

Curriculum for Specialist Training in Ophthalmology Malta



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August 2026

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INTRODUCTION

The Curriculum for Specialist Training in Surgical & Medical Ophthalmology provides the structure for ophthalmic training, culminating in graduation as an independent ophthalmic surgeon with achievement of the Certificate of Completion of Specialist Training (CCST).

The first part of this document explains the general outline of the Specialist Training in Ophthalmology Program including the stages of training and the overall framework of training.

The second part details the higher syllabi which lay down the standards of speciality-based knowledge, clinical judgement, technical and procedural skills as well as professional skills and behaviour, which must be attained at each stage of training. The specialty-specific syllabus details the specific standards and requirements to practice as an independent ophthalmologist in Malta.

The second part also describes the educational framework of the Curriculum and how it delivers the content of the syllabi via its teaching and learning programs. The assessment system highlights the performance standards and assessment tools that are employed to ensure that defined competences are acquired at each stage of the training journey.

The third part details the evaluation of the curriculum and processes in place to quality assure both the training and the program itself.

The responsibility for designing the curriculum and setting the curriculum standards rests with the Training Committee of post-graduate training program in ophthalmology, who in turn reports to the Maltese Post Graduate Training Committee and the Specialist Accreditation Committee (SAC). The curriculum establishes the training outcomes against which the progress of individual specialist trainees pursuing specialist training in Ophthalmology locally should be assessed.

The curriculum is continuously reviewed and responds to changes in surgical or other practice, so that specialist training continually evolves and improves. Appropriate transitional arrangements are applied following any amendments to the curriculum so as not to disadvantage existing trainees.

AIMS OF THE CURRICULUM

1. To enable trainees to acquire the attributes of an independent practitioner in preparation for appointment as a Resident Specialist.
2. To specify a coherent program of attainment of the knowledge, understanding, skills and attitudes required of a trainee in order that he/she may obtain the CCST.
3. To ensure that the intended learning outcomes of Specialist Training in Ophthalmology are achievable and measurable.
4. To meet the need for consistency in judging competence and performance in the completion of training while recognizing the value of flexibility in meeting the needs of individual trainees.
5. To reflect, not only the reasonable career aspirations of trainees (e.g., towards a rewarding professional practice) but also the needs of the service (e.g., a capacity for comprehensive service provision).
6. To promote an appreciation among trainees of the importance of continuing lifelong learning, knowledge reinforcement, audit and research in their future service to patients.

DEFINITION OF ROLES

Training Coordinator (TC):

The training coordinator is responsible for managing, designing, developing, coordinating, and conducting the ophthalmology training program. Together with the clinical chairperson, the TC is responsible for selecting candidates who qualify for entry to the specialist training program and the nomination of trainees who have successfully completed their training for specialist accreditation by the Specialisation Accreditation Committee (SAC)

Post-Graduate Training Committee (PGTC):

This PGCT currently consists of the post-graduate training co-ordinator and the chairperson of the department of ophthalmology. The Malta Association of Ophthalmologists (MAO) should also be represented by a member of the board in the PGTC when applicable. Trainees are strongly encouraged to elect a representative (at HST 2 level or higher) who will be the main liaison between the trainees and the PGTC.

Clinical Supervisor (CS):

The clinical supervisor is the consultant ophthalmologist heading the team to which the trainee is assigned. The clinical supervisor is expected to liaise with the TC on any issues that might arise during the period the trainee spends with the team. S/he is also responsible for ensuring the trainee can achieve the learning outcomes discussed during the initial meeting and to complete online documentation at the end of the rotation. The CS changes every time the trainee rotates to a new team.

Trainee:

The trainee is the candidate selected to enter the training program by the Ophthalmology PGTC, having completed core medical training and passed a competitive interview. Trainees must hold a full-time remunerable post with the Department of Ophthalmology and continue to be of good conduct throughout their training. The trainee is expected to participate in all clinical activities of the Department of Ophthalmology, such as the care of outpatients and inpatients, surgery, on-call duties both during the day and night. The trainee is also expected to participate in educational activities, including the teaching of other health professionals, participation in clinical audits and quality improvement activities, and research projects. The trainee is responsible for becoming a trainee member of the TP, enrolling on the online platform and ensuring that competencies are met within the required timeframe. The trainee is responsible for organising all meetings with his/her CS at the start and end of each rotation and to advise the TC about any issues within a reasonable timeframe.

ENTRY TO THE SPECIALIST TRAINING PROGRAM IN OPHTHALMOLOGY

1. Applicants must have obtained a primary medical qualification recognized by the Medical Council of Malta and be registered with said council.
2. There must be a training post available, recognized for the purpose by the Specialist Accreditation Committee, following the appropriate selection process of trainees.
3. The trainee must demonstrate the ability to communicate in both English and Maltese at a level that allows for comprehensive ophthalmic evaluations and communication with patients, caregivers, and colleagues.
4. Ophthalmology is a surgical speciality and an aptitude for microsurgical skills is necessary. Good binocular vision and stereopsis is an advantage for all ophthalmologists in surgical procedures, clinical assessment, and interpretation of some investigations. Applicants are advised to seek assessment prior to applying if there is any concern about visual acuity or stereovision.

The following are considered advantageous for those applying for BST posts in ophthalmology:

- 3 months or more FY2 assignment with Ophthalmology Department
- Attendance of courses / conferences pertaining to ophthalmology
- Examinations pertaining to ophthalmology
- Audits / published papers pertaining to ophthalmology

DESCRIPTION OF THE SPECIALIST TRAINING PROGRAM IN OPHTHALMOLOGY

The Specialist Training Programme in Ophthalmology is a structured 6-year program of learning which facilitates the acquisition of knowledge, understanding, skills and attitudes to a level appropriate to an ophthalmic surgical specialist who has been fully prepared to begin his/her career as an independent surgical practitioner (Resident Specialist) in this specialty.

The training is divided into

1. **2 years of Basic Specialist Training (BST)** which can be extended up to and only to 4 years as per current collective agreement. Trainee is awarded certificate in completion of basic training in ophthalmology (CCBST) if all requirements are fulfilled at the end of this training.
2. **4 years of Higher Specialist Training (HST)** which can be extended up to and only to 6 years as per current collective agreement. This includes an obligatory 12 months in an appropriate training facility abroad at the end of training. Trainee is awarded certificate in completion of specialist training (CCST) if all requirements are fulfilled at the end of this training.

Trainees are expected to fulfil the yearly requirements to progress from one year to the next as outlined in the respective sections below. The trainee is responsible for his/her own pace of training and to ensure that all requirements are fulfilled within the appropriate timeframe. The requirements include but are not limited to:

- Satisfactory fulfilment of yearly work-based assessments documented in the e-portfolio (which include DOPs, CbDs, CRS and MSF)
- Satisfactory fulfilment of surgical requirements
- A pass in yearly departmental examination
- Presentation of audit every 2 years (in departmental teaching session or equivalent)
- Attendance at minimum of 80% of departmental teaching sessions
- Achievement of required courses according to syllabus
- Achievement of examinations (departmental and external) within time frame required by syllabus

EDUCATION PRINCIPLES OF THE CURRICULUM

The purpose of the curriculum is to produce ophthalmologists with the capability to deliver an excellent standard of ophthalmic medical and surgical practice and provide this practice in a safe and professional manner and to the highest of international standards. The curriculum is founded on the following principles:

- The curriculum is a hybrid model of both competency and time-based medical education, which is moving from a strictly time-based model to an outcome-based approach, organised around competencies.
- Regulation of progression through the training program is by the achievement of outcomes that are specified within the curriculum.
- The curriculum is mapped to the domains of good professional practice to ensure that ophthalmologists completing the training program are more than just technical experts.
- There is systematic progression from BST Year 1 through to HST Year 4 through to completion of the program.
- Delivery of the curriculum is by ophthalmic surgeons who are appropriately qualified to deliver ophthalmic specialist training.
- The assessment process is underpinned by explicit performance standards to ensure that the levels of competence outlined in the curriculum are attained.

CURRICULAR DESIGN, COMPETENCY POINTS AND PROGRESSION THROUGH THE TRAINING PATHWAY

The curriculum follows a hybrid competency and time-based model. It focuses on the trainee's ability to demonstrate the knowledge, skills and professional behaviours that they have acquired in their training (specified in the syllabus) through observable behaviours. As a hybrid model, it is not solely defined by time and accordingly, it enables these competences to be acquired in different time frames reflecting variables such as structure of the program at local level, rotation sub-specialty and the ability of the trainee.

However, there are certain milestones or competence points which enable trainees to benchmark their progress against the standards set down in the curriculum, as well as assist in directing trainees towards future career choices based on preference and ability. These milestones also allow assessors to determine if trainees are adequately achieving competence along their training path and therefore quality assure the training program itself.

Competency points:

- Entry into Basic Training in Surgical Ophthalmology (BST).
- Six-monthly appraisals by clinical supervisor during BST 1 and BST 2.
- Completion of 2 years of BST, achievement of required competencies and award of CCBST.
- Entry into Higher Training in Ophthalmology (HST) via competitive cumulative performance and interview.
- Six-monthly appraisals by clinical supervisor during HST 1,2,3 and 4.
- Successful completion of yearly requirements in Higher Specialist Training (including training abroad).
- Exit with CCST.

STANDARDS FOR TRAINING UNITS

The currently approved training unit is Mater Dei Hospital, Malta. However, this may include other units (such as Gozo General Hospital, Primary Healthcare Centres and St Vincent de Paul Day Hospital) and Censu Moran Regional Health Care Hub if these can provide the minimum standards for training units, which include:

1. A designated Consultant Trainer to each Trainee, one who meets with the Trainee at the beginning of each rotation and proposes a learning agreement stating achievable clinical or procedural goals for that period of training.
2. Ensure the weekly timetable can provide appropriate training opportunities for trainees, including:
 - 1-2 theatre sessions,
 - 1-2 casualty sessions,
 - 1-2 general clinics with minimum case load of 10 patients per trainee per session
 - 1-2 on-call sessions per week
3. Deliver in-house teaching, including monthly departmental teaching (trainees are entitled to **protected time** to attend obligatory meetings & adequate cover would need to be provided). Trainees are obliged to attend 80% of departmental teaching.
4. Provide and identify relevant teaching and learning and relevant clinical and surgical opportunities to support trainees' development (particularly in relation to readiness for summative assessment), at each stage of progress.
5. Evaluations to provide evidence of trainees' attitude, knowledge, teaching and interactive / interpersonal skills as well as filling of workplace-based assessments (WBAs) to provide evidence of what trainees know and can do.

The trainee will spend **not more than a period of one year** in local external training units throughout the total of training, to ensure adequate exposure to training opportunities.

SPECIAL CONSIDERATIONS

Entry into Training Program:

Entry into the training program shall be at BST year 1 and HST year 1 and shall be subject to PSC and SAC regulations. Trainees having previously completed their BST training and been awarded a certificate of completion of basic specialist training approved by the SAC, and who are eligible to apply for an HST post as per PSC regulations, shall be eligible to enter the Training Program at HST year 1.

Extended Leave of Absence including Maternity Leave:

Trainees shall avail themselves of vacation leave, sick leave, maternity leave and study leave as per Collective Agreement. An interruption of training period over and above the allowed leave of absence will require an equivalent extension of the training period for the trainee.

Interruption of Training:

In special circumstances, and upon written approval by the postgraduate training committee, trainees may interrupt their training and re-enter training at a later stage when he/she will be expected to compensate for the gap in training including fulfilling requirements of the training program and passing the annual examination. This timeframe is limited by the maximum duration of BST & HST posts allowed by the Collective Agreement between, as well as limitations set by examination boards including the EBO, for eligibility to sit examinations.

STAGES OF TRAINING

- **BASIC SPECIALIST TRAINING ROTATION**

Basic Specialist Training (BST) comprises of 2 years of training, which may be extended up to 4 years if competencies are not achieved (as per current collective agreement). The trainee shall rotate every 6 months (depending on the exigencies of the service) in different consultant firms.

The trainee is required to meet with the Training Coordinator at the start of training and at the end of each year of training to ensure all competencies set out have been achieved to proceed to the next year of training.

The trainee should also meet their clinical supervisor at the start and end of their rotation. During the initial meeting the trainee and clinical supervisor must agree on the learning objectives and skills to be met by the end of the rotation. At the end of the rotation the clinical supervisor and trainee must meet and discuss the outcome of the rotation and highlight any concerns or achievements. These meetings and outcomes should be documented in the e-portfolio provided. Organisation of these meetings are the responsibility of the trainee.

The following **obligatory** competencies are common for both first and second year of training at BST level:

- Yearly 80% attendance at the departmental teaching sessions
- Presentation of one ophthalmology-related audit during BST1 or BST 2
- Completion of competencies specified in e-portfolio
- A pass-mark in the written departmental examination. A failing mark in the examination means the trainee will need to sit for a resit examination which will be held a minimum of 2 months after the date of the initial examination and training will

be extended by corresponding amount of time. A failure in the second attempt will mean the trainee will need to repeat the year and retake the exam at the next sitting.

Trainees are also expected to work on-call duties with a **minimum** of four duties per month as this is considered to be an essential part of training.

THEORETICAL AND PRACTICAL SKILLS

The following basic ophthalmology theoretical and practical skills will need to be achieved by the second year of BST training, prior to progression into HST training.

- **Skills in Basic and Clinical Sciences**

- Understand and apply knowledge of the anatomy of the eye, adnexae, visual pathways and associated aspects of head, neck and neuro anatomy
- Understand applied anatomy relevant to clinical methods of assessment and investigation used in ophthalmic clinical and surgical practice.
- Understand and apply knowledge of the physiology of the eye, adnexae and nervous system, including related general physiology.
- Understand the applied physiology relevant to clinical methods of assessment in ophthalmic practice.
- Understand and apply knowledge of the basic biochemistry and cell biology, in particular those aspects relevant to common eye diseases.
- Understand and apply knowledge of pathology, especially the specialist pathology of the eye, adnexae and visual system. This includes histopathology, microbiology and immunology and other branches of pathology.
- Use this knowledge when interpreting clinical symptoms, signs and investigations and in the practice of ophthalmic medicine and surgery.
- Understand and apply knowledge of growth, development and senescence, and the anatomical, physiological and developmental changes which occur during embryogenesis, childhood and ageing relevant to ophthalmic practice.
- Understand and apply knowledge of optics, ultrasound and electromagnetic wavelengths relevant to ophthalmic practice.
- Acquire a basic understanding of medical physics.
- Understand and apply knowledge of medicine and surgery relevant to ophthalmic practice.
- Understand and apply knowledge of clinical therapeutics relevant to ophthalmic practice.
- Understand the therapeutics used in general medicine and surgery to a basic standard.

- Be aware of the possible ocular effects of systemic medications and systemic effects of ocular medications.
- Understand and apply knowledge of clinical psychology relevant to ophthalmic practice.
- Understand the psychology of vision to a basic standard and how psychological problems can become manifest with ophthalmic symptoms.
- Understand the psychological impact of screening for ophthalmic disease, particularly in the context of pre-existing systemic conditions e.g. diabetes.
- Understand and apply knowledge of lasers relevant to ophthalmic practice.
- Understand and apply knowledge of clinical epidemiology and evidence-based medicine relevant to ophthalmic practice.
- Understand and apply knowledge of statistics relevant to ophthalmic practice and use this knowledge in the interpretation and publication of research.
- Understand and apply knowledge of clinical genetics relevant to ophthalmic practice and use this knowledge when advising patients about patterns of inheritance. Recognise when it is appropriate to refer a patient for genetic counselling and when it is important to offer a consultation with family members.
- Understand and apply knowledge of health economics relevant to ophthalmic practice.
- Understand how ophthalmic services are planned and managed within the health service.

- **Practical Skills**

The trainee must be able to:

- Take a relevant clinical history and document accordingly
- Be able to measure and record visual acuity for distance and near and interpret results
- Be able to measure colour vision
- Be able to assess and interpret visual fields by confrontation and understand when to refer for formal visual fields testing
- Perform an examination of the external eye, ocular adnexae, eyelids, orbits and face using appropriate equipment and illumination.
- Perform slit lamp biomicroscopy of the eye and adjacent structures using appropriate illumination techniques, stains and diagnostic contact lenses
- Measure the intraocular pressure (IOP) accurately using a variety of applanation techniques and understand the limits of each.
- Examine the fundus of the eye using appropriate techniques and accurately interpret findings.
- Competently use a variety of lenses for binocular fundus examination with the slit lamp.

- Competently use the direct and indirect ophthalmoscopes with appropriate indentation techniques.
- Be able to assess the pupil for abnormalities of shape, size and reactions and accurately interpret the findings
- Perform a cover test, assess ocular movements and interpret the findings.
- Perform an appropriate neurological assessment with particular emphasis on the cranial nerves and examining for conditions relevant to ophthalmic disease.
- Assess the tear film.
- Assess the patency and efficiency of the lacrimal drainage system.
- Dilate the lacrimal punctum and probe the canaliculi safely.
- Perform a corneal scrape for diagnostic and therapeutic purposes.
- Remove an ocular surface foreign body safely.
- Manage any tissue contamination, or a rust ring and recognize and take appropriate action if there is a risk of intraocular penetration.
- Remove sutures from the eye and adnexal tissue.
- Fit a therapeutic bandage contact lens.
- Know the risks involved and how to limit these.
- Irrigate and debride ocular contaminants as part of the emergency management of ocular injury and be able to give advice to others providing first-aid for eye injuries.
- Assess ocular pH and know for how long irrigation must continue.
- Be able to check, constitute and administer drugs directly into ocular and periocular tissues (specifically including sub-conjunctival, subtenon, intraorbital, intracameral and intravitreal route) and understand indication, contraindications and risks associated with each route.

- **Surgical Skills**

Anaesthesia

- Be able to safely achieve appropriate local anaesthesia for ophthalmic procedures and recognise and provide immediate management of the potential complications.
- Familiarize oneself with the various routes and agents used in ophthalmic local anaesthesia, their mode of action, side effects, dosage and when monitoring may be required for various types of anaesthesia.
- Identify pros and cons of each type of anaesthetic for a particular circumstance.

Aseptic Technique

- Be able to perform surgery using an appropriate aseptic technique.
- Understand by what routes the operative field could become contaminated and what can be touched safely when scrubbed.
- Know what to do in the event of a needle stick injury to yourself or one of the team.

Microscope

- Know how the microscope works.
- Ensure you know the optimum microscope position and be able to set this up before starting a list.

Basic Surgical Skills

- Understand ocular anatomy
- Be aware of the instruments, their names and uses.
- Ensure you know basic tissue-handling/suturing skills.
- Learn suturing techniques for different ocular and adnexal tissues to show understanding of different sutures and knots.
- Manage lid lesions by performing appropriate incision, curettage, biopsy or excision.
- Be able to perform procedures including chalazion surgery, correction of simple entropion and ectropion, and ideally, tarsorrhaphy. *
- Recognise when the management requires specialist referral.

*Please refer to section on logbook for procedure number recommendations

Practice in a supervised / simulated environment and wet lab settings is strongly encouraged, when possible, prior to attempting new procedures.

● **Laser Skills**

- Understand the indications, risks and limitations of laser treatment.
- Have a good knowledge of the type of lasers available, and on what basis to choose between them.
- Be aware of how lasers work and what safety precautions are required.
- Have a good knowledge of techniques of laser application, delivery systems and treatment strategies.
- Be aware of the pros and cons of treatment, and how can these be best communicated to the patient.

- Understand what complications could ensue, what follow-up is necessary, and what warnings should the patient be given.
- Be able to apply appropriate laser for the management of retinal disorders.
- Be able to apply appropriate laser for the management of problems with the lens capsule after cataract surgery.
- Be able to apply appropriate laser for the management of raised intraocular pressure using a variety of techniques
- understand what sorts of laser procedures are possible for raised IOP and what their indications are.

- **Biometry**

- Take an accurate refractive history.
- Plan the optimum refractive outcome with a patient
- Perform biometry and keratometry accurately and safely in a range of situations
- Recognise an error in the biometry result and identify when it may need to be repeated.
- Apply appropriate formulae.

- **Investigations**

Systemic investigations:

- Know the relevant haematological, and biochemical and radiological investigations.
- Know the relevant investigations including ocular and neuro-electrophysiology.
- Know how and when (urgent vs routine) to request them.
- Explain the benefits, risks and potential discomfort to the patient/carer.
- Be able to interpret, explain and act upon the results.
- Know the limitations and cost implication of each investigation.

Imaging techniques:

- Know the relevant investigations and when to request them.
- Know how and when (urgent vs routine) to request them.
- Explain the benefits, risks and potential discomfort to the patient/carer.

- Be able to interpret, explain and act upon the results.
- Know the limitations and cost implication of each investigation.
- Perform fundal photography
- Perform optical coherence topography (OCT) scanning
- Perform fundus fluorescein angiography (FFA)
- Perform fundus autofluorescence (FAF)
- Perform B-scan ultrasonography

- **Patient management Skills**

- Formulate a management plan based upon clinical assessment and, where appropriate, the results of relevant investigations.
- Be aware of personal limitations and seek more senior help when appropriate
- Recognise when the patient's condition needs further management and make the appropriate referral.
- Identify patients for whom surgery would be appropriate.
- Involve the patient, and where appropriate, their carer, partner or relatives, in the decision and enable them to express their informed consent.
- Consider the benefits and risks of surgery and ensure that, when appropriate, these are conveyed to the patient and their relatives.
- Be able to recognize and initiate management of medical emergencies (such as anaphylaxis) and offer first aid or Basic Life Support until expert help arrives.

- **Communication Skills**

- Communicate effectively and sensitively with patients, relatives and carers in a variety of situations.
- Ensure patients receive the information they require, including during local anaesthetic surgery.
- Demonstrate active listening throughout consultations.
- Explain matters in terms understood by a lay person.
- Be sensitive during questioning.
- Obtain valid consent from the patient according to national guidelines, or from the parent in the case of a minor.
- Recognise that consent is a process that may culminate in, but is not limited to, the completion of a consent form.

- Be aware of, and be able to respond to, the patient's level of understanding and mental state and how this may impair their capacity for informed consent (and that of parents, relatives or carers where appropriate).
- Communicate potentially upsetting information in an appropriate manner. This should include giving the patient time to ask questions in an appropriate environment.
- Provide information about appropriate support.
- Communicate appropriately when there are language and other potential barriers to effective communication.
- Be open with patients and colleagues when errors or complaints have arisen and provide a full and frank explanation, taking particular care to ensure that all possible ameliorating measures are taken and explained.
- Respond to any complaint about your clinical practice in a sensitive and professional manner and ensure that the clinical care of the patient is not compromised.
- Respond appropriately to complaints about the clinical practice of other health service professionals in a sensitive and professional manner.
- communicate succinctly and effectively with other professionals as appropriate.
- Use verbal, written and electronic means of communication.
- Respond to legitimate requests for information in a timely manner.
- Ensure adequate intra-departmental communication to ensure efficient service provision especially with respect to planned and un-planned leave and on-call work.
- Recognise the importance of planning annual, study and duty leave with sufficient notice.
- Ensure adequate communication when responsibility for patients is handed over.

- **Assessment**

These skills will be assessed via

- Direct observation of procedural skills (DOPs)
- Objective assessment of surgical and technical Skills (OSATS)
- Case-Based discussion (CbD)
- Surgical E-logbook documentation
- End of year examinations

EXTERNAL EXAMS

By the end of BST2 training, in order to progress to HST level, trainees should have achieved:

A pass in the ICO Visual Sciences Examination and

A pass in the ICO Optics, Instruments and Refraction Examination

OR

A pass in the FRCOphth Part 1

- **HIGHER SPECIALIST TRAINING ROTATION**

Higher Specialist Training (BST) comprises of 4 years of training, which may be extended up to 6 years if competencies are not achieved (as per current collective agreement). The trainee shall rotate every 6-12 months (depending on the exigencies of the service) in different consultant firms.

The trainee is required to meet with the Training Coordinator at the start of training and at the end of each year of training to ensure all competencies set out have been achieved to proceed to the next year of training.

The trainee should also meet their clinical supervisor at the start and end of their rotation. During the initial meeting the trainee and clinical supervisor must agree on the learning objectives and skills to be met by the end of the rotation. At the end of the rotation the clinical supervisor and trainee must meet and discuss the outcome of the rotation and highlight any concerns or achievements. These meetings and outcomes should be documented in the e-portfolio provided. Organisation of these meetings are the responsibility of the trainee.

The following obligatory competencies are common for all years of training at HST level:

- Yearly 80% attendance at the departmental teaching sessions (excluding during period of time abroad)
- Presentation of a minimum of two ophthalmology-related audits during HST years
- Completion of competencies specified in e-portfolio

A pass in the Refraction Certificate (Royal College of Ophthalmologists) is obligatory to progress from HST 2 to HST 3

It is recommended that the trainee also spend 12 months in an appropriate training facility abroad during their training. The trainee can be awarded certificate in completion of specialist

training (CCST) even if this year is not completed due to unforeseen circumstances, such as lack of availability of the post abroad. If more than one candidate is vying for said year's post abroad, the Committee will select the best candidate by interview process.

Trainees are also expected to work on-call duties with a **minimum** of four duties per month as this is considered to be an essential part of training (excluding period of training abroad).

THEORETICAL AND PRACTICAL SKILLS

The trainee is expected to achieve the following theoretical and practical skills by the end of HST training, prior to being awarded the completion of specialist training.

- **Theoretical Skills**

Trainees are expected to have a good understanding of practical and theoretical knowledge of the topics associated with the following (refer to section on recommended reading):

- Orbit, eyelids and lacrimal disease
- Trauma, external eye diseases and cornea
- Ocular inflammation and uveitis
- Glaucoma
- Lens and cataract
- Retina and vitreous
- Ophthalmic pathology and ocular tumours
- Neuro-ophthalmology
- Paediatric ophthalmology and Strabismus
- General medicine related to Ophthalmology
- Community and public health related to ophthalmology

Trainees should also keep up to date with current international and national guidelines.

- **Practical Skills**

Visual Assessment & Refraction

Spectacles

- Identify when a patient may benefit from the use of spectacle lenses and prisms.
- Assess the type and strength of lens and provide an appropriate prescription.
- Know the presenting complaints of patients with refractive errors.
- Be aware of when it is advisable to correct a refraction error and when it should be left uncorrected.
- Know the different forms of spectacle lenses (e.g. monofocal, bifocal, varifocal) and understand the advantages and disadvantages of each type of lens.
- Understand the different forms of prism correction available and when their use should be advised.
- Know the associations of refractive error with other ophthalmic or systemic disease e.g. cataract, diabetes and keratoconus.
- Understand how a refractive error will influence the management of eye disease, particularly with reference to cataract surgery.
- Liaise with and, where indicated, seek advice from optometrists and orthoptists.

Contact Lenses

- Understand the optics of contact lenses.
- Know the basic principles of fitting hard and soft lenses.
- Know the indications for use of contact lenses, including refractive and therapeutic, and how different uses may affect the care and advice given to patients.
- Understand techniques and guidelines for safe use of contact lenses, including the use of topical medications in association with lenses.
- Recognise and manage complications of contact lenses and discuss the implications of contact lens associated problems with patients.
- Insert and remove contact lenses in clinic and in the acute ophthalmic service.

Refractive Surgery

- Know the main benefits and limitations of various refractive techniques, including excimer laser, femtosecond laser, advanced surface ablation, LASIK, LASEK, SMILE, and refractive lens exchange.

- Be familiar with the main indications, limitations and contra-indications to such surgery.
- Be familiar with the types of bespoke IOLs that are available for cataract surgery and refractive lens exchange; multifocal, trifocal, extended focus and non-rotationally symmetric multifocal IOLs as well as their toric versions.
- Be familiar with common methods of treating presbyopia.
- Understand how to calculate the lens implant power following refractive surgery.
- Understand the significance of previous refractive surgery on current ophthalmic treatments, particularly cataract surgery.
- Advise patients on the risks and benefits of refractive surgery. Trainees are not expected to have the deeper understanding of refractive surgery which would enable recommending such a procedure but should be able to educate their patients and inform them to seek an expert opinion if they wish to consider treatment.
- Know the alternative corrective techniques which are available to a patient with refractive error (spectacles, contact lenses, clear lens extraction and refractive surgery). The benefits and limitations of each of these options should also be understood.
- Recognise and manage the complications of refractive surgery as they present to the eye department and understand when the original provider of treatment will need to be involved in ongoing care.

Retinoscopy and Subjective Refraction

- Assess a patient's refractive error.
- Assess a patient's spectacle lenses using neutralisation techniques and focimetry.
- Perform retinoscopy and an accurate subjective refraction and provide an appropriate prescription.
- Assess a patient's binocular co-operation and advise on whether this should be corrected optically.
- Perform an accurate cycloplegic refraction (especially on a child) and provide an appropriate prescription.
- Recognize the difference between refracting children and adults.
- Be familiar with optical prescription documentation.
- Consider going on a Refraction Course.

Visual Standards

- Know and be able to interpret the visual standards for driving.

- Locate published guidance and advise a patient on occupational visual standards.
- In any clinical encounter with a patient you must consider how their vision may impact upon driving or other relevant occupational standards e.g. pilots, police etc. If you are aware that the patient's vision is below a relevant standard then you must act appropriately and inform the patient and, where necessary, relevant authorities.
- Advise patients on the process of informing the DVLA and/or occupational health department of their employers about their visual status and the potential outcome of the medical enquiry.
- When considering visual standards, it is important to understand the different techniques that are involved in assessing vision and how these may differ from common clinical assessment methods, e.g. Goldmann and Esterman visual fields.
- Understand the limitations of visual assessments, and the practical difficulties in performing the tests accurately.
- Understand the social & psychological implications of the visual impairment the patient
- Know which organisations are available nationally and locally to support patients with visual impairments.
- Understand which low visual aids may be appropriate to various common ophthalmic conditions.

Punctal Occlusion

- Occlude the lacrimal puncta/canaliculi when indicated.
- Use temporary, reversible and permanent occlusion techniques.

Botulinum Toxin Use

- Know the indications for the use of botulinum toxin for ocular surface protection, treating squints and blepharospasm.
- Be aware of the drug dose for the different indications.
- Inform patients appropriately of the risks and benefits of the treatment, according to the indication and site.
- Use botulinum toxin safely for ocular surface protection and blepharospasm.

Periocular and Intraocular Drug Delivery

- Be able to check, constitute and administer drugs directly into ocular and periocular tissues, specifically including sub-conjunctival, sub-tenons, intraorbital, intracameral and intravitreal routes.
- Understand the indications, contraindications and risks associated with each route.
- Study the relevant clinical anatomy prior to the administration of periocular drugs.
- Understand the methods of action and pharmacokinetics of the drugs used.
- Recognise the side effects of these drugs and be able to anticipate these effects in the specific context of periocular and intraocular administration.
- Be able to constitute and administer intravitreal antibiotics, which is often performed in an emergency situation out of hours.
- Check that the drug has been stored properly and is within its expiry date.

Anterior Chamber Paracentesis

- Perform an anterior chamber paracentesis for diagnostic or therapeutic purposes.
- Understand the indications and risks of the procedure.
- Familiarity with indications, pros and cons and best environment to perform the procedure.
- Use appropriate instruments and equipment.

• **Surgical Skills**

Anterior Segment

Cataract Surgery

- Learn all the individual stages of cataract surgery.
- Adapt your technique according to clinical indications and current surgical practice.
- Procedures should include the full variety of complex cases (including high myopes, cases with previous anterior or posterior segment surgery, cases with previous iritis, unusually hard or soft cataracts, white cataracts, cases with pseudoexfoliation syndrome, subluxated lenses and post-trauma cases).
- Be able to manage intra-operative and post-operative complications.
- Examine your patients pre-operatively and review them post-operatively so you are aware of the early post-operative clinical signs, results and impact of your surgery.

- Complete a full operating list independently by the end of training (a minimum of 150 completed cases is expected by end of training).
- Be able to perform aqueous and vitreous sampling and understand the risks of the procedure in the context of post-operative endophthalmitis.
- Make appropriate and reliable arrangements for the result to be acted upon in a timely fashion.
- Self-audit of complications is highly recommended
- Continue to seek feedback from your trainers, both formal and informal.

Glaucoma Surgery

- Understand and recognise the causes of raised intraocular pressure (IOP) and the surgical options available.
- Manage raised IOP and glaucoma by performing appropriate procedures including emergency management, for example, in acute angle closure. The technique of surgery will depend upon clinical indications and current practice.
- Know when surgery is appropriate and what you are trying to achieve or avoid.
- Recognise when the management requires specialist referral.
- Discuss with your trainer which procedures are appropriate for you to learn, and how your training will be achieved. This could include the needling of blebs.
- (Ideally actual surgical procedures should be assessed, but if this is not feasible then additional laser procedures, especially cyclodiode laser, can be counted).

Corneal Surgery

- Observe and assist during corneal procedures (including corneal transplants, amniotic membrane, corneal cross-linking)
- Be able to undertake appropriate surgical measures for the protection of the cornea and ocular surface (such as temporary/permanent lid protection procedures and understand when a surgical approach (e.g. amniotic membrane, Frost suture with bolster, tarsorrhaphy) is likely to be better than a conservative approach (e.g. ointments/lubricants, protective cover, bandage contact lens, botulinum toxin).

Oculoplastics, Lacrimal & Trauma Procedures

Lacrimal & Lid Surgery

- Understand the anatomy of the lacrimal system and conditions amenable to surgical correction
- Observe and assist in complex lacrimal surgery (including DCR)
- Understand the anatomy of the eyelids and conditions amenable to surgical correction.
- Ensure you know basic tissue-handling/suturing skills and how to improve them.
- Progress through simple to more-complex lid surgery (including correction of entropion and ectropion, pentagon excision for lid margin lesions, upper lid blepharoplasty, chalazions, tarsorrhaphy lateral canthotomy and cantholysis)
- Manage lid lesions by performing appropriate incision, curettage, biopsy or excision.
- Know possible complications of lid surgery.
- Recognise when the management requires specialist referral.

Biopsy

- Be able to perform a biopsy of ocular and adnexal tissues.
- Understand whether incisional or total biopsy is indicated.
- Understand the indications and limitations of the biopsy.
- Be aware of the risks of the procedure.
- Ensure that the biopsy sample is prepared correctly for subsequent laboratory analysis and liaise with laboratory staff so that appropriate media, identification of edges and transport are used to maximise the diagnostic yield of the biopsy.
- Make appropriate and reliable arrangements for the result to be acted upon in a timely fashion

Trauma Repair

- Be able to perform surgical repair of ocular and adnexal tissues, including the cornea, sclera, eyelids and conjunctiva.
- Recognise situations where urgent lateral canthotomy and cantholysis is necessary and be able to perform it.
- Understand the principles of canalicular repair.
- Adapt your technique according to pre-operative findings.
- Manage intra-operative and post-operative complications.
- Recognise when subspecialist assistance is required, ensuring prompt onward referral when necessary.

Eye Removal

- Be able to perform enucleation and evisceration.

- Understand the indications for removal of an eye and the rationale for the choice of technique.
- Develop sufficient understanding of the process to be able to communicate and empathise meaningfully with patients undergoing these procedures.
- Consider how you should approach the subject with the patient, whether the patient needs expert counselling and how much time should be given to them to consider the alternatives.
- Be aware of what alternative techniques are there, and how to balance pros and cons (e.g. good cosmesis with implants against risks of extrusion and possible future delay in detection of secondary tumour).

Vitreoretinal Surgery

- Attend VR lists and learn to set up for pars plana vitrectomy
- Understand the various indications for surgery
- Be aware of possible complications and how to manage them appropriately

Squint Surgery

- Be able to perform surgery on the extraocular muscles.
- Be able to identify the muscle, safely detach it and safely and effectively suture it to the sclera.
- Be aware of the indications for muscle surgery, how to select which muscle to operate on and which operation to perform.
- Understand the pros and cons of surgery and how these should be explained to the patient/parent. (It is advisable to attend orthoptic clinics prior to squint surgery)

Patient Assessment

- Recognise when a patient's ocular problem is a manifestation of a systemic disorder.
- Recognise when an ophthalmic diagnosis may indicate an increased risk of a systemic illness.
- Explain the implications to the patient and make appropriate arrangements for further management.

- Ensure that you are aware when, and to whom, it is appropriate to refer a patient for further investigation or management of a systemic problem.
- Consider local and national guidelines and protocols that may enable you to estimate the risk of systemic disease e.g. Transient monocular visual loss and stroke risk.
- Consider the patient holistically, rather than simply focussing on their ophthalmic problem alone.

Paediatrics

- Perform an appropriate assessment of a child's developmental milestones.
- Understand the associations between systemic and ophthalmic diseases.
- Recognise when it is appropriate to seek a paediatric opinion.

● **Decision making, Clinical Reasoning and Judgement**

- Demonstrate that you make decisions by applying appropriate and clear clinical reasoning.
- Practice in line with the latest evidence.
- Draw information from a variety of data sources.
- Conduct literature searches and reviews.
- Critique and analyse published research.
- Design and implement quality improvement projects that improve clinical effectiveness and patients' safety and experience by using data to identify areas for improvement.
- Understand how audit can contribute.
- Participate in quality improvement projects and personal audit.
- Understand how audit can contribute to improvement in your own clinical practice.
- Maintain a surgical logbook.

● **Role in the Health Service**

- Understand the way in which the Health Service is organised and managed, including the responsibilities of major organisations such as the Department of Health, the General Medical Council, the primary and secondary healthcare delivery organisations and understand how they interact with one another.
- Adhere to local and national clinical governance guidelines.
- Play an active role in local clinical governance processes, and ensure that patient safety is paramount in all you do.
- Consider how the quality of clinical care can be assured.
- Recognise when 'whistle-blowing' might be necessary.
- Know the principles of risk assessment and risk management.
- Be familiar with the definitions of serious incidents and never events and ensure you are familiar with local reporting procedures, being actively involved in their investigation and management where appropriate.
- Adopt the role of the leader in the multi-professional team where appropriate.
- Know the different types of leadership role and understand that they are not solely based on hierarchy.
- Consider the responsibilities of a leader and develop the skills of leadership.
- Promote professional values.
- Encourage a team approach to patient safety and act as a patient advocate.
- Demonstrate the skills required to contribute to the teaching and training of students and other healthcare colleagues.

- **Attitude, Ethics and Responsibility**

- Be compassionate in your management of patients.
- Show understanding of suffering, kindness, caring and a willingness to help.
- Respect patient autonomy
- Adopt an appropriate method of communication and assist the patient with appropriate verbal and physical support.
- Show empathy to patients and colleagues.
- Consider the impact of disfigurement and disability, including visual impairment, on the life of patients and their relatives. Make appropriate arrangements for support.
- Be an advocate for those with visual impairment, helping to combat the stigma potentially associated with it.
- Be aware of individuals and agencies that might provide support for professionals in difficulty.
- Have an understanding of medical ethics in relation to clinical practice and the care of patients.

- Use resources in an ethical way.

- **Health Promotion**

- Know the principles of screening.
- Understand the local and national organisation of screening programmes for ophthalmic diseases
- Understand the risks, limitations and benefits of screening.
- Comprehend the factors (including accessibility, personal mobility and education) that may put patients off being involved in screening and put in actions to minimise the effect of the same.
- Understand the distinction between systematic and opportunistic screening. Understand how outcomes of screening are dealt with.
- Have detailed knowledge of grading classification and referral criteria for the major national screening programmes.

- **Assessment**

These skills will be assessed via

- Direct observation of procedural skills (DOPs)
- Objective assessment of surgical and technical Skills (OSATS)
- Case-Based discussion (CbD)
- Surgical E-logbook documentation

EXTERNAL EXAMS

By the end of training, trainees should have achieved a pass in:

European Board of Ophthalmology Diploma (EBOD).

A pass **FRCOphth Part 2 (written and oral)** or in **ICO Clinical ophthalmology and ICO advanced examination** are strongly recommended but not obligatory.

SURGICAL LOGBOOK

The trainee is expected to keep an updated logbook of all procedures performed in order to demonstrate training progress and increasing surgical independence. The trainee should indicate whether procedure was assisted, performed supervised (supervisor un/scrubbed) or performed unsupervised. Date, theatre number, side of operation should also be documented. When indicated, the trainee should also document any particular feature / complication or learning point.

If a procedure is done in a clinic / emergency room setting it should be clearly indicated and documented and case features (date of procedure, patient number etc) should also be stated.

BST 1&2

Before progressing to HST level, the trainee is expected to have independently performed and documented on logbook **a minimum of**

- 40 lid procedures (including a variety of chalazion surgery, lesion removal, simple ectropion or entropion repair)
- 5 lacrimal procedures (including lacrimal sac washouts, three-snip procedures)
- 100 intravitreal injections

Steps in cataract surgery are also strongly encouraged and should be documented accordingly.

HST 1&2

Before progressing to HST 3 level, the trainee is expected to have independently performed and documented on logbook (excluding BST 1-2 documented procedures) **a minimum of**

- 40 lid and lacrimal procedures (including ectropion and entropion repair, tarsorrhaphy, electrocautery, lid biopsies, punctal plugs application, traumatic lid margin repair, botulinum toxin injection)
- 20 anterior segment procedures (including pterygium surgery with graft, conjunctival biopsies, cyclodiode laser)
- 50 intravitreal procedures (including intravitreal injections, vitreous tap/ sampling)
- 30 supervised full cataract surgery procedures

HST 3&4

Before being eligible for CCST, the trainee is expected to have independently performed and documented on logbook (excluding BST 1&2, HST 1&2 documented procedures) **a minimum** of:

- 10 lid and lacrimal procedures (including ectropion and entropion repair, tarsorrhaphy, electrocautery, lid biopsies, punctal plugs application, traumatic lid margin repair)
- 20 anterior segment procedures (including pterygium surgery with graft, conjunctival biopsies, corneal suturing, paracentesis cyclodiode laser)
- 20 intravitreal procedures (including intravitreal injections, vitreous tap/ sampling)
- 3 extraocular muscle surgery procedures
- 1 globe repair
- 1 eye removal
- 100 independent cataract surgery procedures

WORK BASED ASSESSMENTS

Work based assessment (WBA) refers to a group of assessment modalities which evaluates trainees' performance during the clinical settings. The aim of WBA is the element of observation of the trainee's performance in real workplace environment along with relevant feedback, thus fostering reflective practice. WBA consists of observation of clinical performance (direct observation of procedural skills, objective assessment of surgical and technical skills, discussion of clinical cases (case-based discussion), and feedback from peers, and co-workers (multisource feedback).

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Each trainee is expected to submit:

- **20 DOPS per year** during BST1 &2, and HST 1 & HST 2 training years, and
- **10 DOPS per year** during HST3 & 4.

The procedure must be done so under appropriate supervision, and the supervisor can then complete the DOPS at the end of the procedure. If there are aspects of the procedure that are not performed satisfactorily the completed DOPS will act as a guide for training and inform the next attempt.

Where possible a trainee will arrange to have at least 2 satisfactory DOPS for each of the relevant procedure. Where opportunities to perform a procedure are scarce (such as corneal suturing) it may be appropriate for the portfolio to contain only one DOPS. The appropriate supervisor for DOPS has to be HST4 and above (RS / consultant) during the first four years of training (BST1-HST2) and RS or consultant for HST3-4 years of training.

Where a trainee has an opportunity to perform a practical procedure that is not included in the curriculum e.g. as part of sub-specialty training, s/he is encouraged to ask the trainer to complete a DOPS for inclusion in the portfolio. The 'target year' represents the **latest year** that a trainee should normally achieve the specified learning outcome.

Trainees are encouraged to seek assessment using DOPS when an opportunity arises and not wait until the target year.

By completion of training a trainee's portfolio should contain around 100 satisfactory DOPS forms.

The following practical skills learning outcomes are assessed by DOPS:

LEARNING OUTCOME	TARGET YEAR	COMMENT
Removal of corneal foreign body	BST1	
Corneal scraping	BST1	
Apply bandage contact lens	BST1	
Perform biometry	BST1	More than 1 DOPs advised
Assess lacrimal function	BST1	More than 1 DOPs advised
Administration of local anaesthetic	BST1	
Perform OCT scan	BST2	
Perform B-scan	BST 2	
Perform FFA	BST 2	
Administer intraocular drugs	HST 1	
Aqueous / Vitreous tap	HST 1	
Perform laser to reduce intraocular IOP	HST 1	More than 1 DOPs advised
Perform laser for retinal problems	HST 1	More than 1 DOPs advised
Perform laser to lens capsule	HST 1	More than 1 DOPs advised
Application of punctal plugs	HST 1	
Removal of corneal sutures	HST 1	
Gonioscopy	HST 2	
Botulinum toxin injection	HST 3	
Retinoscopy	HST 3	More than 1 DOPs advised
Indirect ophthalmoscopy & indentation	HST 3	
Corneal suturing	HST 4	
Perform paracentesis	HST 4	

CASE BASED DISCUSSION (CbD)

During your training you will be expected to discuss the management of patients with seniors in the form of a Case Based Discussion (CbD). Competence in patient investigation, patient management, health promotion and disease prevention, and some aspects of both attitudes/ethics and continuing professional development is assessed during CbD. It is an important way to show that a trainee is developing her/his patient management skills and that she/he is able to relate her/his knowledge and skills to everyday ophthalmic practice.

Trainees should aim to cover all these scenarios in their case-based discussions if possible so that their portfolio reflects a wide range of clinical management situations:

Suggested scenarios:

- Decreased vision (transient / sudden / gradual / painful)
- Diplopia
- Visual disturbance / metamorphopsia
- Dry eyes
- Floaters
- Headaches
- Pain (peri / ocular)
- Red Eye
- Trauma
- Epiphora
- Ametropia
- Corneal Opacities
- Conjunctival Pigmentation
- Dysgenesis/Colobomata
- Lens Opacities
- Lid Lumps
- Lid Malposition
- Macular Exudation
- Nystagmus
- Ocular Tumours
- Optic Disc Atrophy/Swelling
- Proptosis
- Pupil Abnormalities
- Raised Intraocular Pressure
- Retinal Haemorrhages
- Retinal Pigmentation
- Strabismus
- Visual Field Defects
- Visual disorder in a child
- Vasculature abnormalities

Trainees need to complete **5 CbDs during each year of training** and these should be suitably spread throughout the year. Assessors need to be at resident specialist level or higher. By the end of training a trainee's portfolio should contain at least 30 CbD forms

OBJECTIVE ASSESSMENT OF SURGICAL AND TECHNICAL SKILLS (OSATS)

Competence in some of the surgical skills in this curriculum is assessed using a specific rating scale for each one based upon a modification of the published OSATS used in general surgery.

When trainees have the opportunity to perform the procedure they must do so under appropriate supervision. The supervisor will be able to complete an OSATS at the end of the procedure.

If there are aspects of the procedure that are not performed satisfactorily the completed OSATS will act as a guide for training and inform the next attempt. Where possible a trainee will arrange to have at **least 2 satisfactory OSATS** for each of the learning outcomes.

It is expected that several OSATS will be completed and kept in the trainee's portfolio, before the first satisfactory OSATS is achieved for an individual learning outcome. It is important that a trainee and trainer understand that this is an important part of training and does not represent a problem with a trainee.

Trainees should also maintain a personal logbook of surgical and laser procedures performed.

The following surgical Learning Outcomes are assessed by OSATS:

LEARNING OUTCOME	TARGET YEAR (TA)	COMMENTS
Aseptic technique	BST 1	
Excision of lid lesion	BST 2	
Operating microscope use	BST 2	
Microsurgical skills	HST 1	Annual review after TY*
Lid surgery	HST 1	Annual review after TY*
Cataract surgery	HST 1	Annual review after TY*
IOP lowering procedures	HST 4	
Ocular / Adnexal trauma repair	HST 4	
Lateral canthotomy / cantholysis	HST 4	
Biopsy of ocular / adnexal tissue	HST 4	
Extraocular muscle surgery	HST 4	
Removal of the eye	HST 4	

** These learning outcomes are expected to be reassessed on an annual basis after the target year assessment, reflecting the increasing complexity of cases.*

The TY represents the latest year that a trainee must achieve the specified LO. **Trainees are encouraged to seek assessment using OSATS when an opportunity arises and not wait until the target year.**

By completion of training a trainee's portfolio should contain a minimum of 25 satisfactory OSATS forms.

MULTISOURCE FEEDBACK (MSF)

Assessment of attitude ethics, responsibility and communication learning outcomes are assessed using multisource feedback (MSF). The MSF is performed electronically via the online e-Portfolio. The process for obtaining MSF, which is required on an annual basis is as follows:

1. The trainee identifies 8-10 people who can be approached to give feedback. The recommended combination of assessors should include:

- Consultants
- Resident specialists
- Other trainees (at higher level)
- Senior theatre nurse
- Senior outpatients nurse
- Allied health professionals (including orthoptists and optometrists)
- Clerical or administrative staff

2. The trainee enters the details of the chosen assessors onto the online e-portfolio

3. The staff on the trainee's list are contacted by email and asked to complete an online feedback form that will cover the appropriate areas of the curriculum. The trainee will not see the individual responses

4. The MSF results can be accessed by the training coordinator who will discuss the contents and any action required during the annual review meeting

5. MSFs must be initiated at least 6-8 weeks prior to this meeting as any late submissions will not be accepted.

A minimum of 8 MSF forms must be completed prior to annual review to ensure progression. The following are typical statements included to assess learning outcomes using MSF:

- Follows local guidelines on general cleanliness and avoidance of cross infection
- Establishes a trusting clinical relationship with patients
- Listens effectively to patients
- Provides information to patients in an appropriate and sensitive manner
- Obtains valid consent in an appropriate manner
- Communicates potentially upsetting information in an appropriate and sensitive manner
- Makes allowances for difficulties in communication that may affect the patient
- Uses body language to good effect in communication
- Communicates well with clinical and non-clinical colleagues
- The doctor writes notes clearly
- Complies with local policies for the approval of leave and makes appropriate arrangements for cover
- Has a compassionate approach to patient care
- Respects the patient's wishes when making clinical decisions
- Behaves in a considerate and sensitive manner towards all patients
- Shows appropriate empathy with patient
- Respects the confidential nature of clinical information obtained from patients
- Works within the limits of her/his clinical competence
- Seeks help and advice from clinical colleagues when appropriate
- Treats all patients equally, avoiding discrimination
- Prioritises tasks appropriately, ensuring urgent and important matters are dealt with promptly
- Copes well when under stress

RECOMMENDED READING AND ONLINE RESOURCES

- Clinical Anatomy of the Eye, *R. Snell, M. Lemp*
- The Eye; Basic Sciences in Practice, *J. Forrester*
- Adler's Physiology of the Eye, Ed. *L. Levin*
- American Academy of Ophthalmology. Basic & Clinical Science Course (BCSC) Series, AAO
- Clinical Optics, *A. Elkington, M. Greaney*
- Ophthalmology. *M. Yanoff, J. Duker*
- Kanski's Clinical Ophthalmology, A Systematic Approach. *J. Salmon*
- Refraction and Retinoscopy : How to Pass the Refraction Certificate, *J. Park*
- <https://www.eyedocs.co.uk/>
- <http://eyerounds.org/>
- <http://www.gonioscopy.org/>
- <https://www.aao.org/>
- <https://www.rcophth.ac.uk/standards-and-guidance/>
- <https://nice.org.uk/guidance/conditions-and-diseases/eye-condition>

RECOMMENDED COURSES

- Microsurgery Course (Lugano – ESASO)
- Introduction to Ophthalmic Surgery Course (RCOphth)
- Introduction to Phacoemulsification Course (RCophth)
- Refraction and Optics for Ophthalmologists (D.J. Dunstone Optometry UK)