different presentations of retina specific disorders of vision	CbD, mini-CEX, *	1	2
Describe appropriate investigations for different presentations of retina specific disorders	CbD, mini-CEX, *	1	2
Identify accurate and current treatments appropriate to retina specific disorders	CbD, mini-CEX, *	1	2
Skills			
Perform detailed and reliable history taking and record appropriate details in patient record	CbD, mini-CEX	1	1
Demonstrate detailed and correct physical examination, including the visual system and other relevant body systems	CbD, mini-CEX	1	2
React appropriately to retina disorders of vision of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation	CbD, mini-CEX	1	2
Select appropriate investigations	CbD, mini-CEX	1	2
Formulate accurate, complete and appropriate differential diagnosis	CbD, mini-CEX	1	3
Select appropriate treatment plan	CbD, mini-CEX	1	3
Communicate treatment plan to patient or relatives/carers	CbD, mini-CEX, PS	1	2
Assess severity of acute retina specific disorders accurately by telephone, and at the bedside	CbD, mini-CEX	1	3
Behaviours			
Recognises potentially serious retina specific disorders of vision	CbD, mini-CEX, MSF	1	2
Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent	CbD, mini-CEX, MSF	1,2	2
Recognises own limits and chooses appropriately when to ask for help	CbD, mini-CEX, MSF	1,3	2
Teaching and Learning Methods			
Supervised outpatient clinics			
Ward-based learning, including ward rounds and consultations			
Supervised emergency work – observation and performance of assessment of emergency			

cases and of telephonic assessment

Planned teaching e.g. registrar training days

Clinical meetings – departmental, regional and national e.g. Medical Ophthalmological Society UK, Royal College of Ophthalmologists, Ophthalmological Clubs, Regional Trainee Study days

Independent study

Appropriate courses

Journal club

Methods agreed by Educational Supervisor and Trainee

1.14 Vascular Disorders Affecting Vision

To be able to carry out specialist assessment, investigation and management of a patient presenting with vascular disorder affecting vision

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe the clinical features and management of vascular disorders affecting vision	CbD, *	1	1
Identify different presentations of vascular disorders affecting vision	CbD, mini-CEX, *	1	2
Describe appropriate investigations for different presentations of vascular disorders affecting vision	CbD, mini-CEX, *	1	2
Identify accurate and current treatments appropriate to vascular disorders affecting vision	CbD, mini-CEX, *	1	2
Skills			
Perform detailed and reliable history taking and record appropriate details in patient record	CbD, mini-CEX	1	1
Demonstrate detailed and correct physical examination, including the visual system and other relevant body systems	CbD, mini-CEX	1	2
React appropriately to vascular disorders affecting vision of varying severity by prioritising, investigating, and treating with appropriate urgency to the clinical situation	CbD, mini-CEX	1	2
Select appropriate investigations	CbD, mini-CEX	1	2
Formulate accurate, complete and appropriate differential diagnosis	CbD, mini-CEX	1	3
Select appropriate treatment plan	CbD, mini-CEX	1	3
Communicate treatment plan to patient or relatives/carers	CbD, mini-CEX, PS	1	2
Assess severity of acute vascular disorders affecting vision accurately by telephone, and at the bedside	CbD, mini-CEX	1	3
Behaviours			

Recognises potentially serious vascular disorders affecting vision	CbD, mini-CEX, MSF	1	2
Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent	CbD, mini-CEX, MSF	1,2	2
Recognises own limits and chooses appropriately when to ask for help	CbD, mini-CEX, MSF	1,3	2

Teaching and Learning Methods

Supervised outpatient clinics

Ward-based learning, including ward rounds and consultations

Supervised emergency work – observation and performance of assessment of emergency cases and of telephonic assessment

Planned teaching e.g. registrar training days

Clinical meetings – departmental, regional and national e.g. Medical Ophthalmological Society UK, Royal College of Ophthalmologists, Ophthalmological Clubs, Regional Trainee Study days

Independent study

Appropriate courses

Journal club

Methods agreed by Educational Supervisor and Trainee

1.15 Pharmacology and Therapeutics

To be able to safely prescribe and monitor systemic therapy for disorders of vision, including the use of systemic immunomodulatory and biologic agents
To be able to appropriately prescribe topical and local therapy

Knowledge	Assessment Methods	GMP	Year of Achievement
State mode of action, indications, side effects, drug interactions, safe monitoring, duration of therapy of topical and systemic agents used in disorders of vision	CbD, *	1	2
Define sources of evidence-based guidelines for treatments	CbD, *	1	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	CbD, *	1	2
Recall drugs requiring therapeutic drug monitoring and interpret results	CbD, *	1	1
Outline tools to promote patient safety and prescribing, including electronic clinical record systems and other IT systems	CbD, *	1	1
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism	CbD, *	1	1
Define the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), NHS Quality Improvement Scotland (NHSQIS) and Healthcare Products Regulatory Agency and hospital formulary committees	CbD, *	1	1
Understand of the importance of non-medication based therapeutic interventions including the legitimate role of placebos	CbD, *	1	1
Define responsibilities of prescriber	CbD, *	1	1
Explain use of regulations for use of drugs off-licence	CbD, *	1	1
Skills			
Communicate risks and benefits of systemic therapy to patients	mini-CEX, PS	1,3	2
Evaluate effectiveness of new treatments,	CbD, mini-CEX	1	2
Anticipate and avoid defined drug interactions, including complementary medicines	CbD, mini-CEX	1	2
Advise patients (and carers) about important interactions and adverse drug effects	CbD, mini-CEX	1	2
Prescribe appropriately in pregnancy, and during breast feeding	CbD, mini-CEX	1	2
Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	CbD, mini-CEX	1	2

Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines and appropriately use written patient information	CbD, mini-CEX	1	2
Where involved in “repeat prescribing” ensure safe systems for monitoring, review and authorisation e.g. specify safe quantities of topical steroids which can be prescribed in primary care without medical review	CbD, mini-CEX	1	2
Access evidence-based guidelines where appropriate	CbD	1,2	2
As a prescriber, communicate roles and responsibilities to others e.g. GPs	mini-CEX, PS	1,3	3
Perform literature search for adverse drug event	CbD	1,2	3
Behaviours			
Recognise importance of new therapies	CbD, MSF	1	2
Consult appropriate guidelines such as NICE, NHS QIS, Cochrane Library	CbD	1,2	2
Recognise roles of supplementary prescribers and nurse prescribers	CbD, MSF	1,3	1
Recognise the benefit of minimising number of medications taken by a patient to a level compatible with best care	CbD, MSF	1,3	1
Remain open to advice from other health professionals on medication issues e.g. pharmacy medical information service	CbD, mini-CEX	1,3	1
Recognise the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems e.g. awareness of NICE/NHSQIS guidance for specific therapies	CbD, mini-CEX	1,2	1
Ensure prescribing information is shared promptly and accurately between a patient’s health providers, including between primary and secondary care	CbD	1,3	1
Participate in adverse drug event reporting mechanisms	CbD, mini-CEX	1	1
Remain up to date with therapeutic alerts, and respond appropriately	CbD	1	1
Consult relevant journals regarding new therapies	CbD	1,2	1
Consult with hospital pharmacy drug information	CbD	1,2	1
Teaching and Learning Methods			
Observation in medical outpatients and inpatients			
Observation of Biologic therapy in nurse-led treatment clinics/ day treatment centres			
Independent study			
Journal club			
External courses			
Methods agreed by Educational Supervisor and Trainee			

1.16 Laser Surgery

To be able to treat patients appropriately with laser surgery		
Knowledge	**Assessment Methods**	**GMP**
Describe the characteristics of laser light and basic laser-eye interactions	CbD, *	1
Describe basic laser safety procedures relevant to ophthalmic laser therapy	CbD, *	1
Describe the principal output characteristics of lasers commonly used for ophthalmic	CbD, *	1
Identify ophthalmic disorders suitable for laser treatment	CbD, *	1
Identify circumstances where laser treatment would be hazardous	CbD, *	1
Describe safe and effective analgesia for laser surgery, including local anaesthesia	CbD, *	1
Skills		
Discusses benefits and risks of laser surgery in different clinical situations	CbD, mini-CEX	1
Demonstrates appropriate counselling to patients considering laser therapy	CbD, mini-CEX	1
Perform local anaesthesia, where appropriate, for laser surgery	DOPs	2
Perform laser surgery	DOPs	2
Behaviours		
Recognises possible benefits and limitations of laser therapy	CbD	1,2
Teaching and Learning Methods		
Independent study of texts and journals		
Observation and performance of laser treatment under supervision		
Appropriate courses		
Methods agreed by Educational Supervisor and Trainee		

1.17 Intraocular Injection Therapy

To be able to treat patients appropriately with intraocular injection therapy		
Knowledge	**Assessment Methods**	**GMP**
Describe the indications for intraocular injection therapy	CbD, *	1
Describe basic safety procedures relevant to intraocular injection therapy	CbD, *	1
Identify ophthalmic disorders suitable for intraocular injection therapy	CbD, *	1
Identify circumstances where intraocular injection therapy would be hazardous	CbD, *	1
Describe safe and effective analgesia for intraocular injection therapy, including local anaesthesia	CbD, *	1

Skills		
Discusses benefits and risks of intraocular injection therapy in different clinical situations	CbD, mini-CEX	1
Demonstrates appropriate counselling to patients considering intraocular injection therapy	CbD, mini-CEX	1
Demonstrate correct aseptic technique with regard to site preparation	CbD, DOPS	3
Perform intraocular injection therapy	DOPS	
Behaviours		
Recognises possible benefits and limitations of intraocular injection therapy	CbD	1,2
Teaching and Learning Methods		
Independent study of texts and journals		
Observation and performance of intraocular injection therapy under supervision		
Appropriate courses		
Methods agreed by Educational Supervisor and Trainee		

1.18 Management of Long Term Conditions

To be able to work with patients and use their expertise to manage their condition collaboratively and in partnership, with mutual benefit

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe the natural history of diseases and illnesses that run a long course	CbD, mini-CEX	1	1
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	CbD, mini-CEX	1	3
Outline the concept of quality of life and how this can be measured whilst understanding the limitations of such measures for individual patients e.g. knowledge and utility and application of the Quality Index Life indices	CbD, DOPS	1	1
Outline the concept of patient self-care and the role of the expert patient	CbD, mini-CEX	1	2
Know, understand and be able to compare and contrast the medical and social models of disability	CbD	1	2
Knows about the key provisions of disability discrimination legislation			
Understand the relationship between local health, educational and social service provision including the voluntary sector	CbD	1	2
Skills			
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways where relevant	CbD, mini-CEX	1,3	3
Develop and sustain supportive relationships	CbD, mini-	1,4	3

with patients with whom care will be prolonged and potentially life long	CEX		
Provide relevant evidenced based information and where appropriate effective patient education, with support of the multi-disciplinary team	CbD, mini-CEX	1,3,4	3
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	CbD, PS	1,3	3
Encourage and support patients in accessing appropriate information	CbD, PS	1,3	1
Behaviours			
Show willingness and support for patient in his/her own advocacy, within the constraints of available resources and taking into account the best interests of the wider community	CbD, mini-CEX	3,4	1
Recognise the potential impact of long term conditions on the patient, family and friends	CbD, mini-CEX	1	1
Provide relevant tools and devices when possible Ensure equipment and devices relevant to the patient's care are discussed	CbD, mini-CEX	1	1
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	CbD, mini-CEX	1,3	1
Provide the relevant tools and devices when possible	CbD, mini-CEX	1,2	1
Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care and adapt appropriately as those members change over time	CbD, mini-CEX, PS	1,3,4	1
Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care Shows a willingness to engage with expert patients and representatives of charities or networks that focus on diseases and recognises their role in supporting patients and their families/carers e.g. Diabetes UK, Uveitis Information Group or RNIB	CbD, mini-CEX, MSF	3	1
Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition	CbD, mini-CEX, PS	1,3	1
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	CbD, mini-CEX, PS	1,3	1

Level Descriptor	
1	Describes relevant long term conditions Understands that "quality of life" is an important goal of care and that this may have different meanings for each patient

	Is aware of the need for promotion of patient self care and independence Helps the patient to develop an active understanding of their condition and how they can be involved in self management
2	Demonstrates awareness of management of relevant long term conditions Is aware of the tools and devices that can be used in long term conditions Is aware of external agencies that can improve patient care and/or provide support Provides the patient with evidence based information and assists the patient in understanding this material and utilises the team to promote excellent patient care
3	Develops management plans in partnership with the patient that are pertinent to the patient's long term condition Can use relevant tools and devices in improving patient care Engages with relevant external agencies to promote improving patient care
4	Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions Helps the patient networks develop and strengthen

1.19 Decision Making and Clinical Reasoning

To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available
To develop the ability to prioritise the diagnostic and therapeutic plan; communicate a diagnostic and therapeutic plan appropriately

Knowledge	Assessment Methods	GMP	Year of Achievement
Defines the steps of diagnostic reasoning:	CbD, mini-CEX	1	1
Interprets history and clinical signs	CbD, mini-CEX	1	1
Conceptualises clinical problem in a medical and social context	CbD, mini-CEX	1	1
Generates hypothesis within context of clinical likelihood	CbD, mini-CEX	1	2
Tests, refines and verifies hypotheses	CbD, mini-CEX	1	2
Develops problem list and action plan	CbD, mini-CEX	1	2
Recognises how to use expert advice, clinical guidelines and algorithms	CbD, mini-CEX	1	2
Recognises and appropriately responds to sources of information accessed by patients	CbD, mini-CEX	1	2
Recognises the need to determine the best value and most effective treatment, both for the individual patient and for a patient cohort	CbD, mini-CEX	1,2	1
Defines the concepts of disease natural history and assessment of risk	CbD, mini-CEX	1	2
Recalls methods and associated problems of quantifying risk e.g. cohort studies	CbD	1	3
Outlines the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	CbD	1	3

Describes commonly used statistical methodology	CbD, mini-CEX	1	3
Knows how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests	CbD, mini-CEX	1	3
Skills			
Interprets clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	CbD, mini-CEX	1	1
Recognises critical illness	CbD, mini-CEX	1	2
Generates plausible hypothesis(es) following patient assessment	CbD, mini-CEX	1	2
Constructs a concise and applicable problem list using available information	CbD, mini-CEX	1	2
Constructs an appropriate management plan in conjunction with the patient, carers and other members of the clinical team and communicates this effectively to the patient, parents and carers where relevant	CbD, mini-CEX	1,3,4	2
Defines the relevance of an estimated risk of a future event to an individual patient	CbD, mini-CEX	1	3
Applies quantitative data of risks and benefits of therapeutic intervention to an individual patient	CbD, mini-CEX	1	3
Behaviours			
Recognises the difficulties in predicting occurrence of future events	CbD, mini-CEX	1	1
Willing to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	CbD, mini-CEX, MSF	3	1
Willing to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers	CbD, mini-CEX	3	1
Willing to facilitate patient choice	CbD, mini-CEX	3	1
Willing to search for evidence to support clinical decision making	CbD, mini-CEX	1,4	1
Demonstrates ability to identify one's own biases and inconsistencies in clinical reasoning	CbD, mini-CEX	1,3	1

Level Descriptor	
1	In a straightforward clinical case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patient's wishes and records them accurately and succinctly
2	In a difficult clinical case:

	Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patient's wishes and records them accurately and succinctly
3/4	In a complex, non-emergency case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patient's wishes and records them accurately and succinctly

1.20 Evidence and Guidelines

To develop the ability to make the optimal use of current best evidence in making decisions about the care of patients
To develop the ability to construct evidence based guidelines and protocols in relation to medical practice

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands of the application of statistics in scientific medical practice	CbD	1	1
Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)	CbD	1	2
Understand the principles of critical appraisal	CbD	1	2
Understand levels of evidence and quality of evidence	CbD	1	2
Understand the role and limitations of evidence in the development of clinical guidelines and protocols	CbD	1	2
Understand the advantages and disadvantages of guidelines and protocols	CbD	1	2
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	CbD	1	2
Understand the relative strengths and limitations of both quantitative and qualitative studies, and the different types of each	CbD	1	2
Skills			
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	CbD	1	2
Appraise retrieved evidence to address a clinical question	CbD	1	2
Apply conclusions from critical appraisal into clinical care	CbD	1	4
Identify the limitations of research	CbD	1	4
Contribute to the construction, review and updating	CbD	1	3

of local (and national) guidelines of good practice using the principles of evidence based medicine			
Behaviours			
Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN) for Biological therapies and the treatment of all disorders of vision	CbD	1	1
Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence based medicine	CbD, mini-CEX	1	1
Recognise the occasional need to practice outside clinical guidelines	CbD, mini-CEX	1	1
Encourage discussion amongst colleagues on evidence-based practice	CbD, mini-CEX, MSF	1	1

Level Descriptor	
1	Participate in departmental or other local journal club Critically review an article to identify the level of evidence and submit the same for objective review Understands the importance of evidence based practice Is aware of the different levels of evidence
2	Lead in a departmental or other local journal club Undertake a literature review in relation to a clinical problem or topic and present the same Able to explain the evidence base of clinical care to patients and to other members of the clinical team
3	Produce a review article on a clinical topic, having reviewed and appraised the relevant literature
4	Perform a systematic review of the medical literature Contribute to the development of local or national clinical guidelines and protocol

1.21 Audit

To develop the ability to perform an audit of clinical practice and to apply the findings appropriately and complete the audit cycle

Knowledge	**Assessment Methods**	**GMP**	**Year of Achievement**
Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	AA, CbD	1	1
Understand the role of audit (improving patient care and services, risk management etc)	AA, CbD	1	1
Understand the steps involved in completing the audit cycle	AA, CbD	1	2
Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc. The working and uses of local and national systems available for reporting and learning from clinical	AA, CbD	1	2

incidents and near misses in the UK			
Skills			
Design, implement and complete audit cycles	AA, CbD	1,2	1
Contribute to local and national audit projects as appropriate	AA, CbD	1,2	3
Support audit by junior medical trainees and within the multi-disciplinary team	AA, CbD	1,2	4
Behaviours			
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	AA, CbD	1,2	1

Level Descriptor	
1	Attendance at departmental audit meetings Contribute data to a local or national audit Suggest ideas for local audits
2	Identify a problem and develop standards for a local audit Describes the PDSA (plan, do, study, act) audit cycle and take an audit through the first steps
3	Compare the results of an audit with criteria and standards to reach conclusions Use the findings of an audit to develop and implement change Organise or lead a departmental audit meeting Understand the links between audit and quality improvement
4	Lead a complete clinical audit cycle including development of conclusions, the changes needed for improvement, implementation of findings and re-audit to assess the effectiveness of the changes Become audit lead for an institution or organisation

1.22 Ethical Research

To understand the ethical requirements of anyone participating in research

Knowledge	Assessment Methods	GMP	Year of Achievement
Outline the GMC guidance on good practice in research	CbD	1	1
Understand the principles of research governance Outline the differences between audit and research	CbD, mini-CEX	1	1
Describe how clinical guidelines are produced	CbD	1	2
Demonstrate a knowledge of research principles	CbD, mini-CEX	1	2
Outline the principles of formulating a research question and designing a project	CbD, mini-CEX	1	2
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD	1	2
Outline sources of research funding	CbD	1	3
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD	1	3

Skills			
Develop critical appraisal skills and apply these when reading literature	CbD	1	3
Demonstrate the ability to write a scientific paper	CbD	1	4
Apply for appropriate ethical research approval	CbD	1	2
Demonstrate the use of literature databases	CbD	1	2
Demonstrate good verbal and written presentations skills	CbD, DOPS	1	3
Behaviours			
Follow guidelines on ethical conduct in research and consent for research	CbD	1	1
Show willingness to the promotion in research	CbD	1	1

Level Descriptor	
1	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative Knows how to use databases
2	Demonstrates good presentation and writing skills Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper
3	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research organisation and funding sources Demonstrates ability to write a scientific paper
4	Provides leadership in research Promotes research activity Formulates and develops research pathways

1.23 Valid Consent

To understand the necessity of obtaining valid consent from the patient and how to obtain it

Knowledge	Assessment Methods	GMP	Year of Achievement
Outline the guidance given by the GMC on consent, in particular: • Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form • Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	CbD, DOPS, MSF	1	1
Skills			
Present all information to patients (and carers) in a format they understand, checking	CbD, mini-CEX, PS	1,3	1

understanding and allowing time for reflection on the decision to give consent			
Provide a balanced view of all care options	CbD, mini-CEX, PS	1,3,4	1
Behaviours			
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	CbD, mini-CEX, PS	1	1
Do not exceed the scope of authority given by a competent patient	CbD, mini-CEX, PS	1	1
Do not withhold information relevant to proposed care or treatment in a competent patient	CbD, mini-CEX	1,3,4	1
Do not seek to obtain consent for procedures in which they are not competent to perform, in accordance with GMC/regulatory	CbD, mini-CEX	1,3	1
Show willingness to seek advance directives			
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	CbD, mini-CEX, MSF	1,3	1
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	CbD, mini-CEX, PS	1,3,4	1

Level Descriptor	
1	Understands that consent should be sought ideally by the person undertaking a procedure and if not by someone competent to undertake the procedure Understand consent as a process Ensures always to check for consent for the most simplest and non-invasive processes – e.g. history taking Understands the concept of "implicit consent" Obtains consent for straightforward treatments that he/she is competent to undertake with appropriate regard for patient's autonomy
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient
3	Obtains consent in "grey-area" situations where the best option for the patient is not clear
4	Obtains consent in all situations even when there are problems of communication and capacity

1.24 Teaching and Training

To develop the ability to teach to a variety of different audiences in a variety of different ways

To be able to assess the quality of the teaching

To be able to train a variety of different trainees in a variety of different ways

To be able to plan and deliver a training programme with appropriate assessments

Knowledge	Assessment Methods	GMP	Year of Achievement
Describe relevant educational theories and principles	CbD	1	2
Outline adult learning principles relevant to medical education:	CbD	1	2
Demonstrate knowledge of relevant literature relevant to developments and challenges in medical education and other sectors	CbD	1	2
Outline the structure of an effective appraisal interview	CbD	1	2
Define the roles to the various bodies involved in medical education and other sectors	CbD	1	3
Identification of learning methods and effective learning objectives and outcomes	CbD	1	3
Describes the difference between learning objectives and outcomes	CbD	1	3
Differentiate between appraisal and assessment and performance review and aware of the need for both	CbD	1	2
Differentiate between formative and summative assessment and define their role in medical education	CbD	1	2
Outline the structure of the effective appraisal review	CbD	1	2
Outline the role of workplace-based assessments, the assessment tools in use, their relationship to course learning outcomes, the factors that influence their selection and the need for monitoring evaluation	CbD	1	1
Outline the appropriate local course of action to assist a trainee experiencing difficulty in making progress within their training programme	CbD	1	4
Skills			
Be able to critically evaluate relevant educational literature	CbD	1	1
Vary teaching format and stimulus, appropriate to situation and subject	TO	1	2
Provide effective feedback after teaching, and promote learner reflection	CbD	1	2
Conduct developmental conversations as	MSF	1	4

appropriate e.g. appraisal, supervision, mentoring			
Demonstrate effective lecture, presentation, small group and bed side teaching sessions	TO	1,3	1
Provide appropriate career support, or refer trainee to an alternative effective source of career information	CbD	1,3	3
Participate in strategies aimed at improving patient education e.g. talking at support group meetings such as lichen planus support group	MSF	1	3
Be able to lead departmental teaching programmes including journal clubs	TO	1	2
Recognise the trainee in difficulty and take appropriate action including where relevant referral to other services	MSF	1	4
Be able to identify and plan learning activities in the workplace	CbD	1	3
Contribute to educational research or projects e.g. through the development of research ideas of data/information gathering. Be able to manage personal time and resources effectively to the benefit of the educational faculty and the need of the learners	MSF	1	3
Behaviours			
In discharging educational duties acts to maintain the dignity and safety of patients at all times	CbD, MSF	1,4	1
Recognise the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	CbD, MSF	1	1
Balances the needs of service delivery with education	CbD, MSF	1	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills and to improve patient care	CbD, MSF	1	1
Demonstrates consideration for learners including their emotional, physical and psychological well being with their development needs. Acts to endure equality of opportunity for students, trainees, staff and professional colleagues	MSF		
Encourage discussions with colleagues in clinical settings to colleagues to share knowledge and understanding	CbD, MSF	1,3	1
Maintain honesty and objectivity during appraisal and assessment	CbD, MSF	1	1
Show willingness to participate in workplace-based assessments and demonstrates a clear understanding of their purpose	CbD	1	1
Show willingness to take up formal training as a trainer and respond to feedback obtained after teaching sessions	CbD, MSF	1,3	1

Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	CbD, MSF	1	1
Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	CbD, MSF	1	1
Demonstrates a willingness to advance own educational capability through continuous learning	CbD, MSF	1	1
Acts to enhance and improve educational provision through evaluation of own practice	CbD, MSF	1	1
Contributes to educational policy and development at local or national levels	CbD, MSF	1	1

Level Descriptor	
1	Able to prepare appropriate materials to support teaching episodes Able to seek and interpret simple feedback following teaching
2	Able to supervise a medical student, nurse or colleague through a procedure Able to perform a workplace based assessment including being able to give effective and appropriate feedback Delivers small group teaching to medical students, nurses or colleagues Able to teach clinical skills effectively
3	Able to devise a variety of different assessments (e.g. multiple choice questions, work place based assessments) Able to appraise a medical student, nurse or colleague Able to act as a mentor to a medical student, nurses or colleague
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes Able to plan, develop and deliver an assessment programme to support educational activities

1.25 Prioritisation of Patient Safety in Clinical Practice

To understand that patient safety depends on the effective and efficient organisation of care, and health care staff working well together

To understand that patient safety depends on safe systems, not just individual competency and safe practice

To never compromise patient safety

To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make decisions about risks and treatment options

To ensure that all staff are aware of risks and work together to minimise risk

Knowledge	Assessment Methods	GMP	Year of Achievement
Outlines the features of a safe working environment	CbD, mini-CEX	1	1
Outlines the hazards of medical equipment in common use	CbD	1	2
Recalls principles of risk assessment and management	CbD	1	1

Recalls the components of safe working practice in the personal, clinical and organisational settings	CbD	1	1
Outlines local procedures and protocols for optimal practice e.g. management of endophthalmitis or Infliximab infusion protocol	CbD, mini-CEX	1	2
Understands the investigation of significant events, serious untoward incidents and near misses	CbD, mini-CEX	1	3
Skills			
Recognises limits of own professional competence and only practices within these	CbD, mini-CEX	1	1
Recognises when a patient is not responding to treatment, reassesses the situation, and encourages others to do so	CbD, mini-CEX	1	2
Ensures the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	CbD, mini-CEX	1	1
Improves patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	CbD, mini-CEX, PS	1,3	1
Sensitively counsels a colleague following a significant untoward event, or near incident, to encourage improvement in practice of individual and unit	CbD	3	3
Recognises and responds to the manifestations of a patient's deterioration or lack of improvement (symptoms, signs, observations, and laboratory results) and supports other members of the team to act similarly	CbD, mini-CEX, MSF	1	2
Behaviours			
Continues to maintain a high level of safety awareness and consciousness at all times	CbD, mini-CEX	2	1
Encourages feedback from all members of the team on safety issues	CbD, mini-CEX, MSF	3	1
Reports serious untoward incidents and near misses and co-operates with the investigation of the same	CbD, mini-CEX, MSF	3	1
Willing to take action when concerns are raised about performance of members of the healthcare team, and acts appropriately when these concerns are voiced by others	CbD, mini-CEX, MSF	3	2
Continues to be aware of one's own limitations, and operates within them competently	CbD, mini-CEX, MSF	1	1

Level Descriptor	
1	Respects and follows ward protocols and guidelines Takes direction from the nursing staff as well as medical team on matters related to patient safety Discusses risks of treatments with patients and is able to help patients make decisions about their treatment Does not hurry patients into decisions

	Always ensures the safe use of equipment Follows guidelines unless there is a clear reason for doing otherwise Acts promptly when a patient's condition deteriorates Always escalates concerns promptly
2	Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety Understands the relationship between good team working and patient safety Is able to work with and, when appropriate, lead the whole clinical team Promotes patient's safety to more junior colleagues Recognises untoward or significant events and always reports these Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes Able to undertake a root cause analysis
3	Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the health care system Involves the whole clinical team in discussions about patient safety
4	Shows support for junior colleagues who are involved in untoward events Is fastidious about following safety protocols and ensures that junior colleagues to do the same; is able to explain the rationale for protocols Demonstrates ability to lead an investigation of a serious untoward incident or near miss and synthesise an analysis of the issues and plan for resolution or adaptation

1.26 Team Working and Patient Safety

To develop the ability to work well in a variety of different teams and team settings – for example the ward team and the infection control team - and to contribute to discussion on the team's role in patient safety

To develop the leadership skills necessary to lead teams so that they are more effective and better able to deliver safer care

Knowledge	Assessment Methods	GMP	Year of Achievement
Outlines the components of effective collaboration and team working	CbD	1	1
Describes the roles and responsibilities of members of the healthcare team	CbD	1	1
Outlines factors adversely affecting a doctor's and team performance and methods to rectify these	CbD	1	1
Skills			
Practices with attention to the important steps of providing good continuity of care	CbD, mini-CEX	1,3,4	2
Accurate, attributable note-keeping, including appropriate use of electronic clinical record systems	CbD, mini-CEX	1,3	1
Detailed hand over between shifts and areas of care	CbD, mini-CEX, MSF	1,3	1
Demonstrates leadership and management in the following areas: • Education and training of junior colleagues and other members of the healthcare team • Deteriorating performance of colleagues (e.g. stress, fatigue) • High quality care • Effective handover of care between shifts and teams	CbD, mini-CEX	1,2,3	3
Leads and participates in interdisciplinary team meetings	CbD, mini-CEX	3	3
Provides appropriate supervision to less experienced colleagues	CbD, MSF	3	3
Behaviours			
Encourages an open environment to foster and explore concerns and issues about the functioning and safety of team working	CbD, MSF	3	1
Recognises and respects the request for a second opinion	CbD, MSF	3	1
Recognises the importance of induction for new members of a team	CbD, MSF	3	1
Recognises the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	CbD, mini-CEX, MSF	3	1

Level Descriptor	
1	Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members Keeps records up-to-date, legible and relevant to the safe progress of the patient Hands over care in a precise, timely and effective manner
2	Demonstrates ability to discuss problems within a team to senior colleagues; provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety Develops the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care
3	Leads multidisciplinary team meetings but promotes contribution from all team members Recognises need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous
4	Leads multi-disciplinary team meetings allowing all voices to be heard and considered; fosters an atmosphere of collaboration Recognises situations in which others are better equipped to lead or where delegation is appropriate Demonstrates ability to work with the virtual team Ensures that team functioning is maintained at all times Promotes rapid conflict resolution

1.27 Complaints and Medical Error

To recognise the causes of error and to learn from them, to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints

Knowledge	Assessment Methods	GMP	Year of Achievement
Basic consultation techniques and skills described for Foundation programme and to include: • Describes the local complaints procedure • Recognises factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes etc) • Adopts behaviour likely to prevent causes for complaints • Deals appropriately with concerned or dissatisfied patients or relatives • Recognises when something has gone wrong and identify appropriate staff to communicate this with • Acts with honesty and sensitivity in a non-confrontational manner	CbD, MSF	1	1

Outlines the principles of an effective apology	CbD, MSF	1	1
Identifies sources of help and support for patients and trainees when a complaint is made about oneself or a colleague	CbD, MSF	1	2
Skills			
Contributes to processes whereby complaints are reviewed and learned from	CbD, MSF	1	1
Explains comprehensibly to the patient the events leading up to a medical error or serious untoward incident, and sources of support for patients and their relatives	CbD, MSF	1,3	2
Delivers an appropriate apology and explanation (either of error of for process of investigation of potential error and reporting of the same)	CbD, MSF	1,3,4	1
Distinguishes between system and individual errors (personal and organisational)	CbD, MSF	1	2
Shows an ability to learn from previous error	CbD, MSF	1	1
Behaviours			
Takes leadership over complaint issues	CbD, MSF	1	4
Recognises the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, MSF	1,3	3
Contributes to a fair and transparent culture around complaints and errors	CbD, MSF	1	1
Recognises the rights of patients, family members and carers to make a complaint	CbD, MSF	1,4	1
Recognises the impact of a complaint upon self and seeks appropriate help and support	CbD, MSF	1,4	3

Level Descriptor	
1	If an error is made, immediately rectifies is and/or reports it Apologises to patient for any failure as soon as it is recognised, however small Understands and describes the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error
3	Recognises and manages the effects of any complaint within members of the team
4	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints

1.28 Principles of Quality and Safety Improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands the elements of clinical governance	CbD, MSF	1	2
Recognises that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD, MSF	1,2	2
Defines local and national significant event reporting systems relevant to medical ophthalmology	CbD, mini-CEX	1	1
Recognises evidence-based practice in relation to clinical effectiveness	CbD	1	1
Outlines local health and safety protocols (fire, manual handling etc)	CbD	1	1
Understands risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	CbD	1	1
Outlines the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's clinical specialty	CbD, mini-CEX	1	1
Skills			
Adopts strategies to reduce risk	CbD	1,2	1
Contributes to quality improvement processes, for example: • Audit of personal and departmental/directorate/practice performance • Errors / discrepancy meetings • Critical incident and near miss reporting • Unit morbidity and mortality meetings • Local and national databases	AA, CbD	2	2
Maintains a portfolio of information and evidence, drawn from own medical practice	CbD	2	1
Reflects regularly on own standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1,2,3,4	1
Behaviours			
Willing to participate in safety improvement strategies such as critical incident reporting	CbD, MSF	3	1
Develops reflection in order to achieve insight into own professional practice	CbD, MSF	3	2
Demonstrates personal commitment to improve own performance in the light of feedback and assessment	CbD, MSF	3	1

Engages with an open no blame culture	CbD, MSF	3	1
Responds positively to outcomes of audit and quality improvement	CbD, MSF	1,3	1
Co-operates with changes necessary to improve service quality and safety	CbD, MSF	1,2	1

Level Descriptor	
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio
2	Defines key elements of clinical governance i.e. understands the links between organisational function and processes and the care of individuals Engages in audit and understands the link between audit and quality and safety improvement
3	Demonstrates personal and service performance Designs audit protocols and completes audit cycle through an understanding the relevant changes needed to improve care and is able to support the implementation of change
4	Leads in review of patient safety issues Implements change to improve service Understands change management Engages and guides others to embrace high quality clinical governance

1.29 Infection Control

To develop the ability to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands the principles of infection control as defined by the GMC	CbD, mini-CEX	1	1
Understands the principles of preventing infection in high risk groups (e.g. managing antibiotic use to reduce Clostridium difficile infection) including understanding the local antibiotic prescribing policy	CbD, mini-CEX	1	2
Understands the role of Notification of diseases within the UK and identifies the principle notifiable diseases for UK and international purposes	CbD, mini-CEX	1	2
Understands the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	CbD	1	2
Understands the role of the local authority in relation to infection control	CbD, mini-CEX	1	3
Skills			
Recognises the potential for infection within patients being cared for	CbD	1,2	1

Counsels patients on matters of infection risk, transmission and control	CbD, mini-CEX, PS	2,3	1
Actively engages in local infection control procedures	CbD	1	1
Actively engages in local infection control monitoring and reporting processes	CbD	1,2	1
Prescribes antibiotics according to local antibiotic guidelines and works with microbiological services where this is not possible	CbD, mini-CEX	1	1
Recognises potential for cross-infection in clinical settings	CbD, mini-CEX	1,2	1
Practices aseptic technique whenever relevant	DOPS	1	1
Behaviours			
Encourages all staff, patients and relatives to observe infection control principles	CbD, MSF	1,3	1
Recognises the risk of personal ill-health as a risk to patients and colleagues in addition to its effect on performance	CbD, MSF	1,3	1

Level Descriptor	
1	Always follows local infection control protocols, including washing hands before and after seeing all patients Is able to explain infection control protocols to students and to patients and their relatives; always defers to the nursing team about matters of ward management Aware of infections of concern – including MRSA and C difficile Aware of the risks of nosocomial infections Understands the links between antibiotic prescription and the development of nosocomial infections Always discusses antibiotic use with a more senior colleague
2	Demonstrates ability to perform simple clinical procedures utilising effective aseptic technique Manages simple common infections in patients using first-line treatments Communicates effectively to the patient the need for treatment and any prevention messages to prevent re-infection or spread Liaises with diagnostic departments in relation to appropriate investigations and tests Knowledge of which diseases should be notified and undertake notification promptly
3	Demonstrates an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout Identifies potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second line therapies Communicates effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy Works effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy Works in collaboration with external agencies in relation to reporting common notifiable diseases, and collaborates over any appropriate investigation or management
4	Demonstrates an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily Identifies the possibility of unusual and uncommon infections and the potential for

	atypical presentation of more frequent infections; managing these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists Works in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities Works in collaboration with external agencies to manage the potential for infection control within the wider community, including communicating effectively with the general public and liaising with regional and national bodies where appropriate

1.30 Health Promotion and Public Health

To develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community

Knowledge	Assessment Methods	GMP	Year of Achievement
Understands the factors which influence the incidence and prevalence of common conditions	CbD, mini-CEX	1	2
Understands the factors which influence health and illness – psychological, biological, social, cultural and economic especially poverty	CbD, mini-CEX	1	2
Understands the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	CbD, mini-CEX	1	2
Understands the purpose of screening programmes and knows in outline the common programmes available within the UK	CbD, mini-CEX	1	2
Understands the positive and negative effects of screening on the individual	CbD, mini-CEX	1	2
Understands the possible positive and negative implications of health promotion activities	CbD, mini-CEX	1	2
Understands the relationship between the health of an individual and that of a community and vice versa	CbD, mini-CEX	1	2
Knows the key local concerns about health of communities	CbD, mini-CEX	1	2
Understands the role of other agencies and factors including the impact of globalisation in increasing disease and in protecting and promoting health	CbD, mini-CEX	1	2
Demonstrates knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues, including the impact of the developed world strategies on the third world	CbD, mini-CEX	1	2
Outlines the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	CbD, mini-CEX	1	2
Skills			
Identifies opportunities to prevent ill health and disease in patients	CbD, mini-CEX, PS	1,2	2
Identifies opportunities to promote changes in	CbD, mini-	1,2	3

lifestyle and other actions which will positively improve health and/or disease outcomes	CEX		
Identifies the interaction between mental, physical and social wellbeing in relation to health	CbD, mini-CEX	1	3
Counsels patients appropriately on the benefits and risks of screening and health promotion activities	CbD, mini-CEX, PS	1,3	3
Identifies patient's ideas, concerns and health beliefs regarding screening and health promotions programmes and is capable of appropriately responding to these	CbD, mini-CEX	1,3	3
Works collaboratively with other agencies to improve the health of communities	CbD, mini-CEX	1	3
Recognises and is able to balance autonomy with social justice	CbD, mini-CEX	1,3	4
Behaviours			
Engages in effective team-working around the improvement of health	CbD, MSF	1,3	1
Encourages where appropriate screening to facilitate early intervention	CbD	1	1

Level Descriptor	
1	Discusses with patients and others factors which could influence their personal health Maintains own health and is aware of own responsibility as a doctor for promoting healthy approach to life
2	Supports an individual in a simple health promotion activity (e.g. smoking cessation)
3	Knowledge of local public health and communicable disease networks Communicates to an individual and their relatives, information about the factors which influence their personal health Supports small groups in a simple health promotion activity (e.g. smoking cessation) Provides information to an individual about a screening programme and offers information about its risks and benefits
4	Discusses with small groups the factors that have an influence on their health and describes steps they can undertake to address these Provides information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual Engages with local or regional initiatives to improve individual health and reduce inequalities in health between communities

2. Modular Elements

These elements will be undertaken as a module during specialist training. The timing of the module will depend on the individual training programme. There is no final column indicating 'year' for acquisition of competence as all competencies are expected to be gained at completion of the module.

2.1 Dermatology

To be able to detect disorders of the skin in patients presenting to ophthalmology, and refer appropriately to Dermatology

Knowledge	Assessment Methods	GMP
Define the manifestations of disorders of the skin affecting the face e.g. psoriasis, cutaneous vasculitis, erythema nodosum, erythema chronicum migrans etc	CbD, *	1
Explain clinical features, investigation, diagnosis and management of disorders of the skin affecting the face	CbD, *	1
Identify clinical features of premalignant and malignant diseases of the face e.g. eyelid and ocular tumours	CbD , *	1
Skills		
Demonstrate appropriate physical examination	mini-CEX	1
Perform dermatology history taking appropriately and thoroughly	CbD, mini-CEX	1
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to dermatology appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, and assisting and discussion with senior staff in the dermatology clinic		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

2.2 Diabetes and Endocrinology

To be understand the management of patients with endocrine disorders, including diabetes presenting to ophthalmology, and refer appropriately to Diabetes and Endocrinology

Knowledge	Assessment Methods	GMP
Explain clinical features, investigation, diagnosis and management of endocrine disorders including diabetes, disorders of the thyroid, disorders of the hypothalamic-pituitary axis	CbD, *	1
Skills		
Perform diabetes history taking appropriately and thoroughly	CbD, mini-CEX	1
Perform neuro-endocrine history taking appropriately and thoroughly	CbD, mini-CEX	1

Perform thyroid history taking appropriately and thoroughly	CbD, mini-CEX	1
Demonstrate appropriate physical examination	mini-CEX	1
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to diabetes and endocrinology appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, assisting and discussion with senior staff in Diabetes and Endocrinology outpatient clinics		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

2.3 Diabetic Retinopathy Screening

To be able to provide clinical leadership within a diabetic retinopathy screening programme

Knowledge	Assessment Methods	GMP
Describe the theory and practice of a Diabetic Retinopathy Screening programme	CbD, *	1
Describe the organisation of a Retinal Screening Programme	CbD, *	1
Explain the process of referral from primary care to retinal screening	CbD, *	1
Explain the process of referral from retinal screening to ophthalmology	CbD, *	1
State the role of community optometrists, general practitioners and ophthalmologists in a retinal screening programme	CbD, *	1
Skills		
Undertake grading of diabetic retinopathy screening images according to national protocols	DOPS, CbD	1,2,3,4
Undertake quality assurance of diabetic retinopathy screening images according to national protocols	DOPS, CbD	1,2,3,4
Behaviours		
Recognise importance of good communication between primary and secondary care	CbD, MSF	1,3
Teaching and Learning Methods		
Participating in the grading workload of a diabetic retinopathy screening programme		
Observation of retinal screeners in their place of work		
Observation of administrative process of a diabetic retinopathy screening programme		
Methods agreed by Educational Supervisor and Trainee		

2.4 Infectious Diseases

To be understand the management of patients with infectious disorders, including Sexually Transmitted disorders, presenting to ophthalmology, and refer appropriately to Infectious Diseases, including Genitourinary Medicine

Knowledge	Assessment Methods	GMP
Explain clinical features, investigation, diagnosis and management of infectious disorders, including sexually transmitted disorders	CbD, *	1
Explain process of HIV testing	CbD, *	1
Explain process of contact tracing with respect to sexually transmitted disorders	CbD, *	1
Skills		
Perform infectious disease history taking appropriately and thoroughly	CbD, mini-CEX	1
Perform genitourinary history taking appropriately and thoroughly	CbD, mini-CEX	1
Demonstrate appropriate physical examination	mini-CEX	1
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to infectious diseases appropriately	CbD, MSF	1,3
Chooses to refer patients to genitourinary medicine appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, assisting and discussion with senior staff in Infectious Diseases and Genitourinary Medicine outpatient clinics		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

2.5 Medical Genetics

To be able to diagnose genetic eye disease and co-manage appropriately with Medical Genetics

Knowledge	Assessment Methods	GMP
Recall modes of inheritance	CbD, *	
Define molecular mechanisms of inherited disease	CbD, *	
Describe support services for those with genetic disorders, including patient support groups	CbD, *	
Explain risk of affected pregnancy in genetic disease	CbD, *	
Describe methods of prenatal diagnosis	CbD, *	
Skills		
Perform complete family history to determine mode of inheritance	CbD, mini-CEX	

Determine risk in families with genetic disorders in different modes of inheritance and chromosomal abnormalities	CbD, mini-CEX
Communicate risk of affected pregnancy to parents clearly	CbD, mini-CEX, PS
Behaviours	
Recognise impact of genetic disease on patients and families	CbD, mini-CEX, PS
Recognise multi-system nature of some genetic eye disease and involve consultant colleagues from other specialities where appropriate	CbD, mini-CEX, MSF
Consult colleagues in clinical genetics appropriately	CbD, mini-CEX, MSF
Teaching and Learning Methods	
Supervised consultations in outpatients with special interest in genetic disease	
Journal club attendance	
Independent study	
Suitable external course	
Methods agreed by Educational Supervisor and Trainee	

2.6 Neurology

To be able to diagnose and treat patients with neurological disorders presenting to ophthalmology, and co-manage appropriately with Neurology/Neurosurgery

Knowledge	Assessment Methods	GMP
Explain clinical features, investigation, diagnosis and management of neurological disorders, including unexplained medical symptoms	CbD, *	1
Skills		
Perform neurology history taking appropriately and thoroughly	CbD, mini-CEX	1
Demonstrate appropriate physical examination	mini-CEX	1
Perform lumbar puncture where appropriate	DOPs	
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to neurology/neurosurgery appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, assisting and discussion with senior staff in neurology outpatient clinics, neurology inpatients, neuroradiology and stroke medicine		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

2.7 Renal medicine/transplant medicine/systemic vasculitis

To be understand the management of patients with renal disorders presenting to ophthalmology, and co-manage appropriately with Nephrology		
Knowledge	**Assessment Methods**	**GMP**
Explain clinical features, investigation, diagnosis and management of renal disorders including systemic vasculitis	CbD, *	1
Skills		
Perform renal history taking appropriately and thoroughly	CbD, mini-CEX	1
Perform systemic vasculitis history taking appropriately and thoroughly	CbD, mini-CEX	1
Demonstrate appropriate physical examination	mini-CEX	1
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to nephrology appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, assisting and discussion with senior staff in renal outpatient clinics		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

2.8 Rheumatology

To be understand the management of patients with rheumatology disorders presenting to ophthalmology, and co-manage appropriately with Rheumatology		
Knowledge	**Assessment Methods**	**GMP**
Explain clinical features, investigation, diagnosis and management of rheumatological disorders	CbD, *	1
Skills		
Perform rheumatological history taking appropriately and thoroughly	CbD, mini-CEX	1
Demonstrate appropriate physical examination	mini-CEX	1
Evaluate accurate differential diagnosis	CbD, mini-CEX	1
Chooses to refer patients to rheumatology appropriately	CbD, MSF	1,3
Teaching and Learning Methods		
Observation of, assisting and discussion with senior staff in Rheumatology outpatient clinics		
Independent study		
External course		
Methods agreed by Educational Supervisor and Trainee		

4 Learning and Teaching

4.1 The Training Programme

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a "School of Medicine" which is comprised of the regional Specialty Training Committees (STCs) in each medical specialty. Responsibility for the organisation and delivery of specialty training in Medical Ophthalmology in each deanery is, therefore, the remit of the regional Medical Ophthalmology STC. Each STC has a Training Programme Director who coordinates the training programme in the specialty. Each STC has representation on the Medical Ophthalmology SAC either directly via the chair of the STC, or indirectly via the chair of an adjacent STC. This ensures good communication of national training issues to and from the training programmes.

Each training programme will have some individual differences, but should be structured to ensure comprehensive cover of the entire curriculum. The curriculum is divided into progressive and modular elements. The trainee should have experience of the progressive elements throughout the 4 years of training, and should build on competencies year by year. In the first year of training, emphasis should be given to the acquisition of core ophthalmic skills and knowledge including acute ophthalmic presentations.

The trainee will undertake the modular elements as attachments to specialist clinics or units. These attachments will usually be integrated in to the progressive elements of the curriculum. Teaching in these clinics should be delivered by experienced health care professionals. The length of time required for each modular element is flexible and will depend on the intensity of the training experience and the competencies to be acquired. This will vary from one training programme to another, and with the experience and ambitions of the trainee. These attachments will be agreed with the educational supervisor, training programme director and the trainee (see section 6.1.)

During the course of 4 years the trainee should have sufficient experience to become competent in managing acute serious visual disorders.

Acting up as a consultant (AUC)

"Acting up" provides doctors in training coming towards the end of their training with the experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfills a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery / LETB within which they work and also follow the JRCPTB rules which can be found at www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme.

4.2 Teaching and Learning Methods

The curriculum will be delivered through a variety of learning experiences. Trainees will learn clinical skills appropriate to their level of training and to their attachment within the department.

Trainees will achieve the competencies described in the curriculum 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.

Opportunities for concentrated practice in skills and procedures will be given throughout training via specialist clinical settings. Learning from peers will occur at clinical meetings, and more senior trainees may supervise juniors. Formal situations will be part of every departmental timetable and provide specific learning experiences.

External courses and Regional Trainee Study Days will be available to trainees, and study leave to attend will be available. A list of courses, which have been approved by the Postgraduate Tutor, are available from the Deanery. No single course is considered compulsory. The choice of what external activity to attend should be considered and decided upon by the educational supervisor and the trainee, taking into account training opportunities within the local training programme.

Trainee weekly timetables will vary from one programme to another, and within each programme. In general the average weekly timetable should include 7 half day sessions of direct clinical experience. This should include one interventional session (for example retinal laser or intraocular injection therapy) for most of the training programme. The remaining sessions should be used for audit, teaching, administrative work, personal study and research.

Most of the curriculum is suited to delivery by work-based experiential learning and on-the-job supervision. Where it is clear from trainees' experience that parts of the curriculum cannot be delivered within their work place, appropriate off-the-job education or rotations to other work places will be arranged. The key will be regular work-based assessment by educational supervisors who will be able to assess, with the trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work place.

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

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

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. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor.

- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, 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 of clinical problems.
- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds should be led by a consultant 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.
- Participation in departmental management meetings. Trainees should be allowed to attend and contribute, especially in the final year of training, to acquire understanding and experience of NHS management. Exposure to higher levels of management activity is to be encouraged.

Formal Postgraduate Teaching – The content of these sessions are 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 and the Royal College of Ophthalmologists.

Suggested activities include:
- Case presentations
- Journal clubs
- Research presentations
- Clinical audit
- 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.

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 textbooks, journals and web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Achieving personal learning goals beyond the essential, core curriculum

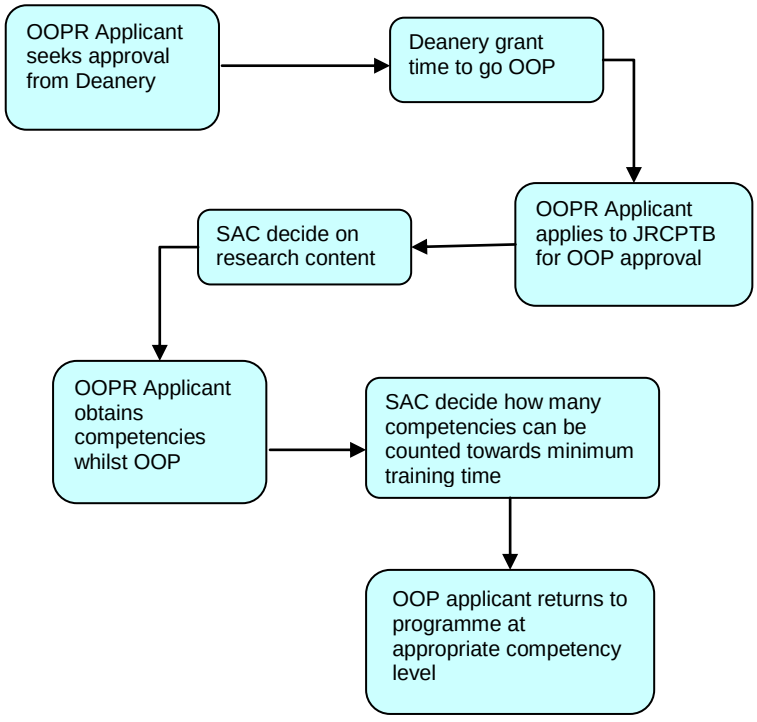
Formal Study Courses - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

4.3 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:



Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT

programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

A maximum period of 3 years out of programme is allowed and the SACs will recognise up to 12 months towards the minimum training times.

4.4 Academic Training

For those contemplating an academic career path, there are now well-defined posts at all levels in the Integrated Academic Training Pathway (IATP) involving the National Institute for Health Research (NIHR) and the Academy of Medical Sciences (AMS). For full details see http://www.nccrcd.nhs.uk/intetacatrain and http://www.academicmedicine.ac.uk/uploads/A-pocket-guide.pdf. Academic trainees may wish to focus on education or research and are united by the target of a consultant-level post in a university and/or teaching hospital, typically starting as a senior lecturer and aiming to progress to readership and professor. A postgraduate degree will usually be essential (see "out of programme experience") and academic mentorship is advised (see section 6.1). Academic competencies have been defined by the JRCPTB in association with AMS and the Colleges and modes of assessment have been incorporated in the latest edition of the Gold Guide (section 7, see http://www.jrcptb.org.uk/forms/Documents/GoldGuide2009.pdf).

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT programmes and the indicative time academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the "normal" time (see the guidelines for monitoring training and progress) http://www.academicmedicine.ac.uk/careersacademicmedicine.aspx. Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by GMC.

All applications for research must be prospectively approved by the SAC and the regulator, see www.jrcptb.org.uk for details of the process.

5 Assessment

The domains of Good Medical Practice will be assessed using both workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum i.e. knowledge, skills and behaviour. The assessments will be supplemented by structured feedback to trainees within the training programme of medical ophthalmology. Assessment tools will be both formative and summative and have been selected on the basis of their fitness for purpose.

5.1 The Assessment System

The purpose of the assessment system is to:

- enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure 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;
- provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- ensure trainees are acquiring competencies within the domains of Good Medical Practice*;*
- assess trainees' actual performance in the workplace;
- ensure that trainees possess the essential underlying knowledge required for their specialty;
- inform the Annual Review of Competence Progression (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.

The integrated assessment system comprises workplace-based assessments and individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide trainees with formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. 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.

5.2 Assessment Blueprint

In the syllabus (3.3) the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3 Assessment Methods

The following assessment methods are used in the integrated assessment system:

Examinations and Certificates

The small size of the specialty means that it is not feasible to run a full specialty certificate examination to assess knowledge. The specialty is currently planning to pilot a formative knowledge-based assessment method and, if successful, it is intended that this method will be used in the future.

Where there is a * in the syllabus this competency will be assessed in the future by a knowledge-based assessment method

Workplace-Based Assessments (WPBAs)

- Multi-Source Feedback (MSF)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CbD)

- Patient Survey (PS)
- Audit Assessment (AA)
- Teaching Observation (TO)

These methods are described briefly below. More information about these methods including guidance for trainees and assessors is available in the ePortfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the trainee's ePortfolio. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process, this is explained in the guidance notes provided for the techniques.

Multisource 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 objective 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, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the trainee by the Educational Supervisor.

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.

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to assess 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.

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 include discussion about a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Patient Survey (PS)

Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment Tool (AA)

The Audit Assessment Tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

Teaching Observation (TO)

The Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation 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).

5.4 Decisions on Progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the "Gold Guide" – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

The ARCP panel will meet each year to assess each trainee's progress and this is may be done in the absence of the trainee, unless an unsatisfactory outcome is expected in which case the trainee will be informed in advance. The panel will review the adequacy of the documented evidence provided in the educational supervisor's report and by the trainee. Decisions regarding a) competencies achieved and b) progression or completion of training will be made. An outcome will be determined by the ARCP panel and communicated to the JRCPTB and the Training Promgramme Director (TPD.) The TPD will keep a copy of the outcome form and send copies to the trainee and the trainee's educational supervisor. The trainee must return a signed copy to the Deanery within ten days.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

5.5 ARCP Decision Aid

The ARCP decision aid shows how the ARCP panel can review the trainee's portfolio for evidence of competence required at the end of each year. The decision aid should be used in conjunction with the syllabus in section 3.3. The decision aid lists the minimum number of satisfactory assessments expected. These assessments should be sampled across the competencies required for that year. For the progressive elements of the curriculum a trainee completing ST3 (year 1 specialty training) will be expected to have gained all competencies marked with 1 in the year column of the syllabus in section 3.3. If a trainee has undertaken one or more modular elements, then the assessments should have included sampling of these competencies also. Thus the ARCP decision aid, together with the syllabus describes how the trainee will build on each set of competencies progressively year by year.

It is not expected that every competence will have been individually assessed, but that a range of different competencies will have been sampled using the assessment methods available. It is the trainee's responsibility to organise these assessments with their clinical supervisors in a timely fashion throughout the training year.

Year	Assessments
ST3 (year 1 specialty training)	**Minimum satisfactory assessments sampled across year 1 competencies of progressive elements of curriculum plus any modules undertaken during the year:** 4 DOPS 4 mini-CEX 10 CbD 1 MSF **Other documents to be reviewed at ARCP:** 1 audit assessment Attendance record Educational supervisor's report
ST4 (year 2 specialty training)	**Minimum satisfactory assessments sampled across year 2 competencies of progressive elements of curriculum plus any modules undertaken during the year:** 4 DOPS 4 mini-CEX 10 CbD 1 Patient Survey 1 Teaching Observation **Other documents to be reviewed at ARCP:** 1 audit assessment Attendance record Educational supervisor's report
ST5 –PYA (year 3 specialty training)	**Minimum satisfactory assessments sampled across year 3 competencies of progressive elements of curriculum plus any modules undertaken during the year:** 4 DOPS 4 mini-CEX 10 CbD 1 MSF **Other documents to be reviewed at ARCP:** 1 Audit assessment Attendance Educational supervisor's report CbD/ educational supervisor's report to confirm adequate knowledge
ST6 (year 4 specialty training)	**Minimum satisfactory assessments sampled across year 4 competencies of progressive elements of curriculum plus any modules undertaken during the year:** 4 DOPS 4 mini-CEX 1 Patient Survey 1 Teaching Observation **Other documents to be reviewed at ARCP:** 1 Audit assessment Attendance Educational supervisor's report

At each ARCP, the presented assessments should indicate, appropriate to the trainee's stage in training, that the trainee is making satisfactory progress towards being able to act independently, on the completion of training, as a specialist in medical ophthalmology.

Core components of practice in medical ophthalmology include:

- inflammatory conditions affecting vision
- neurological disorders affection vision
- retina-specific conditions affecting vision
- vascular disorders affecting vision
- ophthalmic procedures particularly laser therapy and local injection therapy

It is not expected that the trainee will be experienced in every single disease that can affect vision, but they should be equipped to deal with rarer diagnoses and be able to use clinical and other resources to manage such patients.

5.6 Penultimate Year Assessment (PYA)

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as “PYA”. Whilst the ARCP will be a review of evidence, the PYA will always include a face to face component.

5.7 Complaints and Appeals

All workplace-based assessment methods incorporate direct feedback from the assessor to the trainee and the opportunity to discuss the outcome. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at deanery level and deaneries are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the chair of the Specialty Training Committee who is accountable to the regional deanery. Continuing concerns should be referred to the Associate Dean.

6 Supervision and Feedback

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 personally discuss all cases if required. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been defined by GMC in the document “Operational Guide for the PMETB Quality Framework”. These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

Educational Supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

Clinical Supervisor

A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

The Training Programme Director (TPD) is appointed by the Deanery and will select suitably trained educational supervisors for each specialty trainee.

The educational supervisor will be allocated to the trainee at the beginning of each year or attachment depending on local circumstances. This will usually be a different supervisor each time. In addition to day to day supervision, educational supervisors will meet formally with their trainees about four times per year. Appraisal at the beginning, during, and end of attachment will be a significant component of these meetings. At the first meeting the educational objectives for the year and a personal development plan (PDP) will be agreed. The PDP should be based firmly on the syllabus objectives for the year. The space for 'methods agreed by supervisor and trainee' should be used to define how the trainee will acquire the competencies planned for the year. The trainee and supervisor should both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

Subsequent meetings will be a dialogue between trainee and educational supervisor and will review progress and take into account the supervisor's observations of the trainee's performance, feedback from other clinical supervisors, and analysis and review of workplace-based assessments. Attendance at educational events should also be reviewed. The PDP can be modified at these meetings.

Following the ARCP, a subsequent meeting will be arranged between the trainee and the TPD and/or educational supervisor to discuss the outcome report and plan for further development. This will identify learning needs, areas of strength and any need for structured or targeted learning. The syllabus should be carefully reviewed to ensure that the trainee is progressing satisfactorily through the progressive and modular elements.

The educational supervisor, when meeting with the trainee, will discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee. The educational supervisor is part of the clinical specialty team thus if the clinical directorate (clinical director) have (has) any concerns about the performance of the trainee, or there are issues of doctor or patient safety, these would be discussed with the educational supervisor and the TPD. This would not detract from the statutory duty of the Trust to deliver effective clinical governance through its management systems.

Academic trainees are encouraged to identify an academic mentor, who will not usually be their research supervisor and will often be from outside their geographical area. The Academy of Medical Sciences organises one such scheme (see http://www.acmedsci.ac.uk/index.php?pid=91) but there are others and inclusion in

an organised scheme is not a pre-requisite. The Medical Research Society organises annual meetings for clinician scientists in training (see http://www.medres.org.uk/j/index.php?option=com_content&task=view&id=54&Itemid=1) and this type of meeting provides an excellent setting for trainees to meet colleagues and share experiences.

Opportunities for feedback to trainees about their performance will arise continually during training 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.

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.

Mid-point Review

This meeting between trainee and educational supervisor is mandatory (except 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.

7 Managing Curriculum Implementation

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

Implementation of the curriculum is the responsibility of the JRCPTB via its speciality advisory committee (SAC) for Medical Ophthalmology. The SAC is formally constituted with representatives from each SHA in England, from the devolved nations and has trainee and lay representation. This committee supervises and reviews all training posts in Medical Ophthalmology and provides external representatives at Penultimate Year Assessments thus ensuring the committee has wide experience of how the curriculum is being implemented in training centres.

It is the responsibility of the committee Chair and Secretary to ensure that curriculum developments are communicated to Heads of Specialty Schools, Deanery Speciality Training Committees and TPD's. The SAC also produces and administers the regulations which govern the curriculum.

The SAC and STCs all have trainee representation. Trainee representatives on the SAC provide feedback on the curriculum at each of the SAC committee meetings.

7.1 Intended Use of Curriculum by Trainers and Trainees

This curriculum and ePortfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The educational supervisors and trainers can access the up-to-date curriculum from the JRCPTB website and will be expected to use this as the basis of their discussion with trainees. 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 a portfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

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

7.2 Recording Progress

On enrolling with JRCPTB trainees will be given access to the ePortfolio for Medical Ophthalmology. The ePortfolio allows 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 the ePortfolio 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 ePortfolio 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.

8 Curriculum Review and Updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. The curriculum should be regarded as a fluid, living document and the SAC will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC. This will be informed by curriculum evaluation and monitoring. The SAC will have available:

- The trainees' survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires (if applicable)
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients.
- Trainee representation on the Deanery STC and the SAC of the JRCPTB
- Informal trainee feedback during appraisal.

Evaluation will address:

- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Availability and quality of research opportunities
- Current training affecting the service

Evaluation will be the responsibility of the JRCPTB and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula. In establishing specialty issues which could have implications for training, the SAC will produce a summary report to discuss with the NHS employers and ensure that conclusions are reflected in curriculum reviews.

Trainee contribution to curriculum review will be facilitated through the involvement of trainees in local faculties of education and through informal feedback during appraisal and College meetings.

The SAC will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9 Equality and Diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Employment Equality (Age) Regulation 2006
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

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. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Deanery quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

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;
- Deaneries must ensure that educational supervisors have had equality and diversity training (at least as an e learning module) every 3 years
- Deaneries must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 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.
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.