

Ophthalmology

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Ophthalmology.

You will also need to read the Ophthalmic Specialist Training curriculum 2024: [Ophthalmology curriculum - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/education/curriculum-framework/ophthalmology-curriculum-2024)

This is the specialty specific guidance for Ophthalmology.

Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Ophthalmologists (RCOphth) for guidance **before** you apply. RCOphth can be contacted at portfoliopathway@rcophth.ac.uk

Assessment requirements for a portfolio application

The requirements of which Portfolio Pathway applicants are assessed against are the Knowledge, Skills and Experience (KSE) for specialist practice in the UK. The framework for assessing KSE reflects the high level, overarching Learning Outcomes (LOs) in Ophthalmology and there should be sufficient evidence of these learning outcomes as part of your ongoing clinical commitment and maintenance of skill across the specialty.

Curriculum framework

The OST curriculum will assess overall capabilities in both clinical and generic professional skills and lists high-level, overarching Learning Outcomes which describe what an ophthalmologist does. Seven domains mapped to the GPCs framework are employed:

- Patient Management;
- Health Promotion;
- Leadership and Team Working;
- Patient Safety and Quality Improvement;
- Safeguarding and Holistic Patient Care;
- Education and Training;
- Research and Scholarship.

The Patient Management domain is divided into twelve clinical special interest areas (SIAs).



The seven domains are divided into four levels of competence ophthalmologists will be expected to achieve at different stages of training.

The curriculum has four levels. Levels 1 and 2 are about basic skills, being able to assess any ophthalmology patient, form a differential diagnosis and formulate management plans for low complexity patients. These skills are common in all special interest areas (SIAs). Level 3 is about being able to perform at the level of a general ophthalmologist in each SIA. Level 4 is the equivalent of Fellowship training, and trainees/applicants will choose two areas. **Applicants will be required to evidence level 3 in all SIAs and level 4 in two SIAs.**

Further details of the descriptors can be found in the Ophthalmology curriculum: [Learning Outcomes - OST 2024 \(rcophth.ac.uk\)](https://www.rcophth.ac.uk/learning-outcomes-ost-2024/)

The seven domains are:

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1. Patient Management – see 12 SIAs below
2. Health Promotion
3. Leadership and Teamwork
4. Patient Safety and Quality Improvement
5. Safeguarding and Holistic Care
6. Education and Training
7. Research and Scholarship

The 12 SIAs are:

1. Oculoplastics and Orbit
2. Cornea and Ocular Surface Disease
3. Cataract Surgery
4. Glaucoma
5. Uveitis
6. Medical Retina
7. Vitreoretinal Surgery
8. Ocular Motility
9. Neuro-ophthalmology
10. Paediatric Ophthalmology
11. Urgent Eye Care
12. Community Ophthalmology

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Currency of evidence

- You need to show that you are maintaining your competence at the time of application.
- The majority of your evidence is expected to be from the last **five** years of clinical practice (WTE, does not need to be consecutive) but evidence from the last **seven** years of clinical practice (WTE, does not need to be consecutive) will be considered **where these skills have been maintained. In any particular area, a minimum of 80% of your evidence should be from the last five years of clinical practice** (WTE, does not need to be consecutive).
- The evaluators will be looking for evidence of current competency. Where you have completed training several years ago, it is crucial that you demonstrate that you have maintained competency across the high-level learning outcomes in the curriculum irrespective of whether your career has focussed on a particular area of the curriculum or whether you will only be practising in a certain area in your future career. If you are concerned about the currency of your evidence, you should contact the College for more guidance on how to cover the gap.
- If you have worked less than full time (LTFT) or have had a break in practice in the last five years, evidence can be provided from additional years or whole-time equivalence (WTE). In this situation, you must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave, as part of your application. It should be made explicit to the evaluators from the outset, the time your evidence has been drawn over, through a statement accompanying your CV. It is also important to demonstrate that all the skills and knowledge of the High Level Learning outcomes (HLLO) are current and maintained (within the last seven years).

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit and what to submit

- **You should be able to successfully demonstrate your skills, knowledge and experience in no more than 800 -1000 pages.**
- **Please group your evidence together to keep the number of individual electronic uploads manageable (maximum of 100).** This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents to PDFs and combining PDF documents.
- 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 descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.
- It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Your evidence **must** cover the knowledge, skills and experience required to demonstrate the high level, overarching Learning Outcomes in the Ophthalmology curriculum Syllabi: [Syllabi – Patient Management and other domains | The Royal College of Ophthalmologists \(rcophth.ac.uk\)](https://www.rcophth.ac.uk/curriculum). If evidence is missing, then the application may fail.

This guidance provides some **indicative numbers of certain documents** that you are **strongly recommended to provide**. We have also listed other suggested evidence that you may wish to consider. This guidance on documents to supply is not exhaustive and you may also have alternative evidence. If you choose to submit alternative evidence, it must sufficiently demonstrate your development and acquisition of the relevant key skills.

The emphasis should be on the quality of evidence, not quantity.

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 domains and SIAs.

Evidence of your capability should be recent and from the last seven years of clinical practice (WTE) with approximately 80% from the last five years. For candidates on WTE-- it is also important to demonstrate that all the skills and knowledge of the HLLOs are current and maintained (within the last seven years).

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Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Organising your evidence

- Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.
- You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.
- You should provide sufficient evidence in respect of each learning outcome, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.
- **Where we ask in our guidance, please group your evidence together** to keep the number of individual electronic uploads manageable (**maximum of 100 uploads**). This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

A message from the RCOphth Portfolio Pathway Chair

Before making your application, you are encouraged to review this document in conjunction with the Ophthalmology CCT curriculum. If you do not have the evidence of current competency or do not present it to us in a way that is conducive to us being able to draw conclusions from your evidence, you will not be successful.

It is our experience that applications from doctors in the specialty of Ophthalmology are often submitted with inadequate or poor evidence in the following areas:

- **Audits** – applicants who haven't completed the required number of audits and/not completed the loop or clarified their role in the audit
- **Clinical evidence** – the depth and breadth of the curriculum is not covered.
- **Work place-based assessments (WPBAs)** – insufficient submitted to demonstrate capability in areas where WPBAs are required.

Documentary evidence provided must be from the period in which it was undertaken – e.g. WPBAs must be from the period that the applicant undertook training. Assessments and appraisals cannot be signed off retrospectively. All WPBAs must be signed off by supervisors concurrently with when the assessment takes place (or no longer than three months after the assessment takes place).

We strongly recommend that you closely match your experiences against the curriculum and provide evidence of knowledge, skills and experience across all areas.

Structured reports

- You should provide **at least three referees**; they should be a consultant in Ophthalmology or someone who is in a clinical supervisory position such as an Educational or Clinical supervisor. It is preferable that the referee has witnessed some of the clinical activity or signed off some of the evidence. The referees should have knowledge about your current clinical practice.
- Your structured reports from your referees are a large source of evidence in all areas. We strongly recommended that all your referees should be fully conversant with the curriculum and able to provide detailed support for your competence across all or most areas and understand the requirements for specialist training in Ophthalmology and Specialist Registration in the UK.

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 Portfolio pathway capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Cover note	<ul style="list-style-type: none">• It is strongly recommended that you provide a cover note to preface your application to confirm total numbers of each evidence provided and where it can be located e.g. what SIA they are supporting. This evidence should not be submitted more than once throughout the application.
CV	<ul style="list-style-type: none">• You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Primary medical qualification (PMQ)	<ul style="list-style-type: none">• 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 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 our provider. The rest of your evidence should be verified in line with our guidance.

Specialist medical qualification(s)	<ul style="list-style-type: none">• Please provide a copy of all specialist medical qualifications you hold.
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<p>Knowledge</p>	<p>You must demonstrate knowledge to the standard of the high level learning outcomes in the curriculum.</p> <p>FRCOphth</p> <ul style="list-style-type: none"> • The test of knowledge in the Ophthalmology CCT curriculum is the FRCOphth exam. You must demonstrate either successful completion of this exam, or alternative evidence that demonstrates comparable knowledge mapped to this exam. If you have attended FRCOphth courses you should submit the certificates. • The FRCSEd (Ophth) does not demonstrate comparable knowledge to the FRCOphth. Aspects of its content and methods of assessment do not adequately assess the curriculum or the real-life exchanges of a UK consultant role in Ophthalmology. <p>If you do not hold the FRCOphth, we strongly recommend that you obtain it before you apply to guarantee that the knowledge aspect of the curriculum is demonstrated.</p> <p>Alternative evidence of knowledge</p> <ul style="list-style-type: none"> • If providing evidence of an alternative examination you'll need to provide the syllabus and show how it meets the same standards, including information on standard setting, examiner selection, examiner training, and number of examiners, quality control, and validation of questions. • Applicants must be aware that as no other qualifications are considered directly comparable, this will be assessed on a case by case basis and will require the applicant to produce an extensive, detailed and complex portfolio of evidence. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision. • If applicants do not hold the FRCOphth or a comparable qualification, they can aim to demonstrate the same level of knowledge by providing: <ul style="list-style-type: none"> • A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every FRCOphth competency has been covered in their own qualifications. It will then be at the evaluators' discretion to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as the FRCOphth. • If you provide evidence of your knowledge in other ways, this must be very strong, objective, and current, and demonstrate equivalent knowledge to the standard of the CCT curriculum across all areas in sufficient depth and
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breadth. This means your evidence will need to cover the various sub-specialties within Ophthalmology.

Elements of the portfolio could include:

- strong evidence of recent research
- strong recent audit and quality improvement participation demonstrating changes in clinical practice. E.g. changes to practice nationally
- peer reviewed publications and presentations at national and international meetings
- specialist qualifications or examination(s) passed, for example College/Faculty exams

These items on their own will not show equivalence of knowledge.

Alternative evidence of knowledge is often inadequate for the following reasons:

- Does not display the depth and breadth of knowledge across the curriculum
- Is too old
- Coverage is too narrow – does not demonstrate full breadth of topics of the seven sub-specialties
- The applicant's contribution was not substantive (not first name)
- The applicant's contribution was not peer reviewed
- No demonstrable changes in patient pathway, efficiency savings etc.

Evidence acquired more than seven years ago will have less consideration as evidence needs to be provided which is current and maintained.

Curriculum or syllabus (if undertaken outside the UK)

- Please provide a copy of your curriculum or syllabus.
- This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.
- 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.
- For qualifications, we will look to evaluate:
 - where the curriculum covers areas of the CCT curriculum
 - the complexity of the work undertaken
 - how examinations are evaluated, or quality assured (external assessment).

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

<p>Employment letters and contracts of employment</p>	<p>Please upload in one file per institution your employment letters and job descriptions, in date order. Call this “Evidence of employment in posts and duties – institution name”.</p> <p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none"> • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>Usually this will be set out in the letters offering you the post and renewing your contracts. We do not need to see contracts and terms and conditions of employment.</p> <ul style="list-style-type: none"> • Evidence in this section should be from the last five years of clinical practice (WTE).
<p>Job descriptions</p>	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training. <p>Evidence in this section should be from the last five years of clinical practice (WTE).</p>
<p>Rotas</p>	<ul style="list-style-type: none"> • Samples of your rota demonstrating your weekly clinical, non-clinical and on call activity across both Ophthalmology. • Evidence in this section should be from the last five years of clinical practice (WTE).

Appraisal	<ul style="list-style-type: none">• You should submit all appraisals since your revalidation. If you are not engaged in revalidation, then you should submit appraisals from the last five years of clinical practice (WTE). The appraisals should also include a personal development plan (PDP). PDPs normally form part of your annual appraisal system, and you should submit them with appraisal documentation.• Please upload in one file per institution, your appraisals in date order. Call this ‘Appraisals 20XX-20XX – institution name’.
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How your evidence can be used to demonstrate key skills – overarching evidence

The specific numbers given for over-arching evidence listed below are all essential. However, this evidence can be submitted anywhere in the application to directly address the relevant key skills of your choosing. Please also check the specific descriptors of each individual key skill to ensure your evidence appropriately covers these. These can be found on the RCOphth curriculum 2024 site: [Curriculum 2024 approved documents | The Royal College of Ophthalmologists \(rcophth.ac.uk\)](https://www.rcophth.ac.uk/curriculum-2024/)

It is strongly recommended that you provide a cover sheet to preface your application to confirm total numbers of each evidence provided and where it can be located i.e. what SIA they are supporting. This evidence should not be submitted more than once throughout the application.

<p>WPBAs</p> <p>GSATs</p> <p>MAR</p>	<ul style="list-style-type: none"> • Workplace Based Assessments (WPBA), such as OSATS, DOPS, CBD, etc. are always to be considered as primary and strong evidence. Evidence can be provided from the last seven years of clinical practice (WTE) with approximately 80% of evidence from the last five years of clinical practice (WTE). WPBA evidence can be from the last seven years of clinical practice (WTE), but they should not all be from years six to seven. It is important to show that skills are current and maintained with one piece of evidence/WPBA being from the last five years and the other from year six or seven. <p>As a general guide, we recommend you submit at least two WPBA for each learning outcome. You should refer to the excel spreadsheet which details the evidential requirements against the descriptors: Curriculum SIA requirements</p> <ul style="list-style-type: none"> • Generally, you should not allocate more than three learning outcomes to a single WPBA, and evidence should only be submitted once. • Please group and organise your WPBAs by each SIA and institution and provide an index. For example: ‘xxxx Hospital – Glaucoma SIA WPBAs – 2021-2023’. • WBAs need to be as meaningful as possible and therefore they should show evidence of feedback and guidance. They should include comments from your assessors and, where appropriate, demonstrate reflection on the recommend actions. Block entries of ‘satisfactory’ are not acceptable. • WBAs should be sufficiently frequent to be able to demonstrate progress and should be undertaken with different
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	<p>assessors in different settings on a variety of patients.</p> <ul style="list-style-type: none"> • WBAs completed retrospectively will hold no weight. • General Skills Assessment Tool (GSAT). 4x GSATs should be submitted (covering all six non SIA domains) throughout your training period. Only Level 4 GSATs are required. • WPBA assessments can be spread across the application to directly address the relevant key skills, where you choose. • All WPBA assessments can be downloaded directly from the RCOphth website: https://curriculum2024.rcophth.ac.uk/ • Multi Assessment Reports (MAR) – there is no minimum number, it will vary and depend on the feedback required by the clinical supervisor at each point. • Entrustable Professional Activity (EPA) tools are used to assess Learning Outcomes in the Patient Management domain, whereas a level-specific Generic Skills Assessment Tool (GSAT) is used to assess Learning Outcomes in the six generic domains. Many WPBAs are no longer mandatory, thereby significantly reducing the overall number of assessments needed. Supervised Learning Events (SLEs) are designed to help doctors in training develop and improve their clinical and professional practice, and to set targets for future achievements. Repeated SLEs allow to demonstrate skills development over time.
<p>Entrustable Professional Activity (EPA)</p>	<p>Applicants must complete the required competences for a minimum of 16 EPAs (for the Patient management domains) - one Level 1 and one Level 2 (in general ophthalmology), and twelve Level 3 and two level 4 EPAs.</p> <ul style="list-style-type: none"> • An EPA requires proficiency in multiple competencies simultaneously and is a more suitable focus for assessment than separate competencies. EPAs have been developed to map to all of the Learning Outcomes for each level of the OST Curriculum in the Patient Management domain. This means the Learning Outcomes of a given level in this domain can be assessed in an integrated way in the context of meaningful clinical activity. Summative entrustment decisions can then be made for that level. • Some competencies may appear in an EPA of more than one SIA. Where a competency has already been signed in one EPA, this can be taken as evidence of competence and transferred to the other EPA. The competency assessment does not need to be re-assessed.

<p>Logbooks</p>	<ul style="list-style-type: none"> • Both surgical and laser logbooks are required to provide evidence of competencies demonstrating achievement of the Learning outcomes of the OST curriculum including evidence relating to each of the Special Interest Areas (SIA) to the required competency level with skills being maintained. • The College provides suggestions as to the format of logbooks. They should include cumulative surgical and laser data – for further details follow: Eye Logbook The Royal College of Ophthalmologists (rcophth.ac.uk) • You are advised to refer to the indicative procedure numbers for L3 and L4 detailed below. <p>Evidence can be provided from the last seven years of clinical practice (WTE) with approximately 80% of evidence from the last five years of clinical practice (WTE).</p> <p>Logbooks, consolidation reports - Please group these together by SIA and institution and ensure they are clearly labelled.</p> <p>For example: 'xxxx Hospital – 1. Oculoplastics and Orbit Logbook – 20XX-20XX'</p> <p>All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.</p>
<p>Reflective practice</p>	<p>Reflective pieces within the last seven years can be submitted throughout the application. These can be spread across the application to directly address the relevant learning outcomes.</p> <p>Whichever template you use, please ensure your reflection fully details the following areas:</p> <ul style="list-style-type: none"> ○ How the activity contributed to the development of your knowledge, skills or professional behaviours ○ Ways in which your own behaviour may change as a result of reflecting on the event ○ What difference this will make to patient safety and quality

Surgery Numbers:

The OST Curriculum 2024 does not require specific numbers of procedures or Workplace-based Assessments (WPBAs). It is for the trainer and the applicant to determine if competence has been achieved with the evidence provided. Applicants are expected to carry out a much greater degree of self-assessment, which is embedded within the new assessment tools. Indicative numbers are for guidance and the emphasis is on the quality of the evidence submitted. You must provide sufficient evidence to fulfil a learning outcome or skill in order to satisfy the evaluators.

Level 3

Applicants striving for level 3 should perform the following indicative number of surgeries for each SIA:

- With Oculoplastics, the overall requirement is to perform 40 procedures and assist at three ptosis procedures.
- With Cornea, the overall requirement is to assist at six corneal grafts.
- With Cataract and refractive surgery, the overall requirement is at least 250 procedures (phacoemulsification). It is recommended that the majority of these procedures are from the last five years.
- With Glaucoma, the overall requirement is to perform 30 Glaucoma procedures (including laser).
- With Retina, Vitreous and Uvea (including ocular oncology), the overall requirement is to assist at 20 retinal/VR procedures and perform 40 retinal lasers.
- With Strabismus, the overall requirement is to perform 10 squint procedures (5 recession /weakening + 5 resections /strengthening) in vivo.

Level 4

In addition to the level 3 requirements applicants striving for level 4 should perform the following indicative number of surgeries for each SIA:

- With Cornea 20 grafts (PKP, endothelial and anterior lamellar)
- With Glaucoma 50 Glaucoma surgeries (not lasers)
- With Vitreoretinal 50 vitrectomies
- With Paediatric ophthalmology and Ocular Motility 40 muscle surgeries
- With Oculoplastics 5 ptosis and 50 lid procedures of varied kinds
- With Medical Retina 100 intravitreal injections and retinal lasers
- With Cataract surgery 500 (including small pupils, white cataract pseudoexfoliation, complex cataracts)

Domain 1 – Patient Management

There are 12 Special Interest Areas (SIAs) where applicants must complete all Learning Outcomes at level 3. Applicants will then choose two Level 4 SIAs, which will usually be their specialist area.

A successful application will show the necessary knowledge, skills and experience (KSE) in all other domains and provide evidence to level 4.

See below for more details of the Patient Management SIAs.

Please see each SIA area for the type of evidence which can be submitted. Evidence can be provided from the last seven years of clinical practice (WTE) with approximately 80% of evidence from the last five years of clinical practice (WTE).

General Ophthalmology – L1 and L2 evidence

Suggested evidence

Your Level 1 and Level 2 evidence should only be submitted in this section as these relate to general ophthalmology skills. i.e. do not submit in other sections

It is recommended that your EPA forms are only submitted for Level 1 and Level 2 evidence if they have been signed by a trained clinical supervisor. If the supervisor is not trained, then the associated WPBAs should also be submitted.

MAR

CbDs

CRS

OSATS

DOPS

You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum SIA requirements](#)

SIA 1: Oculoplastics and Orbit

Ophthalmic and facial plastic surgery treats conditions of the eyelids, lacrimal system, orbit, periocular areas, as well as mid and lower face. The scope of the clinical practice of ophthalmic and facial plastic surgery varies widely, in part because it blends the services of ophthalmology, general plastic surgery, facial plastic surgery, and dermatology. Additionally, ophthalmic and facial plastic surgery incorporates selected knowledge from other disciplines, including otorhinolaryngology, neurosurgery, oral/maxillofacial surgery, radiology, general medicine, oncology, radiation oncology, endocrinology, and rheumatology.

Level 1 descriptors are shown here: [Annex-1-i-Oculoplastics-and-Orbit-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 2 descriptors are shown here: [Annex-1-i-Oculoplastics-and-Orbit-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 3 descriptors are shown here: [Annex-1-i-Oculoplastics-and-Orbit-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 4 descriptors are shown here: [Annex-1-i-Oculoplastics-and-Orbit-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Key Skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multiprofessional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of oculoplastics procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity oculoplastics procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of oculoplastics cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of oculoplastic cases.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. OSATs for eyelid surgery which are required for L3 and L4. Only L4 OSATs are required.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, train and accredit/sign off trainees to Level 3 in adnexal, lacrimal and orbital disease. This includes supervising simple adnexal and lacrimal procedures and surgery to Level 3.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 2: Cornea and Ocular Surface Disease

The ocular surface consists of the conjunctiva and the cornea, together with elements such as the lacrimal gland, lacrimal drainage apparatus and associated eyelid structures. This part of the eye has unique properties and is associated with special physiological mechanisms, for example tear production and drainage, as well as predisposition to specific diseases. Certain diseases affect only this part of the eye, due to its functional requirement for vision, exposed anatomical location and its proximity to the nasal mucosa and sinuses. This special interest covers all these areas.

Level 1 descriptors are shown here: [Annex-1-ii-Cornea-and-Ocular-Surface-Disease-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 2 descriptors are shown here: [Annex-1-ii-Cornea-and-Ocular-Surface-Disease-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 3 descriptors are shown here: [Annex-1-ii-Cornea-and-Ocular-Surface-Disease-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 4 descriptors are shown here: [Annex-1-ii-Cornea-and-Ocular-Surface-Disease-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Key Skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multiprofessional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of cornea procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity corneal and ocular surface disease procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of cornea and ocular surface disease cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of ocular surface disease.

NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in cornea and ocular surface disease.
MAR
CbDs

CRS
OSATS
DOPS
Evidence showing an ability to supervise and train and accredit/sign off trainees to Level 3 in cornea and ocular surface. This includes supervising simple cornea and ocular surface procedures and surgery to Level 3, such as corneal trauma repair.
NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 3: Cataract Surgery

Cataract surgery is the most commonly performed ophthalmic operation. Most often this is performed purely for visual rehabilitation, but will occasionally be performed for other reasons, such as uncontrolled intra-ocular pressure.

Phacoemulsification cataract surgery is usually employed and surgeons need to understand and master techniques that underpin the various stages of this procedure, learning skills they can adapt to more complex eyes. They must understand phacodynamics in order to adapt their technique to different cataract types. Initial learning at each stage can take place in a supervised simulated environment.

Cataract surgeons must discuss, plan and manage the optimal refractive result for their patients undergoing cataract surgery. They should understand how the result can be augmented by techniques, that they themselves may not perform such as use of multifocal lenses and laser refractive surgery.

Level 1 descriptors are shown here: [Annex-1-iii-Cataract-Surgery-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 2 descriptors are shown here: [Annex-1-iii-Cataract-Surgery-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 3 descriptors are shown here: [Annex-1-iii-Cataract-Surgery-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 4 descriptors are shown here: [Annex-1-iii-Cataract-Surgery-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Key Skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.

- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of cataract procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low risk phacoemulsification cataract procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of cataract surgery cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of cataract surgery.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. Perform and interpret biometry.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise and train trainees in Cataract surgery to level 3 and applicants should be trained to Level 4 in Cataract surgery.

NB. An applicant who submits Level 4 evidence in the Glaucoma, Cornea, and Vitreoretinal SIAs will also be expected to submit Level 4 evidence in Cataract Surgery.

You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum SIA requirements](#)

SIA 4: Glaucoma

Glaucoma is the term applied to the study and treatment of disorders of the eye and optic nerve identified as a characteristic optic neuropathy with associated vision loss. The most common type of glaucoma is primary open angle; however, closed angle and secondary glaucomas with open and closed angles are also seen. High intraocular pressure (IOP) is a major risk factor for loss of sight from both open and closed angle glaucoma, and the only one that is currently modifiable. The risk of blindness depends on the height of the intraocular pressure, severity of disease at presentation, age of onset, and other determinants of susceptibility, such as family history of glaucoma. Lowering IOP is the only intervention proven to prevent the loss of sight from glaucoma. Specialists in glaucoma manage patients with complex and/or severe glaucoma disorders and related ocular and systemic disorders.

Level 1 descriptors are shown here: [Annex-1-iv-Glaucoma-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 2 descriptors are shown here: [Annex-1-iv-Glaucoma-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 3 descriptors are shown here: [Annex-1-iv-Glaucoma-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Level 4 descriptors are shown here: [Annex-1-iv-Glaucoma-syllabus-August-2024.pdf \(rcophth.ac.uk\)](#)

Key Skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of glaucoma procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity glaucoma procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of glaucoma cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of glaucoma.

NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. Consultation skills in glaucoma.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit and train trainees to level 3 in glaucoma. This includes supervising simple glaucoma procedures and surgery to level 3. NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 5: Uveitis

Uveitis is the term applied to a group of disorders of the eye characterized by inflammation of its internal structures including the iris, ciliary body, choroid and retina.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-v-Uveitis-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-v-Uveitis-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-v-Uveitis-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-v-Uveitis-syllabus-August-2024.pdf>

<https://www.rcophth.ac.uk/wp-content/uploads/2021/12/Uveitis-syllabus.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of practical and surgical procedures used in the setting of uveitis and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity procedures for the uveitic patient.

L4 skills

- Demonstrate advanced clinical management and diagnostic and treatment skills.
- Manage the complexity and uncertainty of the uveitis disease cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of uveitis disease.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. Advanced interpretation of electrophysiology and multi-modal imaging modalities: e.g. FFA/ICG/Blue light autofluorescence and EDI-OCT.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, Supervise and accredit/sign off trainees to Level 3 in uveitis.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 6: Medical Retina

Medical retina is an area where a vast spectrum of retinal disorders are assessed and managed – predominantly medically but sometime needing retinal surgical input.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vi-Medical-Retina-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vi-Medical-Retina-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vi-Medical-Retina-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vi-Medical-Retina-syllabus-August-2024.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of medical retina procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity medical retina procedures.

L4 skills

- Demonstrate advanced clinical management and practical skills.
- Manage the complexity and uncertainty of medical retina disease cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of medical retina disease.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in medical retina.
MAR
CbDs
CRS
OSATS

DOPS

Evidence showing an ability to supervise and accredit/sign off trainees to Level 3 in medical retinal diseases including laser treatment and intra-vitreous injections.

You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum SIA requirements](#)

SIA 7: Vitreoretinal Surgery

Vitreoretinal is the terminology applied to the treatment of conditions in the posterior segment of the eye, which require surgical intervention. Vitreoretinal surgery refers to any operation to treat eye problems involving the retina, macula, and vitreous. These include retinal detachment, macular hole, epiretinal membrane, vitreous haemorrhage and complications related to diabetic retinopathy.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vii-Vitreoretinal-Surgery-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vii-Vitreoretinal-Surgery-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vii-Vitreoretinal-Surgery-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-vii-Vitreoretinal-Surgery-syllabus-August-2024.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of vitreoretinal procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity vitreoretinal procedures.

L4 skills

- Demonstrate advanced clinical management and practical skills.
- Manage the complexity and uncertainty of vitreoretinal disease cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of medical retina disease.

NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in vitreoretinal surgery.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit/sign off trainees to Level 3 in vitreoretinal disease. This includes supervising simple vitreoretinal procedures and surgery to Level 3, such as vitreous biopsy. NB. An applicant who submits Level 4 evidence in this SIA will also be expected to submit Level 4 evidence in Cataract Surgery.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 8: Ocular Motility

Ocular Motility is the term applied to the treatment (management) of eye movement disorders, eye alignment or double vision (and associated amblyopia). Ocular motility conditions include: squints in children and adults; highly complex problems such as those occurring after brain injury and stroke; problems related to brain tumours; genetic conditions or nystagmus.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-viii-Ocular-Motility-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-viii-Ocular-Motility-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-viii-Ocular-Motility-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-viii-Ocular-Motility-syllabus-August-2024.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of ocular motility procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity muscle procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of ocular motility cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of ocular motility disease.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in ocular motility.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit/sign off trainees to Level 3 in ocular motility disorders. This includes supervising horizontal squint surgery to Level 3, e.g. supervise and teach forced duction tests, resect and recession procedures.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 9: Neuro-ophthalmology

Neuro-ophthalmology is the area of ophthalmology and neurology that studies disturbances of vision and eye movements that have a neurological basis. Neuro-ophthalmology covers conditions that present an acute threat to vision and life.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-ix-Neuro-ophthalmology-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-ix-Neuro-ophthalmology-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-ix-Neuro-ophthalmology-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-ix-Neuro-ophthalmology-syllabus-August-2024.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential

diagnoses.

- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of neuro-ophthalmology procedures selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity neuro-ophthalmology procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of neuro-ophthalmology cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of neuro-ophthalmology disease.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. Use of neuroimaging.
MAR
CbDs
CRS
OSATS
DOPS

Evidence showing an ability to supervise, accredit and train trainees to level 3 in neuro-ophthalmology.

You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum SIA requirements](#)

SIA 10: Paediatric Ophthalmology

Paediatric ophthalmologists manage the entire spectrum of eye disease in children. This may require collaboration with other medical and ophthalmic specialty areas. Training is focused on additional in-depth understanding and management of paediatric eye diseases and strabismus.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-x-Paediatric-Ophthalmology-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-x-Paediatric-Ophthalmology-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-x-Paediatric-Ophthalmology-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-x-Paediatric-Ophthalmology-syllabus-August-2024.pdf>

Key skills

- Independently perform an age-appropriate patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multi-professional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of procedures for paediatric conditions selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform low complexity extraocular paediatric procedures.

L4 skills

- Demonstrate advanced clinical management and surgical skills.

- Manage the complexity and uncertainty of paediatric ophthalmology cases.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of paediatric ophthalmology.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in paediatric ophthalmology.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit/sign off trainees to Level 3 in paediatric ophthalmology. This includes supervising horizontal squint surgery to Level 3.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 11: Urgent Eye Care

An urgent eye condition is any eye condition that is of recent onset and is distressing or is believed by the patient, carer or referring health professional to present an imminent threat to vision or general health. Many eye conditions classified as urgent by this definition can be managed in one or two consultations without recourse to complex diagnostic or treatment facilities.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xi-Urgent-Eye-Care-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xi-Urgent-Eye-Care-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xi-Urgent-Eye-Care-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xi-Urgent-Eye-Care-syllabus-August-2024.pdf>

Key skills

- Independently perform a patient assessment and investigations sufficient to identify, describe and interpret clinical findings to arrive at differential diagnoses.
- Independently formulate and initiate a management plan for low complexity cases.
- Justify the differential diagnoses and plan with reference to basic and clinical science.
- Work effectively with patients and the multiprofessional team.
- Independently manage patients at an appropriate work-rate, employing the most appropriate clinical examination equipment and investigation modalities.
- Refine the differential diagnoses and management plan by application of clinical knowledge.
- Independently assess and manage moderate complexity patients, demonstrating an understanding of urgent eye care procedures and selecting the most appropriate treatment according to current accepted practice.
- Risk assess and prioritise patients appropriately, recognising the need for special interest input.
- Independently perform surgery requiring immediate intervention.

L4 skills

- Demonstrate advanced clinical management and surgical skills.
- Manage the complexity and uncertainty of urgent eye care.
- Apply management and team working skills appropriately, including in complex, dynamic situations.
- Be an effective supervisor, teacher and trainer of urgent eye care.

Suggested evidence

Logbooks

Consolidation reports

EPA forms levels 3 or 4 (if selected as an SIA)

Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections

Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same. e.g. CRS1 Consultation skills in urgent eye care.

MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit and train trainees to level 3 in urgent eye care. Evidence showing an ability to supervise, allied professionals in the delivery of urgent eye care under guidance of local governance policies.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

SIA 12: Community Ophthalmology

The Community Ophthalmology Service is distinct from primary and secondary care services and is defined by the functions it performs and its composition, such as the use of multidisciplinary teams with a targeted case load. A Community Ophthalmology Service will have some or all of the following characteristics: the ability to make definitive diagnoses to manage and treat the majority of cases referred into it; be effective as a monitoring service for patients at risk of their condition deteriorating asymptotically; provide an access point for patients with recurrent symptomatic disease.

Level 1 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xii-Community-Ophthalmology-syllabus-August-2024.pdf>

Level 2 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xii-Community-Ophthalmology-syllabus-August-2024.pdf>

Level 3 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xii-Community-Ophthalmology-syllabus-August-2024.pdf>

Level 4 descriptors are shown here: <https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Annex-1-xii-Community-Ophthalmology-syllabus-August-2024.pdf>

Key skills

- Understand the role of a Community Ophthalmology Service.
- Communicate and deliver feedback to referrers and patients to support integrated care.

- Be aware of common public health issues and requirements specific to ophthalmology.
- Understand the environmental impact of eye health.
- Understand the provision of community ophthalmology and screening programmes.
- Understand the epidemiology of eye disease and visual impairment and public health approaches to blindness prevention.
- Understand the role of commissioning in eye health care.

L4 skills

- Demonstrate advanced skills necessary to assess the eye health needs of a population and analyse local priorities.
- Evaluate design and delivery of care pathways.
- Demonstrate skills to assess and assure high quality outcomes in Community Ophthalmology Services.
- Be an effective clinical leader, supervisor and trainer of the multi-disciplinary team.

Suggested evidence

Logbooks
Consolidation reports
EPA forms levels 3 or 4 (if selected as an SIA) *Level 1 and Level 2 evidence should only be submitted in the General ophthalmology section above. i.e. do not submit in other sections* Where you are submitting Level 4 evidence, you do not also need to submit L3 evidence for those elements which are the same.
MAR
CbDs
CRS
OSATS
DOPS
Evidence showing an ability to supervise, accredit and train trainees to level 3 in community ophthalmology. Evidence showing an ability to supervise, allied professionals in the delivery of eye care under guidance of local governance policies and where appropriate employing the Common Clinical Competency Framework.
You should refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: Curriculum SIA requirements

Domain 2: Health Promotion

Key skills

- Provide appropriate lifestyle advice.
- Adopt local and national guidelines of prevention of infection.
- Advise appropriately about the systemic side effects of drugs.
- Know the principles of screening.
- Use and promote means of eye injury protection.
- Be aware and respect the impact of social, economic, cultural and religious factors on health.
- Have detailed knowledge of National Screening Programmes especially with reference to ophthalmic diseases.
- Demonstrate leadership in the promotion of eye and general health in the wider community.
- Promote immunisation.
- Develop special interest area specific guidance for health promotion.
- Be an effective supervisor and guide in the area of health promotion.

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi:

<https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence:

- *GSATs. It is acceptable to provide level 4 only.*
- *Clinic letters - maximum of five letters*
- *Presentations – see Domain 6 Education and Training (no more than five presentations)*
- *CPD*
- *MDT meeting minutes – see Domain 3 (no more than three sets of meeting minutes. Please highlight your role in the meeting)*
- *Testimonial letters*
- *ELFH course certificates*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, 'MDT minutes – institution name'.

Presentations – please condense to display six slides per page.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum 2024 requirements for Domains 2-7](#)

Domain 3: Leadership and Team Working

Key skills

- Know about leadership competencies in the nine behavioural dimensions as defined by the NHS Leadership Academy. For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi: <https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/> e.g. Certificate in management and Leadership
- Know what leadership means for you and identify areas for own development.
- Document and evidence leadership behaviours. e.g. correspondence demonstrating leadership
- Practice within a multidisciplinary team including to develop leadership projects. e.g. meeting minutes (no more than 3 sets of meeting minutes)
- Demonstrate the authority, capacity and motivation to implement change. e.g. Presentations, quality improvement projects (QIP)/audits, meeting minutes (no more than three sets of meeting minutes)
- Design own projects related to leadership and management. e.g. QIP
- Critically evaluate own skills and the quality of patient care. e.g. reflective notes
- Promote service improvement through: quality, innovation, productivity and prevention (QIPP); supervision of the multidisciplinary team; effective management of incidents and complaints.

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi: <https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence:

- *Certificates in Management and Leadership*
- *PDPs*
- *Reflective notes*
- *Evidence of Chairing meetings (no more than three sets of meeting minute. Please highlight your role in the meetings)*
- *Meeting minutes to demonstrate participation (no more than three sets of meeting minutes. Please highlight your role in the meeting)*
- *CbDs*
- *GSATs e. It is acceptable to provide level 4 only.*

- *ELFH course certificates*
- *Datix reports*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, 'Meeting minutes – institution name'.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum 2024 requirements for Domains 2-7](#)

Domain 4: Patient Safety and Quality Improvement

Key skills

- Know the principles, recognise the contribution to improved practice, and take part in clinical governance, audit and quality improvement activities. e.g. clinical governance meeting minutes (3 sets of minutes which demonstrate attendance AND participation). Highlight your role in the meeting.
- Identify appropriate information from a variety of data sources.
- Apply clear and appropriate clinical reasoning to make safe decisions.
- Practise in line with latest evidence.
- Maintain appropriate audits of practice. e.g. audits and presentations
- Apply quality improvement methods.
- Design and implement quality improvement programmes to improve clinical effectiveness, patient safety and patient experience. e.g. audit reports, presentations
- Analyse and critique published research.
- Share improved practice with others and be able to defend changes made.
- Critically evaluate own skills in quality improvement. e.g. reflective notes/diaries
- Promote clinical governance and quality improvement in the wider organisation. e.g. meeting minutes (three sets of minutes which demonstrate attendance AND participation). Highlight your role in the meeting.

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi: <https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence

- *GSATs. It is acceptable to provide level 4 only.*

- *Participation in journal clubs (three examples will be sufficient)*
- *Reflective diaries*
- *MSF*
- *Appraisals*
- *Audit reports (See audit requirements below)*
- *Datix reports*
- *Meeting minutes – no more than three sets of minutes. Please highlight your role in the meeting.*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, ‘Clinical governance meeting minutes – institution name’.

Presentations – please condense to display six slides per page.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum 2024 requirements for Domains 2-7](#)

Audit and Quality Improvement projects

- **Please upload your projects and related evidence in one file per institution. These should be in order of project, grouping together everything related to each project (e.g. audit proposal, audit, presentation, re-audit).**
- **Call this “Audit and Quality Improvement projects – institution name”.**

Cataract audit – [this is required for L4 SIA evidence only](#). You do not need to provide this with L3 SIA evidence.

- You are required to provide evidence of personal full audit of consecutive adult phacoemulsification (small incision) cataract cases measured against “The cataract national data set electronic multi-centre audit of 55,567 operations: updating benchmark standards of care in the United Kingdom and Internationally’ by P.Jaycock et al, Eye issue 1 for 2007.”
- **Your Cataract audit must be completed within three years of your application submission.**
- You are also required to keep a rolling audit of the complications of cataract surgery with outcomes and reflections.

Annual audits

- You are required to submit evidence of completing audits, at least one of which should have progressed through the full audit cycle including re-audit. You should submit three audits from the last five years of your clinical practice (apart from your Personal Cataract audit), including evidence that you have led an audit **AND** completed a full cycle.

- **Audits must be presented and peer reviewed.**

More weight will be given to evidence where audit reports are submitted, and more weight will be given to evidence which shows your contribution and your role in the audit.

You should provide evidence of the five stages of the audit process:

1. Definition of criteria and standards
2. Data collection
3. Assessment of performance against criteria and standards
4. Identification of changes (alterations to practice)
5. Re-evaluation

Evidence you could supply includes:

- audit reports (collections of data alone are not considered as a full clinical audit)
- publications
- submissions to ethics committee (not satisfactory alone)
- presentations of audit work (these should include all stages of the audit as above and clarify your involvement)
- letter from audit or clinical governance lead confirming participation in audit or governance activities
- guidelines produced to reflect lessons learned within audit
- notes from self-reflective diaries.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork
- relationships with colleagues, patients
- leadership
- multi-disciplinary working

Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

Domain 5: Safeguarding and Holistic Care

Key skills:

- Understand and promote professional responsibility of safeguarding. e.g. certificates in safeguarding to Level 2
- Demonstrate familiarity with local safeguarding procedures and contacts.
- Demonstrate awareness of possibility of nonaccidental injury in vulnerable patients. e.g. Child Protection certificates to level 2
- Document safeguarding concerns accurately and refers to senior staff. e.g. Datix reports
- Recognise where specialised management techniques may be necessary for those with special needs. E.g. certificates
- Take responsibility for safeguarding of children and vulnerable adults, referring and taking appropriate action.
- Apply mental capacity legislation in clinical practice. E.g. certificates
- Critically evaluate personal and wider organisational responses to safeguarding issues.
- Supervise and support other professionals with regard to safeguarding.
- Demonstrate effective specialised management techniques for those with special needs.

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi: <https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence:

- *GSATs. It is acceptable to provide level 4 only.*
- *MDT meeting minutes*
- *Audits*
- *Certificates e.g. elfh course certificates*
- *Testimonial letters*
- *Mandatory meetings. E.g. clinical governance - see Domain 3 (no more than three sets of meeting minutes. Please highlight your role in the meeting)*
- *Safeguarding certificates*
- *Datix reports*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, 'MDT minutes – institution name'.

Presentations – please condense to display six slides per page.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: **Curriculum 2024 requirements for Domains 2-7**

Domain 6: Education and Training

Key skills:

- Ensure patient safety is paramount in all training and learning events. e.g. teaching presentations (no more than five presentations).
- Actively participate in own induction and training.
- Deliver teaching activities under guidance. e.g. logbook supervising trainees for 20 procedures/WPBAs completed for colleagues (no more than five)
- Deliver patient education. e.g. presentations and feedback on teaching (no more than five presentations).
- Create learning opportunities for others.
- Provide objective assessment.
- Design and contribute to patient education.
- Demonstrate readiness to act as a clinical and educational trainer. e.g. Train The Trainer certificate
- Balance service and training needs.
- Be able to identify and support a trainee experiencing difficulty. e.g. Train The Trainer certificate

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi: <https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence:

- *GSATs. It is acceptable to provide level 4 only.*
- *Train the Trainer certificate (1 day is enough)*
- *Logbook where a trainee is supervised for 20 procedures (10 of these can be in simulation).*
- *360 feedback*
- *WPBAs completed for junior colleagues – no more than five.*
- *Feedback on teaching*
- *Teaching presentations – no more than five presentations. Ensure your name and date of the presentation is on the first slide together with details of the audience*
- *CPD activity (see below) – group into a single file in chronological order*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, 'Teaching activity – institution name'.

Presentations – please condense to display six slides per page.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: **Curriculum 2024 requirements for Domains 2-7**

CPD

- You should submit CPD certificates since your last revalidation. If you are not engaged in revalidation, then you should submit a selection of CPD certificates from the last five years of clinical practice (WTE). The CPD should contain a breakdown and summary of CPD activity.
- **Courses and CPD activity - Please group these together in one file. Call this "Courses and CPD".**
- You should provide a variety of CPD records to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.
- Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).
- **As a guide, the following is expected in relation to CPD:**
 - 50 points per year (250 in five years) for consultants and Staff and Associate Specialist (SAS) grade doctors and should be accrued in all categories over a five-year period.
- **A summary document should be submitted which shows the annual accrual of points.**
- **It is helpful to list the relevant categories for CPD and this can be displayed as a diary list.**

Categories

A Local/Regional Postgraduate Meetings or Teaching Activities (including Basic Life Support)

B External Academic Meetings (including contributions to Scientific Papers and Presentations) C Self Directed Activities (including Examining and Reading Journals)

D Training in Management/Administration/Teaching/ Information Technology

- As a rough guide, one point usually equals one hour of educational activity.

- See RCOphth guidelines at <http://www.rcophth.ac.uk>.
- Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements as may Trust appraisal portfolios.
- See RCOphth guidelines at <http://www.rcophth.ac.uk>.
- Applicants registered with the College CPD system should be aware that CPD points must be supported by primary evidence of the CPD activity (such as course attendance certificates).

Domain 7: Research and Scholarship

Key skills:

- Adopt an evidence-based approach to clinical practice. e.g. research projects
- Critically appraise existing published research. e.g. feedback on research/publications (no more than three examples)
- Distil research and deliver oral presentations. e.g. presentations at local, regional, national and international conferences (no more than 5 examples)
- Implement an evidence-based approach to shared decision making and enhancing patient outcomes.
- Demonstrate competencies for commencing clinical research. e.g. Good Clinical Practice (GCP) certificate
- Distil research, deliver poster presentations and improve oral presenting. e.g. poster presentations
- Implement service improvement by revision and development of guidelines, treatments and practical procedures using current clinical research and contemporary evidence.
- Lead research sessions and critically appraise oral presentations.
- Understand the principles of research methods, research governance, application of ethics to research and the translation of research into practice. e.g. GCP certificate
- Promote innovation in ophthalmology.

For full details of the learning outcomes and descriptors across all 4 levels please refer to the curriculum syllabi:

<https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/ost-curriculum/curriculum-2024/syllabi-patient-management-and-other-domains/>

Suggested evidence:

- *GSATs. It is acceptable to provide level 4 only.*
- *Teaching presentations – no more than five examples. See domain 6 Education and Training*
- *Good Clinical Practice certificate*

- *Peer reviewed papers*

Please organise and group together your evidence into as few electronic uploads as possible, per institution. For example, 'Research activity – institution name'.

Presentations – please condense to display six slides per page.

You should also refer to the excel spreadsheet which will fully explain the evidential requirements against the descriptors: [Curriculum 2024 requirements for Domains 2-7](#)