Dear Colleague

Thank you for your enquiry concerning the College’s Part 2 Fellowship (FRCOphth) Oral Examination.

I enclose copies of the current:

- Registration Information
- Admission Procedure
- Guidance for Candidates with Additional Needs
- Policy on Allegations of Cheating in Examinations
- Appeals Procedure
- Language Requirements
- Fees Schedule
- Examination Timetable
- Examination Structure
- Standard Setting
- Examination Syllabus
- Equal Opportunities Form

Candidates must hold a medical qualification approved by the General Medical Council of the United Kingdom (GMC) or of Ireland for the purpose of registration.

Please note that from 1 August 2014, candidates will be permitted a maximum of four attempts in which to pass the Part 2 FRCOphth Oral Component. Part 2 FRCOphth Examination attempts prior to August 2014 will be discounted. From August 2014 candidates who are eligible to sit the Part 2 FRCOphth examination are permitted four attempts each for the Part 2 FRCOphth Written and Oral components.

The examination structure is based on the learning outcomes from the Curriculum for Ophthalmic Specialist Training in its entirety. This curriculum is only available in web-based format at http://curriculum.rcophth.ac.uk/.

The Part 2 FRCOphth Oral Component is held twice yearly in April and November. Candidates in OST will be required to pass this examination (written and oral components) by the end of year seven of ophthalmic specialist training.

The above information has been agreed by the Council of The Royal College of Ophthalmologists.

This information is subject to variation at the discretion of the Council.

Yours sincerely

Susannah Grant
Head of the Examinations Department
Regulations

The following notes on the regulations concerning applications for admission to the examinations are published for the guidance of candidates:

1. Completed applications for admission to an examination must reach the Examinations Department no later than 5.00pm on the closing date, namely approximately eight weeks before the exam is held. It is not possible accept applications received after the closing date.

2. The applications must be accompanied by the fee and such certification as is required by the regulations. If you cannot supply all the relevant certification you must contact the Examinations Department or supply a covering letter as to the reasons why. All outstanding certification must be sent within seven days after the closing date, if not before, otherwise the candidate will be withdrawn from the examination and forfeit their examination fee. Applications submitted without the required fee will not be accepted.

3. Upon receipt of application the Examinations Department will send all candidates a written receipt. Detailed instructions including written and clinical examination dates will be dispatched to all candidates within ten days after the closing date for receipt of applications.

4. Applicants wishing to withdraw or transfer their entry for an examination must notify the Examinations Department in writing by 5.00pm on the closing date for receipt of applications. Fees cannot be refunded or transferred after this time.

5. Applicants must apply for entry visas for the United Kingdom in good time prior to the date of the examination. In exceptional circumstances, if written evidence of the refusal of a visa is provided, the Examinations Committee will consider requests for candidates to transfer their examination entry, subject to the receipt of a 20% administration charge.

6. Candidates unable to attend an examination will forfeit their examination fee. In exceptional circumstances, the Examinations Committee will consider requests to transfer a candidate’s entry to the next examination sitting subject to receipt of written supplementary evidence (e.g. a detailed medical certificate, a death certificate for a close family member) and subject to a 20% administration charge. Please note that lack of preparation is not considered a suitable reason to withdraw or transfer an examination entry.

7. All candidates will receive feedback regarding their individual performance in the examinations.

8. Results are posted by First Class Mail with the Pass List being displayed on the College Website. Results are only released upon approval of the Senior Examiner. We regret that examination results are not available by telephone or email.
Practical Examination Procedures

1. Unless notified, candidates are not permitted to use calculators in any section of the examinations.

2. Candidates are only allowed to bring their own clinical equipment into the examination in a clear plastic pencil case or plastic bag.

3. Candidates are forbidden to communicate in any way with, seek assistance from, give assistance to, or interfere with the work of other candidates or the invigilators in the examination room or elsewhere during the period of the examination, or indulge in any other form of unfair practice.

4. The Senior Invigilator has the power to expel a candidate from the examination.

5. Candidates are advised to read the Policy on Allegations of Cheating and Misconduct in Examinations regarding examinations.

6. Candidates are not allowed to use mobile phones or other electronic equipment including smart watches. All devices must be switched off and must not be kept on the candidate's person. Clear instructions will be given to candidates regarding the timing of the examination.

7. Photographic identification (such as a passport or photographic driver’s licence) will be checked before candidates are admitted to the examination.

8. For clinical examinations, candidates are required to present themselves in good time and are required to wear name badges throughout the examination period (these will be supplied by the Royal College of Ophthalmologists). The start of the examination cannot be delayed for candidates arriving late.

9. For clinical exams candidates must be appropriately dressed and should follow the Department of Health ‘Bare Below the Elbows’ guidelines.

10. No books, written material (including passports) or electronic equipment may be consulted during the examination and are not permitted on a candidate’s person.

11. Candidates are not allowed to use scrap paper, all notes must be written on the answer sheet and crossed through as appropriate.

12. Candidates are advised that no extra time will be given to complete their mark sheets once the end of the OSCE station has been signalled.
Eligibility – Part 2 FRCOphth Oral Component

A candidate will be eligible to enter the Part 2 FRCOphth Oral Component provided he/she:

a) has passed the Part 2 Fellowship Written Component, at a date later than 1 September 2014, within the last seven calendar years.

Condition of the Examination

There is no specific training requirement to enter this examination but it is aimed at trainees in years 4-7 of ophthalmic specialist training, who are at the end of their general ophthalmic training (ie not sub-specialty) and who are being considered as suitable to practise independently. Candidates are unlikely to successfully complete this examination without a significant period of training in ophthalmology.

Please note that from 1 August 2014, candidates will be permitted a maximum of four attempts in which to pass the Part 2 FRCOphth Oral Component. Examination attempts prior to August 2014 will be discounted. From August 2014 candidates who are eligible to sit either the Fellowship Assessment or the Part 2 FRCOphth examination are permitted four attempts each for the Part 2 FRCOphth Written and Oral components or four attempts for the Fellowship Assessment.

Candidates in OST will be required to pass this examination by the end of year seven of ophthalmic specialist training. Such candidates should note that a pass achieved after completion of the training programme will not be considered towards the award of a CCT.

There will be a limited number of spaces available for the Part 2 FRCOphth Oral Component. Should the number of applications exceed the examination spaces available the Examinations Committee have agreed the following criteria will be applied:

- Priority will be awarded, in the first instance, to applicants in years 5-7 of Ophthalmic Specialist Training (OST).
- Should additional spaces be available, second priority will then be awarded to candidates who have previously applied but not been allocated a place.
- All remaining places will be awarded on a first come, first served basis.
Guidance for Candidates with Additional Requirements

The Royal College of Ophthalmologists recognise that there may be some candidates who require additional arrangements when undertaking a Royal College of Ophthalmologists’ examination.

All candidates who require additional arrangements must adhere to the guidelines set out below. Candidates must note that upon receipt of sufficient evidence additional arrangements may not necessarily be granted.

In awarding additional arrangements the Royal College of Ophthalmologists seek to:

1. Approve valid arrangements and access to written and clinical examinations.
2. Give special consideration to candidates where specific circumstances have arisen at or near to the examination time which have not previously been highlighted.
3. Ensure that no additional arrangement gives an unfair advantage over another candidate.

When submitting their application form applicants must indicate if additional arrangements are needed and supporting evidence must be provided at the time of application. Examples of the types of supporting evidence required are as follows:

- Doctor’s note
- Up to date literacy assessment (candidate must have been aged 18 or over at the time of assessment)
- A Statement of Additional Educational Needs
- A Relevant diagnostic report regarding the learning disability
- Historical evidence of the disability

**Extra time award:**

An additional allowance of up to and including 25% may be awarded to those candidates requesting special consideration for extra time and only on approval of the supplementary evidence.

**Specialist equipment:**

The Royal College of Ophthalmologists will consider special requests from candidates for specialist equipment such as:

- Additional lighting
- Larger desk to accommodate specialist equipment
- Separate room
- Supervised rest breaks

All additional requirements will be considered by the Chairman of the Examinations Committee.
Further information regarding the College’s Policy on Allegations of Cheating and Misconduct in Examinations can be found on our website, at the following link:

Appeals Procedure

The College’s appeal procedure is available online at www.rcophth.ac.uk/examinations/appeals-procedure/

Language Requirements

All examinations run by the Royal College of Ophthalmologists are conducted in English.

Although candidates are not expected to undertake examinations such as IELTS or PLAB it is expected that candidates should be equivalent to IELTS Level 7.

Preparing for the examinations

The Royal College of Ophthalmologists recommends that candidates preparing for examinations should:

- Read the appropriate text, syllabi and curriculum for the relevant examination.
- Gain clinical experience in ophthalmology in hospitals. This may also include working within other specialties such and Medicine and Pathology.
- Attend courses – A list of courses for examinations can be found on the College website (the College does not run or endorse any of the listed courses).
- Ensure they are familiar with principles and values of the General Medical Council’s Good Medical Practice (http://www.gmc-uk.org).

Candidates may also find useful information from the National Advice Centre for Postgraduate Education. (http://www.nhscareers.nhs.uk/nacpme/)
## EXAMINATION FEES 2016

### PART 1 FELLOWSHIP EXAMINATION

Fee to sit examination  £555

### REFRACTION CERTIFICATE

- £660 (UK Centres)
- £940 (Kuching, Malaysia)

### PART 2 FELLOWSHIP WRITTEN EXAMINATION

Fee to sit examination  £405

### PART 2 FELLOWSHIP ORAL EXAMINATION

Fee to sit examination  £635 (UK Centres)
                       £2000 (Singapore)

### CERTIFICATE IN LASER REFRACTIVE SURGERY

Fee to sit examination (per attempt)  £1310

### Additional Payments:

- Replica certificates  £75 + VAT³
- Appeal procedure     £250
- Duke Elder          £10 (Undergraduate Prize examination fee for all candidates)

³ From 1 January 2011 VAT is payable at the rate of 20%
THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

PART 2 FRCOPHTH ORAL EXAMINATION

TIMETABLE 2016

January 2017

Opening Date for Receipt of Applications: Monday 26 September 2016
Closing Date for Receipt of Applications: Monday 21 November 2016

Oral Examination

Tues 17 – Fri 20 January 2017
National University of Singapore (NUS) Yong Loo Lin School of Medicine, Singapore

Provisional timetable:
17 January 2017  Structured Viva examination
18 January 2017  Structured Viva examination
19 January 2017  Multi-station clinical examination
20 January 2017  Multi-station clinical examination

April 2017

Opening Date for Receipt of Applications: Monday 02 January 2017
Closing Date for Receipt of Applications: Monday 27 February 2017

Oral Examination

Monday 24 – Fri 28 April 2017  Moorfields

Provisional timetable:
24 April 2017  Structured Viva examination
25 April 2017  Structured Viva examination
26 April 2017  Multi-station clinical examination
27 April 2017  Multi-station clinical examination
28 April 2017  Multi-station clinical examination

November 2017

Opening Date for Receipt of Applications: Monday 24 July 2017
Closing Date for Receipt of Applications: Monday 18 September 2017

Oral Examination

Mon 13 - Fri 17 November 2017  Bournemouth

Provisional timetable:
13 November 2017  Structured Viva examination
14 November 2017  Structured Viva examination
15 November 2017  Multi-station clinical examination
16 November 2017  Multi-station clinical examination
17 November 2017  Multi-station clinical examination
The Part 2 FRCOphth is a synoptic exit examination that uses several different and complementary assessment methods. Success in this examination allows a doctor to become a Fellow of the Royal College of Ophthalmologists. It is a necessary but insufficient requirement for completion of specialty training in the UK. The examination is blueprinted against the General Medical Council’s *Good Medical Practice* and the detailed learning outcomes of the curriculum for Ophthalmic Specialist Training (OST), which has been approved by the GMC.

Candidates are expected to demonstrate a depth of knowledge and understanding expected of an independent specialist (consultant) not sub-specialising in the field being tested. Candidates are required to pass this examination by the end of year seven of ophthalmic specialist training. Candidates in OST should note that a pass achieved after completion of the training programme will not be considered towards the award of a CCT. From 1 August 2014, candidates will be permitted a maximum of four attempts in which to pass the Part 2 FRCOphth Oral Component. Examination attempts prior to August 2014 will not be included when the new ruling is introduced.

Candidates are required to pass the Part 2 FRCOphth Written Component, i.e. the MCQ paper, before they are eligible to apply to sit the Part 2 FRCOphth Oral Component.

The validity of a pass in the Part 2 FRCOphth Written Component will be limited to seven calendar years. Candidates who have not successfully completed the Part 2 FRCOphth Oral Component within this time will be permitted to re-sit the written component on the proviso that they have not exhausted the permitted four attempts at the written component and retain at least one attempt at the oral component.

Candidates are advised to read the ‘Instructions for Candidates for the Part 2 FRCOphth Examination’ for further information on the Part 2 FRCOphth Examination.

**Part 2 FRCOphth Oral Component - Structure of the Examination**

**Structured viva**

The Structured Viva will consist of a series of five stations, each of which will be timed for precise periods of ten minutes. Station 6 of the OSCE, Communication Skills, will not be conducted in a clinical setting and will be held at the same time as the Structured Viva, lasting for a precise period of ten minutes.

The stations are set out as follows:

Station 1: Patient investigations and data interpretation
Station 2: Patient management 1
Station 3: Patient management 2
Station 4: Attitudes, ethics and responsibilities
Station 5: Audit, research and evidence based practice and Health promotion and disease prevention

Two examiners will be present at each station for the duration of the cycle.

**Objective Structured Clinical Examination (OSCE)**

The OSCE will consist of a series of five stations, each of which will be timed for a precise period of 20 minutes. Station 6, Communication Skills, will not be conducted in a clinical setting and will be held at the same time as the Structured Viva, lasting for a precise period of 10 minutes.

The stations are set out as follows:

Station 1: Anterior Segment
Station 2: Glaucoma and Lid
Station 3: Posterior Segment.
Station 4: Strabismus and Orbit
Station 5: Neuro-ophthalmology
Station 6: Communication Skills (takes place logistically with viva aspect of the exam)
Two examiners will be present at each station for the duration of the cycle. In station 6, an ophthalmologist is paired with a trained lay examiner. Other than the communications skills station, the examination will take the form of short cases.

The candidate will be examined on three patients per station being asked on a specific area on each case.

**Red Flags**

Candidates whose performance in any viva or OSCE station has given the examiners cause for concern eg. indicated unsafe practice, will alert the Senior Examiner by way of a ‘red flag’ on the marksheet. The cause for concern must be documented clearly on the marksheet. Candidates receiving a red flag should reflect that their practice has been deemed particularly poor by the examiner/s and should discuss this with their Educational Supervisor.

**Standard Setting**

All examinations are standard set. The OSCE and structured vivas are standard set using the borderline candidate method. All questions are reviewed in the light of performance and modified accordingly.

**Part 2 FRCOphth Oral Result**

To pass the Part 2 FRCOphth Oral Component, candidates are required to pass both components (Structured Viva and OSCE) although some degree of cross compensation will be allowed (see below). If awarded a fail, candidates must re-sit the entire oral examination, even if a pass was previously achieved in any section.

**Cross Compensation**

If a candidate marginally fails the Structured Viva, their total marks for both the Viva and the OSCE will be added together. If this mark exceeds the combined pass marks for both papers, they will be allowed to pass the examination. **It is NOT possible to compensate a poor OSCE with a good Structured Viva result.**

**Notification of Results**

The results of the Part 2 FRCOphth Oral Component will be released four weeks after the final day of examinations once verified by the Senior Examiner. Final results will be sent to candidates by first class post and the pass list will be displayed on the College website.

Examiners and candidates are not permitted to telephone the College for examination results.
Part 2 FRCOphth Examination Syllabus

The Fellowship of the Royal College of Ophthalmologists examinations are designed to assess the knowledge, skills and professional attitudes required of a doctor who wishes to practise as an ophthalmologist in the United Kingdom. A pass in the Part 1 FRCOphth, Refraction Certificate and Part 2 FRCOphth examinations represents a high level of achievement. The FRCOphth is a necessary but insufficient requirement for the Certificate of Completion for Training in Ophthalmology.

The examinations that comprise the FRCOphth are based upon the curriculum for ophthalmic specialist training and candidates are strongly advised to become familiar with the curriculum (available at: http://curriculum.rcophth.ac.uk/).

The Part 2 FRCOphth Oral Component consists of two assessment formats:
- structured viva and
- objective structured clinical examinations (OSCE).

The Part 2 FRCOphth Oral Component is a synoptic examination that cover all areas of RCOphth OST curriculum. Those areas of the curriculum where workplace based assessment has been used as continuous assessment throughout training are less likely to feature in the written component but may be assessed in the structured viva and objective structured clinical examinations (OSCE) sections of the oral component.

The syllabus for each part of the examination is intended as a guide only and candidates are advised that all parts of the ophthalmic specialist training curriculum can be assessed in all parts of the examination.

Syllabus for the Oral Component

- Syllabus for the Structured Viva
  - Page 16
  - (patient investigations; patient management; practical skills; surgical skills; health promotion and disease prevention; information handling; basic and clinical sciences; attitudes, ethics and responsibilities; decision making, clinical reasoning and judgement; and role in health service)

- Syllabus for the OSCE
  - Page 19
  - (clinical assessment; patient investigations; patient management; practical skills; communication; information handling; basic and clinical sciences; attitudes, ethics and responsibilities; and decision making, clinical reasoning and judgement)
Syllabus for the Oral Component

This aspect of the exam may explore competence in any of the learning outcomes from the RCOphth OST curriculum. The specific learning outcomes from the RCOphth OST curriculum that the structured viva of the Part 2 FRCOphth Oral Component assesses are:

Patient Investigation (PI)

- **PI1** Orthoptic assessment
- **PI2** Assessment of corneal shape, structure and thickness
- **PI3** Retinal and optic nerve imaging
- **PI4** Ocular angiography
- **PI5** Ultrasonography
- **PI6** Radiology and other neuro-imaging
- **PI7** Ocular and neuro-physiology
- **PI8** Biochemistry
- **PI9** Haematology
- **PI10** Pathology
- **PI11** Microbiology
- **PI12** Biometry
- **PI13** Fields (automated, manual)
- **PI14** Immunology and allergy testing
- **PI15** Urinalysis
- **PI16** Bone scans

Patient Management (PM)

- **PM1** Formulate and agree a management plan
- **PM2** Appropriate use of triage
- **PM3** Prescribe and administer appropriate local and systemic therapy
- **PM4** To select appropriate cases for surgery
- **PM5** To prepare patients for surgery
- **PM6** Assess progress of disease
- **PM7** Recognise and manage local and systemic complications of treatment
- **PM8** Apply emergency management of medical problems and first aid
- **PM9** Manage anaphylaxis and cardiopulmonary resuscitation
- **PM10** Visual standards
- **PM11** Low vision aids and visual impairment registration
- **PM12** To involve, and make appropriate referrals to, medical and non-medical colleagues
- **PM13** Systemic implications
- **PM14** Spectacle lenses
- **PM15** Contact lenses
- **PM16** Refractive Surgery
- **PM17** Laser treatment selection
- **PM18** Diet and nutrition

Surgical Skills (SS)

- **SS4** Perform cataract surgery
- **SS5** Undertake surgical measures to lower intraocular pressure
- **SS6** Perform surgical repair of ocular and adnexal tissues after trauma
- **SS7** Perform surgical management of lid problems
- **SS8** Perform surgical measures for the protection of the ocular surface
- **SS9** Perform lateral canthotomy and cantholysis
Biopsy ocular and adnexal tissues
Remove the eye when indicated
Apply appropriate laser for the management of the lens capsule
Apply appropriate laser for the management of raised IOP
Apply appropriate laser for the management of retinal problems

Health Promotion and Disease Prevention (HPDP)

HPDP1 Promote the value, and assist in the organisation, of screening for eye disease
HPDP2 Prevent contagion and cross infection
HPDP3 Notify and facilitate contact tracing of communicable diseases
HPDP4 Promote issues of injury prevention, especially in regard to protective eyewear
HPDP5 Implement risk reduction strategies relating to ophthalmic and relevant systemic diseases
HPDP6 Provide advice on contact lens care
HPDP7 Take appropriate care of laser and diagnostic contact lenses
HPDP8 Give advice on the avoidance of allergens and other triggers
HPDP9 Promote appropriate immunization
HPDP10 Understand the implications of investigations and therapeutics during pregnancy
HPDP11 Make recommendations for bone protection
HPDP12 Follow local and national guidance with regards to prophylaxis

Information Handling (IH)

IH1 Use appropriate learning resources, including electronic reference source
IH2 Use appropriate paper-based and electronic records, databases and statistical packages
IH3 Guidelines
IH4 Maintain a personal portfolio
IH5 Use appropriate IT and email facilities
IH6 Manage patient referrals
IH7 Manage waiting lists
IH8 Be actively involved in national databases
IH9 Use audit/Committee on Safety of Medicines(yellow card)/critical incident reporting data sheets

Basic and Clinical Sciences (BSC)

BCS1 Anatomy
BCS2 Physiology
BCS3 Biochemistry and cell biology
BCS4 Pathology
BCS5 Growth, development and senescence
BCS6 Optics and medical physics
BCS7 Clinical Ophthalmology
BCS8 Therapeutics
BCS9 General Medicine and Neurology
BCS10 Clinical psychology
BCS11 Medical sociology
BCS12 Laser
BCS13 Epidemiology/Evidence Based Medicine
BCS14 Instruments
BCS15 Statistics
BCS16 Genetics
BCS17 Economics

Attitudes, Ethics and Responsibilities (AER)
AER6  Able to recognise and work within the limits of personal knowledge, skills and understanding (reflective practice)
AER7  Prepared to seek help and advice when appropriate
AER8  Prepared to seek feedback from all colleagues in the multi professional team (360 degree feedback)
AER9  Engaged in appraisal and revalidation
AER10 Ethical approach to clinical care, especially in relation to the appropriate use of resources, clinical research and issues of equality and diversity
AER11 Aware of issues of probity and possible conflict of interest in professional practice
AER12 Application of the Duties of a Doctor as published by the GMC
AER13 Application of legislation with regard to data protection and its relevance to health care
AER14 Application of the law in relation to the use of human tissue
AER15 Aware of the responsibilities of an ophthalmologist in child protection
AER16 Able to manage time effectively and deal with stress

Decision Making, Clinical Reasoning and Judgment (DMCRJ)

DMCRJ2 Departmental audit
DMCRJ3 Personal audit
DMCRJ4 Research
DMCRJ5 Service management

Role in the Health Service (HS)

HS1 Understands how the health service is organised
HS2 Understands the principles and practice of clinical governance
HS3 Understands and applies the principles in the GMC document "Good Medical Practice"
HS4 Recognises and accepts the responsibilities and role of the ophthalmologist in relation to other healthcare professionals
HS5 Recognises and accepts the responsibilities and role of the ophthalmologist as the leader and member of a multi-professional clinical team
HS6 Recognises and accepts the responsibilities and role of the ophthalmologist in the protection of children and others with special needs
HS7 Recognises and accepts the responsibilities and role of the ophthalmologist in the provision of optimum healthcare for the community
HS8 Recognises and accepts the responsibilities and role of the ophthalmologist as a researcher
HS9 Recognises and accepts the responsibilities and role of the ophthalmologist as a teacher and trainer
HS10 Recognises and accepts the responsibilities and role of the ophthalmologist as a clinical manager
Syllabus for the OSCE

This aspect of the exam may explore competence in any of the learning outcomes from the RCOphth OST curriculum. The specific learning outcomes from the RCOphth OST curriculum that the OSCE of the Part 2 FRCOphth Oral Component assesses are:

Clinical Assessment (CA)

CA1  Take a focused clinical history
CA2  Assess vision
CA3  Assessment and interpretation of visual fields by confrontation
CA4  Demonstrate and teach the appropriate use of the Amsler chart to patients
CA5  Performance of a complete external eye examination
CA6  Examination of the pupils and perform diagnostic pharmacological tests
CA7  Perform a cover test and assess ocular motility
CA8  Measure intraocular pressure using applanation tonometry
CA9  Perform Slit lamp biomicroscopy of the anterior segment using appropriate illumination techniques and stains, and diagnostic contact lenses
CA10  Examine the fundus using appropriate techniques
CA11  Perform a focused general medical examination taking into account the associations between systemic and ophthalmic diseases
CA12  Perform a basic paediatric and developmental examination taking into account the associations between systemic and ophthalmic diseases
CA13  Perform a focused neurological examination taking into account the associations between systemic and ophthalmic diseases
CA14  Examine the neck taking into account the associations between systemic and ophthalmic diseases
CA15  Examine the skin and joints taking into account the associations between systemic and ophthalmic diseases
CA16  Formulate a differential diagnosis

Patient Investigation (PI)

PI1  Orthoptic assessment
PI2  Assessment of corneal shape, structure and thickness
PI3  Retinal and optic nerve imaging
PI4  Ocular angiography
PI5  Ultrasonography
PI6  Radiology and other neuro-imaging
PI7  Ocular and neuro-physiology
PI8  Biochemistry
PI9  Haematology
PI10  Pathology
PI11  Microbiology
PI12  Biometry
PI13  Fields (automated, manual)
PI14  Immunology and allergy testing
PI15  Urinalysis
PI16  Bone scans

Patient Management (PM)

PM1  Formulate and agree a management plan
PM4  To select appropriate cases for surgery
PM6  Assess progress of disease
PM7  Recognise and manage local and systemic complications of treatment
PM8  Apply emergency management of medical problems and first aid
PM9  Manage anaphylaxis and cardiopulmonary resuscitation
PM10 Visual standards
PM11 Low vision aids and visual impairment registration
PM13 Systemic implications
PM14 Spectacle lenses
PM15 Contact lenses
PM16 Refractive Surgery
PM17 Laser treatment selection
PM18 Diet and nutrition

Practical Skills (PS)

PS1  Recognise and assist with the special needs of people with visual impairment in the clinical environment
PS2  Perform a refractive assessment and provide an optical prescription
PS8  Assess lacrimal function
PS18 Demonstrate lid hygiene to a patient
PS21 Perform the correct hand hygiene technique

Communication (C)

C1  Establish a good rapport with patients and relatives
C2  Communicate effectively and sensitively with patients, relatives and carers, particularly with regard to active listening, questioning and conclusion
C3  Deliver information
C4  Advise patients and their relatives or carers of the availability of sources of information
C5  Obtain valid consent from the patient according to GMC guidelines, paying particular attention to the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate)
C6  Communicate potentially upsetting information in an appropriate manner ('breaking bad news')
C7  Communicate appropriately when there are language and other potential barriers to effective communication
C8  Aware of the importance of non-verbal communication
C10 Be able to communicate succinctly and effectively with other professionals
C11 Keep clinical records
C12 Write and dictate clearly and effectively

Information Handling (IH)

IH2  Use appropriate paper-based and electronic records, databases and statistical packages
IH5  Use appropriate IT and email facilities

Basic and Clinical Sciences (BCS)

BCS1  Anatomy
BCS2  Physiology
BCS3  Biochemistry and cell biology
BCS4  Pathology
BCS5  Growth, development and senescence
BCS6  Optics and medical physics
BCS7  Clinical Ophthalmology
BCS8  Therapeutics
BCS9  General Medicine and Neurology
BCS10 Clinical psychology
Attitudes, Ethics and Responsibilities (AER)

AER1  Compassionate approach to patient care
AER2  Ethical approach to clinical decision making that recognises and respects patient autonomy
AER3  Considerate approach to clinical practice, in particular to patients with disabilities and visual impairment
AER4  Empathy with patients with eye problems and in the recognition of the impact of visual impairment on the patient and their relatives or carers
AER5  Respect for patient confidentiality and appropriate disclosure of patient information

Decision Making, Clinical Reasoning and Judgment (DMCRJ)

DMCJR1  Make decisions by applying appropriate and clear clinical reasoning using an evidence based approach