

2020 RCOphth Curriculum for Undergraduates and Foundation Doctors:

Students should be able to:

- recognise the following conditions
- describe their risk factors and causes
- provide basic advice on management

1. The Red Eye

- a. acute angle closure glaucoma
- b. infective endophthalmitis
- c. orbital cellulitis
- d. trauma
 - i. corneal abrasion
 - ii. corneal / subtarsal foreign body
 - iii. hyphaema
 - iv. chemical injury
 - v. penetrating eye injury
- e. “-itises”
 - i. conjunctivitis (viral, bacterial or allergic)
 - ii. anterior uveitis
 - iii. keratitis (herpetic or bacterial)
 - iv. scleritis

2. Gradual deterioration of vision

- a. cataract
 - i. age-related
 - ii. pre-senile (steroids, diabetes, trauma, uveitis)
- b. age-related macular degeneration
 - i. dry / atrophic
 - ii. wet / neovascular / exudative
- c. primary open angle glaucoma
- d. diabetic eye disease
 - i. retinopathy (nonproliferative, proliferative)
 - ii. maculopathy (oedematous, ischaemic)
- e. presbyopia

3. Sudden or subacute loss of vision

- a. central retinal artery occlusion (CRAO)
- b. anterior ischaemic optic neuropathy
 - i) non arteritic
 - ii) arteritic (i.e. giant cell / temporal arteritis)
- c. vitreous haemorrhage
- d. wet age related macular degeneration
- e. retinal vein occlusion
- f. retinal detachment (rhegmatogenous)
- g. optic neuritis

4. Diplopia

- a. third cranial nerve palsy
- b. fourth cranial nerve palsy
- c. sixth cranial nerve palsy
- d. blow out fracture
- e. thyroid eye disease
- f. myasthenia gravis

5. Transient visual symptoms

- a. migraine
- b. amaurosis fugax
- c. papilloedema

6. Other diagnoses

- a. blepharitis
- b. dry eye
- c. meibomian cyst
- d. basal cell carcinoma
- e. herpes zoster ophthalmicus
- f. subconjunctival haemorrhage
- g. posterior vitreous detachment
- h. choroidal naevus / melanoma

7. Students should be able briefly to discuss:

- a. ambyopia (definition, causes, and management principles)
- b. myopia and hypermetropia (definition, basic management and associated risks)
- c. the appearance of the normal colour, cupping and contour of the optic disc, and causes of abnormal appearances
- d. causes of low vision in the UK and globally, visual impairment registration, the role of Eye Clinic Liaison Officers and the UK visual limits for driving

8. Students should be able to perform the following in adults and interpret common abnormalities as appropriate:

- a. take an ophthalmic history
- b. measure Snellen visual acuity (unaided and best corrected)
- c. examine pupil reactions
- d. examine extraocular movements
- e. direct ophthalmoscopy to examine the red reflex, anterior segment and fundus
- f. examine visual fields by confrontation
- g. use slit lamp to view the eyelids, conjunctiva, cornea, iris and lens
- h. guide someone who has visual impairment.

END.