Examination Information Pack

Part 2 FRCOphth Oral Examination

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
      Examination Timetable
      Examination Structure
      Standard Setting
      Examination Syllabus

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

Dylan Costello
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 **ten 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 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 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 withdraw 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 withdraw a candidate's entry from the 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 from an examination.

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.

An examination can be taken before the candidate enters the relevant GMC-approved training programme or when they are on a break in the programme.

The pass will be considered current as long as the candidate enters or re-enters the programme within seven years of passing the examination and satisfies any other currency requirements.

A pass in an examination taken after completing a run-through or higher training programme will not be acceptable for a certificate of completion of training. In that situation, doctors may be able to demonstrate equivalence via the CESR or CEGPR process.

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.

CODE OF CONDUCT FOR EXAMINATION APPLICANTS AND CANDIDATES

The College's code of conduct can be found on our website, at the following link:

https://www.rcophth.ac.uk/wp-content/uploads/2014/11/Code-of-Conduct-Examination-candidates-and-applicants-20170404.pdf

ALLEGATIONS OF CHEATING AND MISCONDUCT IN EXAMINATIONS

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:

https://www.rcophth.ac.uk/wp-content/uploads/2018/11/Policy-on-Allegations-of-Cheating-and-Misconduct-20181008.pdf

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/)

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

PART 2 FRCOPHTH ORAL EXAMINATION

TIMETABLE 2019

April 2019

Opening Date for Receipt of Applications: **Monday 10 December 2018**
Closing Date for Receipt of Applications: **Monday 04 February 2019**

Oral Examination

Mon 1 – Fri 5 April 2019   Wolverhampton

Provisional timetable:
1 April 2019	Structured Viva examination
2 April 2019	Structured Viva examination
3 April 2019	Multi-station clinical examination
4 April 2019	Multi-station clinical examination
5 April 2019	Multi-station clinical examination

May 2019

Opening Date for Receipt of Applications: **Monday 01 January 2019**
Closing Date for Receipt of Applications: **Monday 11 March 2019**

Oral Examination

Mon 06 – Fri 10 May 2019   National University of Singapore (NUS) Yong Loo Lin School of Medicine, Singapore

Provisional timetable:
06 May 2019	Structured Viva examination
07 May 2019	Structured Viva examination
08 May 2019	Multi-station clinical examination
09 May 2019	Multi-station clinical examination
10 May 2019	Multi-station clinical examination

September 2019

Opening Date for Receipt of Applications: **Tuesday 28 May 2019**
Closing Date for Receipt of Applications: **Monday 22 July 2019**

Oral Examination

Tues 18 - Wed 19 September 2019   Cardiff

Provisional timetable:
18 November 2018	Structured Viva examination
19 November 2018	Multi-station clinical examination

November 2019

Opening Date for Receipt of Applications: **Monday 08 July 2019**
Closing Date for Receipt of Applications: **Monday 16 September 2019**

Oral Examination

Mon 11 - Fri 15 November 2019   **Cardiff**

Provisional timetable:

11 November 2018	Structured Viva examination
12 November 2018	Structured Viva examination
13 November 2018	Multi-station clinical examination
14 November 2018	Multi-station clinical examination
15 November 2018	Multi-station clinical examination

The Part 2 FRCOphth 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

One examiner will be present at each station for the duration of the cycle, except in the case of the Communication Skills station, where there will be two examiners present (one consultant ophthalmologist and one Lay examiner).

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.

Updates

After extensive consultation with the General Medical Council (GMC) and backed up by a psychometric analysis of reliability, we are following the initiatives that many other Colleges currently employ, in reducing the number of examiners in our Part 2 FRCOphth Structured Viva examination from two to one, per station. This reduction in examiner numbers will not adversely affect the validity, fairness or reliability of this Viva component of the Part 2 FRCOphth examination. The GMC have approved this change. The Structured Viva stations will also be recorded by audio only, so that we can independently refer to these recordings after the examination has taken place, if required. The recording will be kept until the end of the appeal period then destroyed. The recording will not be used to mark candidates. No other changes are being made to the examination, the standard of the passing candidate or the standard setting procedure.

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

Syllabus for the Structured Viva

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**

SS10 **Biopsy ocular and adnexal tissues**
SS13 **Remove the eye when indicated**
SS14 **Apply appropriate laser for the management of the lens capsule**
SS15 **Apply appropriate laser for the management of raised IOP**
SS16 **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**

BCS11 **Medical sociology**
BCS12 **Laser**
BCS13 **Epidemiology/Evidence Based Medicine**
BCS14 **Instruments**
BCS15 **Statistics**
BCS16 **Genetics**
BCS17 **Economics**

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**