



## **The Royal College of Ophthalmologists' response to the General Medical Council's consultation on reviewing the Outcomes for Graduates**

January 18

### **INTRODUCTION**

The RCOphth is the UK professional body for ophthalmologists. We set the curriculum for trainee ophthalmologists and work with leaders across the sector to ensure eye care staff are appropriately trained and supported to deliver high quality care.

The RCOphth responded to the GMC's previous consultation on proposals to introduce a Medical Licensing Assessment<sup>1</sup>, where we supported the initiative as an opportunity to improve consistency among candidates for the UK medical register.

We welcome the opportunity to respond to this subsequent consultation, to consider in more detail the competencies graduates need to be truly prepared for medical practice.

Below we have responded the part of the consultation which we consider most relevant to our role.

### **CONSULTATION QUESTIONS**

#### **Are there things missing or things that shouldn't be included?**

We have significant concerns about a lack of competence among graduates in managing common eye conditions.

A survey we carried out in 2014 of around 900 senior medical students and foundation doctors, found that half lacked the ability to confidently diagnose and treat common ophthalmic conditions. This indicates a widespread lack of teaching these skills that should be addressed to ensure graduates can confidently and safely manage patients.

Eye problems account for 1.5% of consultations in general practice and are common in emergency and acute medicine. Common eye problems like conjunctivitis or minor ocular trauma may present to General Practitioners in the community or to Emergency Departments. Cases of ocular trauma or head injury also require non-specialists to perform an initial ophthalmic assessment. Absolute numbers of patients with age-related

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<sup>1</sup> <https://www.rcophth.ac.uk/wp-content/uploads/2017/04/RCOphth-response-to-GMC-MLA-consultation.pdf>

vision loss due to cataract, macular degeneration or glaucoma will increase. The ability to accurately perform an ophthalmic assessment is required of doctors in a wide variety of fields, as vision related problems may be the presenting features of many systemic conditions, including neurological problems such as stroke, multiple sclerosis, pituitary disease or intracranial aneurysm, endocrine problems such as diabetes mellitus and thyroid disease, infections such as HIV and tuberculosis, and malignancies such as lymphoma.

Reduced visual acuity can influence mobility, independence and mood of patients, and thus has an impact on management of other conditions patients may have, as well as psychological and sociological aspects of patients' health. Patients value their eyesight greatly, and visual loss may pose an emotional challenge: graduates should be equipped to provide appropriate "explanation, advice, reassurance and support" (Outcomes For Graduates v0.22, 12d).

We would therefore strongly welcome adding visual acuity assessment to the list of practical procedures to ensure that doctors are able to safely and effectively assess their patients' basic visual function. Adding this to the list of considerations doctors should take into account in 13a would ensure that graduates take a truly holistic view of patient need.

We have covered in more detail the ophthalmic competencies we consider all graduates should have within our "Eyes & Vision Curriculum" for Undergraduate and Foundation Doctors<sup>2</sup>.

***For more information please contact [policy@rcophth.ac.uk](mailto:policy@rcophth.ac.uk)***

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<sup>2</sup> <https://www.rcophth.ac.uk/wp-content/uploads/2014/07/Undergraduate-and-Foundation-doctors-curriculum.pdf>