

## 2024 Curriculum

The 2024 curriculum assesses overall capabilities in both clinical and generic professional skills and lists high-level, overarching learning outcomes that describe what an ophthalmologist does. Seven domains mapped to the GPCs framework are employed:

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

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

### **How should I structure my evidence?**

You should use the specialty specific guidance (SSG), it contains all the information required including mandatory evidence.

Your evidence must cover the knowledge, skills and experience required to demonstrate the high level, overarching Learning Outcomes in the Ophthalmology curriculum Syllabi: <https://curriculum2024.rcophth.ac.uk/> If evidence is missing, then the application may fail.

The 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.

### **What are the key documents?**

**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.

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. This is contained within a link in the SSG:

<https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/specialty-specific-guidance/specialty-specific-guidance-for-portfolio-pathway-in-ophthalmology>

Generally, you should not allocate more than three learning outcomes to a single WPBA, and evidence should only be submitted once. However, we recommend that only CbDs contain links to other learning outcomes. Otherwise your application will become too large and too confusing for both yourself and the assessors.

### **Entrustable Professional Activity (EPA) forms**

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.

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.

### **Are EPA forms mandatory?**

These are not mandatory, but we recommend you submit them as they are a very useful document in showing you have the necessary knowledge, skills and experience in each SIA. Also, this helps in reducing the paperwork especially for the level 1 and level 2 competencies whereby submission of the EPA form should be sufficient to satisfy the assessors that the required LOs have been achieved. Where

they have not been provided applicants must provide more robust evidence in each SIA area to demonstrate they have the necessary knowledge skills and experience.

### **I don't have a named clinical supervisor. Who completed my EPA form?**

Whilst we appreciate that these are completed by an NCS for trainees your supervisor/consultant can complete the EPA form. It contains details of their direct observation and this will be a key element in triangulation of your evidence.

### **General Skills Assessment Tool (GSAT)**

The purpose of the GSAT form is to allow assessment of competencies for the 6 non-clinical domains. The GSAT must be completed by a consultant assessor. It is recommended to use multiple assessors for completing different GSAT domains

### **How many are required?**

GSATS should be provided for all six non SIA domains. **Only Level 4 GSATs are required.** They are not mandatory, but like the EPA forms we recommend that you submit as they show you have been assessed in that domain by a supervisor.

### **Logbooks**

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:

<https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/resources/eye-logbook/>

You are advised to refer to the indicative procedure numbers for L3 and L4 detailed in the SSG. 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).

### **Are there minimum numbers for surgery?**

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.

However, as Portfolio pathway applicants are not assessed in the same way as trainees the below indicative numbers would demonstrate the necessary level of skills.

### **Level 3**

Applicants striving for level 3 should perform the following indicative number of surgeries for each SIA: [Level 3 Guide - OST 2024](#)

- 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 350 procedures (phacoemulsification). It is essential that at least 300 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.

Indicative numbers are for guidance and where they are not achieved there must be sufficient evidence in the portfolio to satisfy the assessor that the required level has been achieved. e.g. an applicant achieving level 3 competency in oculoplastic should have sufficient evidence in the portfolio by longitudinal assessment in theatre by consultant assessor that the applicant is able to perform multiple lid surgeries, lateral canthotomies ( not just in lab), perform tarsorrhaphies, obtain lid lesion biopsies and repair eyelid lacerations.

#### **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: [Level 4 Guide - OST 2024](#)

- 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 800 (including small pupils, white cataract pseudoexfoliation, complex cataracts)

#### **Are the indicative numbers mandatory?**

No, they are indicative numbers and you should aim to achieve them as this is the best way of demonstrating your capabilities. If you provide the EPA forms then you need not achieve the indicative numbers but you have to demonstrate that you can perform at the level of a specialist in that particular SIA. If you are not providing the EPA forms then you would need to show you have achieved the indicative numbers. Submission of the EPA form shows assessment of surgical skills at the level of a specialist in that SIA ( evidence to support running and delivery of an entire surgical list) and gives the assessors clear understanding of your surgical capabilities. Indicative numbers are for guidance and where they are not achieved there must be sufficient evidence in the portfolio to satisfy the assessors that the required level has been achieved.