

# GP Specialty Training Programme

# OPHTHALMOLOGY

## GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that Trainees (GPStRs) work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	15.5
Supplementary sections that may be covered	

## Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should complete the self-assessment rating scale tool.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

## Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- DOP assessments – as appropriate
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

## Study Leave

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor. The GPStR is recommended to use up their study leave entitlement within the 6month post and spend as much time as possible in general practice with their Educational Supervisor. This may include their 6 monthly Educational Supervisor review. It is the responsibility of the GPStR to book any study leave with the relevant hospital department.

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## Learning Objectives & Assessment in OPTHALMOLOGY

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<b><u>Knowledge of specific clinical cases:</u></b>			
<b>EMERGENCIES</b>			
1. Red Eye – Assessment			
- Urgency e.g. Suspected Acute Glaucoma	✓		
- Management – including Eye Infections (bacterial and viral)	✓	✓	
2. Eye Trauma – Assessment and Treatment of Corneal Abrasions, Foreign Bodies in Eyes	✓	✓	
3. Sudden Visual Loss	✓		
<b>COMMON GP PRESENTATIONS</b>			
1. Cataract	✓	✓	
2. Glaucoma	✓	✓	
3. Dry and Watery Eyes	✓	✓	
4. Eyelid problems	✓	✓	
5. Paediatric Eye Problems inc knowledge of developmental checks inc squints	✓		
6. Flashes and Floaters	✓		
7. Macular Degeneration – Wet and Dry	✓		
8. Links with Systemic Illness e.g. Diabetic Eye Disease	✓		
<b><u>Appreciation of the roles of others:</u></b>			
1. Ophthalmologist including how register someone blind.	✓		
2. Optician inc some basic contact lens problem knowledge	✓		
3. Ophthalmic Optician	✓		
4. Hospital Eye Casualty	✓		
5. Optometrist	✓		

	CbD	Mini-CEX	DOPS
<b>Specific Skills:</b>			
1. Fundoscopy			✓
2. Assessment Eye Movements			✓
3. Visual Field Assessment			✓
4. Checking Visual Acuity			✓
5. Everting Eyelids			✓
6. Fluorescein Staining			✓
7. Interpretation Results – Orthoptist and Optician Reports		✓	

## How the GPStR can learn

### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

1. **Outpatient Clinics** – It would be anticipated that the majority of experience would be gained in an outpatient setting – seeing the types of patients commonly referred to eye clinic by GPs
2. **Specialised Clinics** e.g. Retinal Screening
3. **Seeing Emergency Referrals/Attendances**
4. **Formal Teaching Sessions** – Not only from ophthalmologists but possibly from other professional identified above
5. **Theatre experience** – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common eye operations only

**Educational Plan** from ..... to .....

GPStR:.....

email:.....

Clinical Supervisor:.....

email:.....

Educational Supervisor:.....

email:.....

**Learning Needs Identified:**

**How will these be addressed?**

**Assessment Planner**

Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX 1		
Mini-CEX 2		
Mini-CEX 3		
Additional		

**Signed & agreed:**

<b>GPStR:</b>		<b>Date:</b>
<b>Clinical Supervisor:</b>		<b>Date:</b>