



The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

**Continued changes to the FRCOphth Part 2 Oral Examination due to the COVID-19 pandemic.**

We live in unprecedented times and the pandemic has affected the workplace and our personal lives. Measures, such as social distancing are impacting not only the way we deliver our ophthalmology services but also the way the College operates, and the examinations that it provides.

We are writing to you to let you know that the FRCOphth Part 2 Oral examination will continue throughout 2022 with the changes made in 2020 due to personal contact and social distancing measures required to contain the COVID-19 pandemic.

We fully recognise the impact that the pandemic has had upon trainees and the continued disruption that is likely to ensue. The College has been monitoring the pandemic very closely and in order to continue to deliver examinations we have been forced to modify some of the examination processes. The decisions we have taken are designed to support trainee ophthalmologists' progress and to reduce disruption as far as is practically possible.

Social distancing now means that clinically based examinations have to take place without real patients. An alternative arrangement (below) has been proposed and the General Medical Council (GMC) have given their conditional approval to the temporary solution, whereby the **five clinical OCSE stations will now utilise video excerpts of real patient examinations rather than the examination of real patients**. This has also meant introducing a new temporary work-place based examination entry requirement to confirm candidate clinical examination skills.

We feel that it is important to let all trainees know about the changes and particularly those candidates who will be immediately affected by these alterations. We have included comprehensive details of the examination and the temporary examination entry requirements. Please do read the details in full and if you have any questions, please get in touch with [dylan.costello@rcophth.ac.uk](mailto:dylan.costello@rcophth.ac.uk)

Garry Shuttleworth  
Chair, Examinations

Dylan Costello  
Head of Examinations

# **FRCOphth Part 2 Oral examination**

## **New format of video-eye examinations and additional Clinical Workplace Based Assessments (2022)**

Dear Candidate,

### **Why do we need to introduce video-eye examinations and additional workplace based assessments?**

As you will doubtless be aware that the impact of COVID 19 upon medical care delivery and training has been profound and the ramifications pervasive.

As a result, the RCOphth had to make contingencies for the FRCOphth Part 2 Oral examination OSCEs (Objective Structured Clinical Examinations) to be conducted without the presence of patients / volunteers as has been traditional practise.

To replace the conventional OSCE we prepared video-eye examinations that act as simulations and temporarily replace the previous patient / volunteer environment. However, whilst videos will allow candidates to identify clinical signs the examination process will no longer be able to assess the performance of the candidate's examination technique.

We have therefore agreed, with confirmed GMC approval, for an assessment of those examination techniques that would ordinarily have been expected to have been assessed during the Part 2 OSCEs to be assessed in the candidate's work place and signed off by a RCOphth examiner.

The Part 2 FRCOphth Oral examination remains as five structured vivas and six OSCE stations with unaltered examination timings. The five viva stations remain unchanged but in order to proceed without patients the OSCE stations will have to be altered. In addition, a new temporary examination entry requirement will also apply.

The clinical OSCEs will remain otherwise unaltered with the candidate expected to detect, assimilate and the formulate answers in the same manner as in the current examination. The Communications OCSE may be performed via live video feed or by an actor in PPE. The OSCEs will be marked in exactly the same manner as if a real patient was present.

### **Temporary examination entry requirement**

The absence of patients mean that examination technique / skills can no longer be assessed and as such it will now be a pre-requisite to examination entry that candidates **repeat** and have signed off by a RCOphth examiner a total of seven clinical competencies. This must be performed at least two weeks before the date of the examination. It is up to the candidate to arrange these assessments, which can occur at convenience accepting that candidates may have to travel to examiners if there are none available locally. The competencies can be signed off against patients otherwise requiring assessment / care in the department, healthy volunteers or as part of a teaching session – but they must be performed independently and to a high standard.

## **What are the additional workplace based assessments that are required?**

We have agreed that the Learning Outcomes for the following Clinical Assessments are to be repeated by completing the appropriate Clinical Rating Scales at least 2 weeks before any candidate can sit the FRCOphth Part 2 Oral examination:

### **Clinical Assessments (CA)**

- CA3 – examination of visual fields
- CA5 – external eye examination
- CA6 – pupil examination
- CA7 – eye motility examination
- CA9 – slit-lamp biomicroscopy
- CA10b – fundus examination: +90D
- CA10d - fundus examination: indirect ophthalmoscopy

These Clinical Assessments are normally signed off before the end of ST2 and in theory at least, should not pose any problems for the experienced and prepared candidate. They are assessed using the Clinical Rating Scale (CRS) tools that are attached to the appropriate Clinical Assessment and which can be found on the **website\*** below and are also **appended**:

The clinical assessments can be found under **Learning Outcomes** (part of Ophthalmic Specialist training)

<https://curriculum.rcophth.ac.uk/curriculum/ost/learning-outcomes/>

- click **clinical assessments**
- click the assessment you require e.g. **CA3,5,6,7,9,10**
- click the **CRS** box to the right of the *assessment* box and a **.docx** document will download for guidance and completion.

\* Please note that the **appended** Clinical Rating Scales have been modified for COVID-19 and differ from those on the website. Either will do for the purposes of this assessment.

## **How are the additional workplace based assessments to be completed?**

The additional Clinical Assessments must be signed off by an RCOphth examiner only.

Candidates can be assessed by any RCOphth examiner known or unknown to them and we anticipate that most will be able to do so within their current place of work and the candidate is advised to find one within their training rotation if possible. If there remain issues of accessing examiners, candidates have been asked to inform the College and we will deal with each case by case.

Please note that in order to be as flexible as possible each Clinical Assessment (Clinical Rating Scale) can be signed off by a single RCOphth examiner, and that different Clinical Assessments (Clinical Rating Scales) can be signed off by the same or different RCOphth examiners. In addition, the Clinical Assessments can be completed in any order and either separately or at one sitting.

Candidates can attempt each Clinical Assessment as many times as required to obtain a sign-off. However, if repeated failures lead you to have serious patient safety concerns relating to the completion of the Clinical Assessments please can you inform the Head of the Examinations department.

Acceptable patients / volunteers for conducting Clinical Assessments include: patients requiring assessment or care within the eye department or healthy volunteers including hospital staff, all being equipped where appropriate with PPE. If helpful assessments not requiring specialist equipment can be performed outside of healthcare settings.

### **The standard of the assessment:**

Rather than an exhaustive procession of all the possible examination options we want the Clinical Assessment examinations process to, as far as is reasonable, to reflect those processes that would likely have been requested / occurred during the FRCOphth Part 2 examination had patient volunteers been present. The candidate's examinations are expected to be fluent and focused upon the examiner's instructions. The examiner must be satisfied that the candidate appears competent and that they feel that their examination would have detected signs or did detect signs had they been or if they were, unequivocally present.

As such we do not expect that these Clinical Assessments should take very long with the expectation of <5 minutes for many. The assessment of ocular motility and of the external eye (including eyelid movements / orbit) we anticipate should take no more than 10 minutes.

Please note that all that is required of the RCOphth examiner is a simple **pass / fail** and a signature - we do not expect nor require examiners to complete the second sheet of the **website** versions of the forms.

### **Candidate responsibilities:**

It is the responsibility of the candidate to co-ordinate with RCOphth examiners the times and locations where the Clinical Assessments are to take place and if need be to travel to the examiner's location.

It is also the responsibility of the candidate to provide and chelate signed-off CRS forms and to return them to the examinations department electronically (scanned) when all are completed 2 weeks before the examination is due to take place.

**These forms submitted will be verified with the examiner who marked the assessments.**

**IMPORTANT: Clinical Assessment Completion Deadlines**

All 7 completed CA forms must be emailed to [sophie.donovan@rcophth.ac.uk](mailto:sophie.donovan@rcophth.ac.uk) no later than 5:00PM on the dates as below for each 2022 exam:

April 2022 (Cambridge)                      Deadline = Monday 21 March 2022

November 2022 (Oxford)                      Deadline = Monday 24 October 2022

**IF YOU FAILED EITHER THE NOVEMBER 2020, MARCH 2021, APRIL 2021 or NOVEMBER 2021 PART 2 ORAL EXAMS, YOUR EXISTING COMPLETED ASSESSMENTS WILL BE VALID UNTIL THE END OF 2022.**

# Appendix

## Clinical Rating Scales CRS

### RCOphth Additional COVID-19 Workplace Based Assessments Clinical Rating Scale CRS3 (Outcome CA3: Visual Fields to Confrontation)

All trainees must be able to make an assessment of normal and abnormal visual fields using an appropriate confrontational method. They must then be able to interpret any abnormality and the possible causes. They should be aware of the reliability of this method of visual fields assessment and know when to arrange for more detailed visual field analysis.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case

Please grade the following areas using the scale below (use tick or cross)

Attitude and manner					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient					

Visual fields to confrontation					
<p><b>V good trainees</b> use appropriate occlusion of the fellow eye when performing the test. They choose techniques appropriate to the patient's visual acuity and ability to cooperate. They ensure appropriate fixation by regular encouragement and feedback to the patient. They look first for gross defects and then for subtle ones. They correctly identify the location, extent and depth of the field defect using an efficient method combining, where appropriate, a combination of static and kinetic techniques. They use coloured targets where indicated. They understand the limitations of confrontation techniques and correctly interpret positive and negative findings. They correctly identify the likely location of the lesion causing the defect and further investigations that are required.</p> <p><b>Poor trainees</b> fail to ensure proper occlusion of the fellow eye and pay little attention to the patient's visual acuity or ability to fixate or otherwise cooperate. Their technique is inefficient, disorganised and un-necessarily repetitive. They use inappropriate targets for each stage of the test, and look for subtle abnormalities before checking for gross defects. They fail to identify, or misidentify, field defects. They are unable to identify the likely cause of field defects.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Appropriate occlusion					
Appropriate technique employed					
Identification of visual field defect if present					
Understanding of possible causes of defect if present					

#### Overall performance in this assessment

Outcome (Delete as appropriate)

Pass/Fail

Signature of assessor:

Signature of trainee

**RCOphth Additional COVID-19 Workplace Based Assessments**  
**Clinical Rating Scale CR5 (Outcome CA5: External Eye Examination)**

All trainees must be able to perform an examination of the external eye, ocular adnexa, eyelids and orbits using appropriate equipment and illumination. They must be able to modify the examination and utilise other techniques as indicated by the clinical findings.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient					

<b>External eye examination</b>					
<p><b>V good trainees</b> carry out a thorough inspection of the patient and this efficiently guides the examination. They examine the patient's face, lymph nodes and neck and observe, palpate and auscultate the orbit as indicated. They examine the lacrimal gland, sac, canaliculi and puncta. They examine static and dynamic lid position and make accurate and surgically relevant measurements (e.g. Bells, corneal sensation). They identify any abnormalities of the lashes and meibomian glands. They examine the bulbar, tarsal and <del>corneal</del> conjunctiva and the cornea, in particular identifying abnormalities thereof secondary to lid abnormalities.</p> <p><b>Poor trainees</b> examine the external eye in an ill-structured and inefficient way and without adequate illumination. They restrict their examination to the eyelids, even when the clinical condition suggests an examination of wider facial or ocular structures. They are unable to assess lid position accurately. They fail to examine all of the conjunctiva and the lacrimal system, or the cornea. They do not assess the orbital margin. They fail to recognise important abnormalities of the external eye.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Assessment of face/head					
Palpation of orbital margins					
Examination of lacrimal system					
Assessment of lid position with appropriate measurements					
Examination of lashes					
Examination of meibomian glands					
Examination of conjunctiva					
Examination of cornea					
Lid eversion					
<del>Exophthalmometer</del>					

**Overall performance in this assessment**

**Outcome** (Delete as appropriate)

**Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

**RCOphth Additional CPVID-19 Workplace Based Assessments**  
**Clinical Rating Scale CR6 (Outcome CA6: Examination of Pupils)**

All trainees must be able to assess the pupil for abnormalities of shape, size and reactions and interpret their findings. They must also be able to perform and interpret appropriate pharmacological tests for specific pupil abnormalities.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	Poor	Fair	Good	V Good	n/a
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient					

<b>Examination of the pupils</b>					
<p><b>V good trainees</b> examine the patient in low ambient light and record the pupil size, position, shape and symmetry. They ensure that the subject fixates on a distance target. They use a bright focussed light to examine the direct and the consensual reaction in each eye, noting the extent, speed and recovery of the reaction. They then progress to the swinging flashlight test (SFT), dwelling on each eye for a second or two and moving the light swiftly across to the other pupil. They correctly interpret the results of a SFT even when one pupil is dilated or obscured. They test the accommodative reaction using an appropriate target and instruction. They ask to view the pupils on the slit lamp. They are familiar with pharmacological tests for abnormal pupil reactions. They suggest an appropriate cause for any abnormalities observed.</p> <p><b>Poor trainees</b> examine the pupils in an ill-structured and inefficient way with inappropriate illumination. They fail to ensure that the subject fixates on a distance target and get in the way of the subject's direction of gaze. They allow the test light to spill into the non-tested eye. They forget to record the size, shape and position of the pupils. They perform the SFT with a slow arc under the nose from one eye to the other. They are unable to comment on pupil reactions if one pupil is dilated or obscured. They elicit the accommodative reaction by rapidly approaching the eyes with one finger and are unaware of the threat response. They exhibit confusion about the theory and practice of pharmacological tests. They forget to view the pupils on the slit lamp. They are unable to interpret the results of the test.</p>					
	Poor	Fair	Good	V Good	n/a
General inspection in ambient light with measurements					
Appropriate use of distance target					
Direct pupillary reaction and recovery					
Consensual reaction and recovery					
Swinging flashlight test					
Accommodative reaction and recovery					
Correct reactions identified					

**Overall performance in this assessment**

**Outcome** (Delete as appropriate) **Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

**RCOphth Additional COVID-19 Workplace Based Assessments**  
**Clinical Rating Scale CRS7 (Outcome CA7: Cover Test and Ocular Motility)**

All trainees must be able to perform a cover test, assess ocular movements and interpret the findings. They must be able to perform a prism cover test. They must also be able to recognise and describe nystagmus if present.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	Poor	Fair	Good	V Good	n/a
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient					

<b>Cover test and eye movements</b>					
<p><b>V good trainees</b> comment on corneal reflexes and any abnormal head posture, ptosis, pupils etc. They use suitable near and distance fixation targets. They perform cover-uncover and alternate cover tests purposefully without excessive repetition and identify abnormalities accurately. Their instructions to the patient are clear and unambiguous throughout. The examination flows easily and appropriate versions, ductions, vergences and saccade checks are performed in response to findings.</p> <p><b>Poor trainees</b> fail to perform a general inspection of the patient. Their instructions to the patient are ambiguous and confusing so that the patient is unclear what is expected of them. They perform the tests clumsily, without an obvious plan and important steps are missed. They miss and/or fail to interpret important clinical signs.</p>					
	Poor	Fair	Good	V Good	n/a
Observation of associated ocular signs and head position					
Use of fixation targets					
Performance of cover, cover-uncover test and alternate cover test.					
Assessment of versions, ductions, vergences, saccades					

<b>Prism cover test</b>					
<p><b>V good trainees</b> give clear instructions to the patient. They perform the test at near and distance and with/without glasses or head posture if appropriate. They hold the prism bar at a comfortable and effective distance with prisms aligned in the correct position for the deviation. They perform an alternate cover test with increasing prism strength until the deviation is reversed. They interpret the test accurately.</p> <p><b>Poor trainees</b> leave the patient unclear what is expected of them. They are unfamiliar with the prism bar. They miss important steps and they fail to assess the angle with acceptable accuracy.</p>					
	Poor	Fair	Good	V Good	n/a
Explanation of test					
Appropriate positioning of prism bar					
Assessment of angle					

**Overall performance in this assessment**

**Outcome** (Delete as appropriate) **Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

**RCOphth Additional COVID-19 Workplace Based Assessments**  
**Clinical Rating scale CRS9 (CA9: Use of Slit Lamp)**

All trainees must be able to examine the eye and adjacent structures using the slit lamp and interpret their findings. They must be able to employ all of the functions of the slit lamp and use accessory equipment when indicated. They must know how to care for the equipment properly and prevent cross infection.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.					
<b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient					
<b>Knowledge of slit lamp</b>					
<b>V good trainees</b> set up the slit lamp properly in advance of conducting the examination. They appropriately set the IPD and focus of each eyepiece, and have a good knowledge of all the slit lamp functions and techniques of illumination to achieve the optimum view of the part of the eye being examined. They know what adjustments to make to view different areas of the anterior and posterior segment. They are aware of appropriate care and maintenance of the slit lamp.					
<b>Poor trainees</b> fail to set up the slit lamp properly. Their examination technique is slip shod and halting and they make constant aimless readjustments. They appear unaware of the best slit lamp settings to optimise the examination of different parts of the anterior and posterior segments.					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Appropriate IPD					
Appropriate eyepiece focus					
Appropriate selection of slit beam size and angle					
Use of full range of available magnification powers					
Use of appropriate filters					
<b>Examination of anterior segment</b>					
<b>V good trainees</b> make systematic, efficient use of slit lamp illumination and magnification to identify all clinical signs unprompted.					
<b>Poor trainees</b> have an unsystematic, poor examination technique, and are unable to identify obvious clinical signs even with prompting.					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Lids and lashes					
Conjunctiva					
Cornea					
Iris structures					
Lens					
Aqueous humour					
Anterior chamber depth					

**Overall performance in this assessment**

**Outcome** (Delete as appropriate)

**Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

**RCOphth Additional COVID-19 Workplace Based Assessments**  
**Clinical Rating scale CRS10b (CA10b: Fundus Examination - 90D/78D or equivalent)**

All trainees must be able to examine the fundus of the eye using a variety of non-contact lenses for binocular examination with the slit lamp. They must be able to describe their findings.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Consultant

Brief description of case(s)

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	Poor	Fair	Good	V Good	n/a
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient and their comfort					

<b>78D/90D or equivalent lenses</b>					
<p><b>V good trainees</b> set up the slit lamp illumination and eyepieces before commencing the examination. They help the patient to get into position if necessary. They warn of the brightness of the light. They select the most appropriate lens and show expertise in holding it in the correct position and orientation. They choose the most appropriate colour, size and brightness of light at every stage and appreciate that the patient may have difficulty looking in the correct direction. They have a fluent technique and achieve as good a view of both central and peripheral retina as is possible. They describe their findings accurately.</p> <p><b>Poor trainees</b> rush into the examination without setting the slit lamp properly. They start with an inappropriately bright light but have to fiddle around to get it pointing correctly. They show frustration when the patient cannot place his/her head appropriately or cannot move the eye into the desired position. They choose an inappropriate lens and/or show difficulty in getting it positioned correctly. If they manage to achieve a view at all they miss abnormalities altogether and/or fail to describe them.</p>					
	Poor	Fair	Good	V Good	n/a
Instructions to patient					
Familiarity with use of lenses					
Correct use of slit lamp illumination					
Appropriate use of lenses					
Description of findings					

**Overall performance in this assessment**

**Outcome** (Delete as appropriate)

**Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

## RCOphth Additional COVID-19 Workplace Based Assessments

### Clinical Rating scale CRS10d (CA10d: Fundus Examination - Indirect Ophthalmoscope)

All trainees must be able to examine the fundus of the eye using the binocular indirect ophthalmoscope. This must include the use of appropriate indentation techniques. They must be able to describe their findings.

Trainee's Name  Date (dd/mm/yyyy)

OST1  OST2  OST3  OST4  OST5  OST6  OST7  Other (specify)

Assessor's name

Assessor's status Royal College of Ophthalmologists Examiner

Brief description of case(s)

**Please grade the following areas using the scale below** (use tick or cross)

<b>Attitude and manner</b>					
<p><b>V good trainees</b> introduce themselves and establish the identity of the patient and any other attendant (e.g. spouse, parent, carer). Their demeanour throughout shows that they are attentive to the patient by gestures, words of encouragement and appropriate eye contact. They clearly explain the purpose of the test and how it will be carried out. They ensure that the patient is comfortable and that adequate privacy is maintained.</p> <p><b>Poor trainees</b> fail to introduce themselves and do not identify the patient. They appear to hurry or ignore what the patient is saying. They do not explain the test in an appropriate manner. They pay little or no attention to confirmation of patient comfort or privacy.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Introduction and explanation of examination					
Rapport with patient, empathy and sensitivity to age and context					
Respect for patient and their comfort					

<b>Indirect ophthalmoscope</b>					
<p><b>V good trainees</b> adjust the equipment appropriately before use, in particular adjusting the light and IPD for optimum viewing. They examine the patient in a reclined position whenever appropriate and ensure their comfort. They choose the most appropriate condensing lens and demonstrate an efficient and fluent technique, holding the lens at the best distance from the eye. When appropriate they use indentation efficiently and gently. They use the minimum light necessary for a proper view and empathise with the patient when the light or the indentation causes discomfort. They describe their findings accurately.</p> <p><b>Poor trainees</b> struggle to place the ophthalmoscope in position on their head squarely and securely. They are unable to adjust the light and IPD appropriately. They fail to ensure that the patient is comfortable or appropriately positioned. They use too much or too little illumination. Their use and positioning of the lens is haphazard. They are unable to co-ordinate an examination of the peripheral fundus and are rough with and/or unsuccessful at indentation. They fail to understand and empathise with the patient when the patient finds the test uncomfortable. If they manage to achieve a view at all they miss abnormalities altogether and/or fail to describe them.</p>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>V Good</b>	<b>n/a</b>
Instructions to patient					
Familiarity with use of ophthalmoscope					
Correct use of illumination					
Appropriate use of lenses					
Indentation technique					
Description of findings					

#### Overall performance in this assessment

**Outcome** (Delete as appropriate)

**Pass/Fail**

**Signature of assessor:**

**Signature of trainee**

