

## Medical Ophthalmology

### Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Medical Ophthalmology. You will also need to read the [CCT curriculum for Medical ophthalmology](#)

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Medical Ophthalmology. This is not a standalone document and should be read in conjunction with the [CCT curriculum for Medical ophthalmology](#) – please see the [specialty page](#) on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply.

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in Medical Ophthalmology?**

The indicative period of training for a CCT in Medical Ophthalmology is seven years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP (UK) or one of the following alternative pathways:

Ophthalmic Specialist Training (including FRCOphth Part 1)

- Five years of Medical Ophthalmology specialty training

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Curriculum Framework

The Medical ophthalmology curriculum is structured into 12 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

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

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

### Generic CiPs

1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

### Specialty Specific CiPs

1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list
2. Diagnosis and management of acute medical ophthalmology emergencies

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- |   |
|---|
| 3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants |
| 4. Managing perioperative care of medical ophthalmological patients   |
| 5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum  |
| 6. Managing medical, ethical and social issues of visual impairment   |

## Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It's more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than five years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you're getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## **Anonymising your evidence**

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## How much evidence to submit

**As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.**

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Medical ophthalmology in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

**Our [guidance](#) on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.**

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the [CCT curriculum for Medical ophthalmology](#). If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

## Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent and evidence showing the application of core skills including outpatient capability. This evidence could include

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH, MRCPGP, MRCS or MRCPsych

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Medical Ophthalmology in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Medical ophthalmology doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)

Evidence / requirement	About	Minimum expectation
<b>Supervised Learning Events (SLEs)</b>		
<b>Case-based discussion and/or mini-clinical evaluation exercise (mini-CEX)</b>	These should have been undertaken with a consultant. CbDs and Mini CEXs should cover different aspects of Medical Ophthalmology  Clinical rating scales are taken from the Royal College of Ophthalmologists specialty training programme	See CiPs
<b>Workplace Based Assessments (WPBAs)</b>		

This is the specialty specific guidance for Medical ophthalmology updated June 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<b>Direct Observation of Procedural Skills (DOPS)</b>	Evidence of procedural competence.	8
<b>Quality Improvement Project Assessment Tool (QIPAT)</b>	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months
<b>Patient Survey (PS)</b>	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> <li>▪ Thank you letters/cards from patients</li> <li>▪ Statements from referees</li> <li>▪ Testimonial letters from colleagues</li> <li>▪ Feedback from patients/colleagues</li> </ul>	1 completed in last 12 months
<b>Teaching observation (TO)</b>	At least 1 should be completed by a consultant in the specialty.	3

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<b>Multi Source Feedback (MSF)</b>	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the year before the application has been submitted – any available from the last five years should also be submitted.</p> <p>MSF should include approximately 15 colleagues, and not more than four should be doctors.</p>	<p>1 completed in last 12 months</p>
<b>Other evidence</b>		
<b>To be included in the portfolio of evidence</b>	<ul style="list-style-type: none"> <li>▪ <b>Appraisal</b> is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical)</li> <li>▪ <b>Reflective</b> diaries/ evidence of self-reflection</li> <li>▪ <b>Supervisor report</b> reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be four in the last 12 months.</li> <li>▪ <b>Logbooks</b> must cover the last five years and show the type of procedures you performed and your role in the procedure</li> <li>▪ <b>Training events</b> (courses, study days, meetings) over the last five years</li> <li>▪ <b>Evidence of seeing patients</b> over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages</li> <li>▪ <b>Academic activities</b></li> <li>▪ <b>Management activities</b></li> <li>▪ <b>Structured reports</b></li> </ul>	<p>4 completed in the last 12 months (e.g. MCRs)</p>

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<p><b>Continuing Professional Development (CPD)</b></p>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses you may want to provide evidence of include:</p> <ul style="list-style-type: none"> <li>▪ Life support</li> <li>▪ Teaching</li> <li>▪ Simulation</li> <li>▪ Management</li> <li>▪ Research methodology</li> <li>▪ Business</li> <li>▪ Communication</li> <li>▪ Education</li> </ul> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	
---	--	--

## Practical Procedures

Below details the practical procedures you will be expected to evidence that you are competent to perform unsupervised. You can provide evidence for these procedures using logbooks and DOPS. You should provide DOPS evidence for intravitreal injection, intravitreal implant, macular laser and panretinal photocoagulation.

**Remove corneal foreign body**

**Punctal plugs**

**Remove sutures from eye and adnexae**

**Fit a bandage contact lens**

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<b>Irrigation and debridement of ocular contaminants</b>
<b>Corneal scrape</b>
<b>Botox periocular injection</b>
<b>Yag laser capsulotomy</b>
<b>Peripheral laser iridotomy</b>
<b>Intravitreal injection</b>
<b>Intravitreal implant</b>
<b>Periocular steroid injection</b>
<b>Macular laser</b>
<b>Panretinal photocoagulation</b>

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

### Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

### Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

Evidence of completion of full **MRCP(UK)** or equivalent test of knowledge – or equivalent evidence. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities in core Ophthalmology.

**Applicants should also have completed FRCOphth Part 1, or be able to demonstrate equivalence to this via robust primary evidence.**

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

	<p>therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence <b>in addition</b> to your qualification:</p> <ul style="list-style-type: none"> <li>○ Training curriculum or examination syllabus</li> <li>○ Formal period assessments completed during training (these may be older than five years)</li> </ul>
<p><b>Recent specialist training</b></p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <b>authenticated copy</b> of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p><b>Specialist registration outside the UK</b></p>	<p>Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.</p>

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

**Other relevant qualifications and certificates**

You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide **copies** of certificates.

## Evidence of employment in posts and duties (including training posts)

**Employment letters and contracts of employment**

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

**Job descriptions**

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<b>Rotas</b>	You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.
<b>Departmental/ Unit annual caseload statistics</b>	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.
<b>Appraisal</b>	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

### CiP 1: Able to function successfully within NHS organisational and management systems

#### Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

#### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Evidence of attendance at an NHS / health service management course

## CiP 2: Able to deal with ethical and legal issues related to clinical practice

### Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient's mental capacity
- Evidence of involvement in making best interests' decisions, such as:
  - Notes
  - Letters
  - Meeting minutes

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
  - eLfh Mental Capacity Act: <https://www.e-afh.org.uk/programmes/mental-capacity-act/>
  - CPD Online Mental Capacity Act: <https://cpdonline.co.uk/course/mental-capacity-act/>
  - SCIE Mental Capacity Act: <https://www.scie.org.uk/e-learning/mca>

### **CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement**

#### **Key skills:**

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

#### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<ul style="list-style-type: none"> <li>▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of your ability to analyse a patient's communication difficulties: <ul style="list-style-type: none"> <li>• Reflective diaries</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from patients, such as a patient survey</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice entries about patients or families who posed difficulties</li> </ul>
<ul style="list-style-type: none"> <li>▪ Supervised learning event</li> </ul>

## CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

### Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

### Suggested documentation:

<ul style="list-style-type: none"> <li>▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports</li> </ul>
---

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties
- Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:
  - Meeting minutes, demonstrating your attendance and participation
  - Invites sent from you demonstrating arranging meetings
- Supervised learning event
- Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
- Specific quality improvement activity, such as a QIPAT
- Copies of letters you have written to NHS and non-NHS services involved with patients

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## CiP 5: Carries out research and manages data appropriately

### Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
  - [www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice](http://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice)

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Documented evidence of research activity. This may include evidence of:
  - Helping in a project
  - Reviewing research papers / grants
  - Writing and co-authoring research papers
  - Contributing to research projects
- Presentations – either lectures (podium presentations) or poster presentations
- Publications

## **CiP 6: Acts as a clinical teacher and clinical supervisor**

### **Key skills:**

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

### Specialty CiP 1: Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list

#### Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Triage, risk assess and prioritise patients appropriately (OST)
- Apply management and team working skills appropriately, including understanding the perspectives of others, negotiating, re-assessing priorities and effectively managing complex dynamic situations (OST)
- Collaborates with members of the multidisciplinary team in different ophthalmic and medical specialties, including radiology and laboratory based specialties
- Participates in internal and external quality assurance
- Remains updated and implements pathways on treatment protocols for ocular conditions including intravitreal therapy.
- Works to optimise resources, train other health professionals and ensure maximal safety and efficiency when running injection lists and clinics.

#### Suggested documentation:

- Minimum of four mini-CEX to include management of retina, uveitis and neuro-ophthalmology clinics and an injection list

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflection

## Specialty CiP 2: Diagnosis and management of acute medical ophthalmology emergencies

### Key skills:

- Demonstrates professional behaviour with regard to patients, carers, clinical and non-clinical colleagues
- Be an effective supervisor, teacher and trainer of urgent eye care (OST)
- Triage, risk assess and prioritise patients appropriately (OST)
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences and the urgency required
- Appropriately selects, manages and interprets investigations
- Manage the complexity and uncertainty of urgent eye care (OST)
- Understand and employ current accepted practice and recognise the need for sub-specialty input (OST)
- Communicate and deliver feedback to referrers and patients to support integrated health care (OST)
- Identify and treat patients with systemic disease presenting with urgent eye or visual symptoms
- Liaises with other medical specialties for patients with complex medical conditions

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Suggested documentation:

### Minimum of four of each of the below supervised learning events (SLE):

- CbDs
- Mini-CEX
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflection

### Evidence of patients you have seen in the past five years and the assessment you have made:

- Clinical notes - Please provide a minimum of two
- Letters - Please provide a minimum of two
- May be cross-referenced with other specialty CiPs

## Specialty CiP 3: Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants

### Key skills:

- Triage, risk assess and prioritise patients appropriately (OST)
- Demonstrates professional behaviour with regard to patients, carers, clinical and non-clinical colleagues

**This is the specialty specific guidance for Rehabilitation Medicine**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills (including when in challenging circumstances)
- Formulates an appropriate diagnostic and management plan for medical ophthalmology conditions, taking into account patient preferences
- Interprets systemic investigations appropriately including laboratory results
- Interprets and utilises ophthalmic imaging appropriately.
- Explains clinical reasoning behind diagnostic and management plan, taking into account patient preferences
- Demonstrates appropriate and timely liaison with other medical specialty services when required with other specialties and participates in the multidisciplinary teams relevant to patient care
- Appropriate management of local and systemic treatment for medical ophthalmic conditions, including management of immunosuppression. Ensures appropriate counselling, patient information and primary care shared care liaison
- Remains up to date with developments in the fields of inflammatory eye disease, medical retina and neuro-ophthalmology, as well as other relevant medical and ophthalmological specialties and subspecialties.
- Demonstrates effective specialised management techniques for those with special needs (OST)

### Suggested documentation:

**Minimum of four of supervised learning events (SLE) which may be either CbD or Mini-CEX for each of the following specialty areas:**

- Adult uveitis
- Medical retina, to include age-related macular degeneration, diabetic retinopathy and diabetic retinal screening
- Neuro-ophthalmology

**Minimum of two supervised learning events (SLE) which may be either CbD or Mini-CEX for each of the following specialty areas:**

- Corneal inflammation
- Paediatric uveitis
- Corneal inflammatory disease

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

<ul style="list-style-type: none"> <li>▪ Orbital inflammation to include thyroid eye disease</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of competence in refraction which may include clinical rating scale refraction completed twice with different examiners or the Royal College of Ophthalmologist Refraction certificate</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflection</li> </ul>
<p><b>Evidence of patients you have seen in the past five years and the assessment you have made:</b></p> <ul style="list-style-type: none"> <li>▪ Clinical notes - Please provide a minimum of two</li> <li>▪ Letters - Please provide a minimum of two</li> <li>▪ May be cross-referenced with other specialty CiPs</li> </ul>

## Specialty CiP 4: Managing perioperative care of medical ophthalmological patients

### Key skills:

- Demonstrate an understanding of ophthalmic surgical procedures and understand the principles for selecting treatment (OST)
- Risk stratify and prioritise patients for surgery appropriately (OST)
- Refer appropriately for ophthalmic surgery
- Manage patients with ocular inflammation, orbital inflammation and retinal disease undergoing ocular surgery including pre and post-operative care
- Manage complications of cataract surgery (OST) and refer for surgical review appropriately
- Formulates and communicates an appropriate management plan taking into account patient preferences.

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Liaises and co-ordinates operating arrangements with members of the theatre, surgical and medical ophthalmology teams

### **Suggested documentation:**

- Minimum of four of supervised learning events (SLE) which may be either CbD or Mini-CEX to include peri-operative care of adults and children with ocular inflammation
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflection

#### **Evidence of patients you have seen in the past five years and the assessment you have made:**

- Clinical notes - Please provide a minimum of two
- Letters - Please provide a minimum of two
- May be cross-referenced with other specialty CiPs

## **Specialty CiP 5: Competent in all procedural skills for medical ophthalmology as defined by the curriculum**

### **Key skills:**

- Demonstrates competence in all procedures as defined by the curriculum
- Carries out an indicative number of procedures and achieves independent competence

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Maintain appropriate audits of practice (OST)
- Practice in line with latest evidence (OST)
- Understands the indications and evidence base for carrying out procedural skills
- Understands and demonstrates safe use of lasers
- Follows local Intraocular and periocular injections protocols
- Apply mental capacity legislation in clinical practice (OST)

### Suggested documentation:

▪ Logbook documenting procedures, level of supervision and complications
▪ DOPS - minimum of one for each procedure
▪ <b>Laser safety course certificate</b>
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Reflection

## Specialty CiP 6: Managing medical, ethical and social issues of visual impairment

### Key skills:

- Recognises the visually impaired patient
- Refers appropriately to low vision and vision support services, including registration for a certificate of visual impairment
- Communicates effectively with patient and carers and demonstrates compassionate professional behaviour

This is the specialty specific guidance for Medical ophthalmology updated June 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

- Understands the psychological consequences of visual impairment and the management of patients and families affected
- Follows DVLA guidelines and advises patients on visual requirements for driving

### Suggested documentation:

- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbDs
  - Mini CEXs
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties
- Feedback from formal teaching sessions to medical and non-medical staff: Teaching Observation (TO)
- Quality improvement activity, such as a QIPAT
- Feedback from patients, such as patient survey

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Medical outpatient clinics

Below are details of the medical clinics you are expected to attend to gain expertise in medical specialties aligned with medical ophthalmology. You can provide evidence for these with a clinic diary and with work place based assessments, including CBD and mini CEX (minimum two assessments per specialty):

Dermatology – 2 clinics

Endocrinology – 4 clinics

Infectious diseases – genitourinary medicine (2 clinics) tuberculosis (2 clinics) HIV (2 clinics)

Clinical genetics 2 clinics , genetics counselling 1 clinic

Neurology (including neuro-inflammation, TIA, neuroradiology), 12 clinics

Renal medicine/ transplant/ vasculitis clinics – 6 clinics

Rheumatology (including connective tissue, vasculitis, bone) – 12 clinics

**This is the specialty specific guidance for Medical ophthalmology updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).