The ROYAL COLLEGE of OPHTHALMOLOGISTS

OST Curriculum 2024

Level 4 Learning Outcomes and descriptors

Patient Management Domain

Vitreoretinal Surgery (vii)

Level 4	
Learning Outcome	**Descriptors**
An ophthalmologist achieving this level will, in addition:	
Demonstrate advanced clinical management and surgical skills.	▪ Demonstrate competency in diagnosis, investigation and management of vitreoretinal disease in outpatients, inpatients and emergency settings. ▪ Have skills in cataract surgery to Level 4. ▪ Have advanced cataract surgery skills to manage high risk cataract surgery including, but not limited to post-vitrectomy, posterior polar cataract and zonular weakness. ▪ Demonstrate core skills to manage: - Endophthalmitis - vitreous haemorrhage - supra-choroidal haemorrhage - sub-retinal haemorrhage - uncomplicated rhegmatogenous retinal detachment - vitreo-macular traction - epiretinal membrane - macular hole ▪ Employ the most appropriate technique from a range of surgical skills for the particular clinical situation e.g. vitrectomy, external buckling, pneumoretinopexy. ▪ Demonstrate skills to manage the posterior segment complications of cataract surgery, including intra-ocular lens implantation in the absence of capsular support. ▪ Demonstrate laser skills such as the application of indirect laser with indentation and in the presence of a small pupil for retinal breaks. ▪ Undertake prospective audit of specialist surgical outcomes in vitreoretinal disease, against national standards. ▪ Maintain a record of activities, using the RCOphth electronic logbook.

Manage the complexity and uncertainty of vitreoretinal disease cases.	▪ Understand and apply advanced knowledge of vitreoretinal conditions and practice. ▪ Independently manage vitreoretinal disease clinics and theatre lists and recognise the need for further input when appropriate. ▪ Diagnose and manage vitreoretinal conditions including, but not limited to, proliferative diabetic retinopathy, retinal detachment with proliferative vitreoretinopathy, exudative retinal detachment, inherited and inflammatory conditions. ▪ Apply knowledge and skills in a flexible manner. ▪ Utilise existing skills to novel situations. ▪ Adapt management strategies to take account of patient's informed preferences, particular circumstances, age and co-morbidities, respecting patient autonomy. ▪ Manage the uncertainty of treatment success or failure and communicate effectively with patients were there is uncertainty. ▪ Manage the personal challenge of coping with uncertainty. ▪ Evaluate published developments in vitreoretinal knowledge and practice and modify own practice appropriately. ▪ Recognise and refer patients who will benefit from more specialist input.
Apply management and team working skills appropriately, including in complex, dynamic situations.	▪ Use highly developed consultation skills efficiently to manage busy clinics whilst managing patient expectations. ▪ Assist with decision-making where there are cognitive impairment barriers, employing Independent Mental Capacity Advocacy (IMCA) services or equivalent if necessary. ▪ Understand how culture or religious beliefs can affect patients' decision making and needs, and communicate these effectively to the team. ▪ Be sensitive to social situations and the impact these may be having on the patient, their carers and their disease. ▪ Understand when information must be shared more widely with schools, carers, police, etc. and understand the responsibilities and implications of sharing information. ▪ Receive and respond to communications in complex or challenging situations. ▪ Give specialist advice to non-vitreoretinal specialists. ▪ Liaise and mutually support colleagues from other subspecialties, particularly medical retina, to optimise patient care, when co-management is required. ▪ Promote professional values within the team. ▪ Work as a collaborative member of a team, respecting differences of opinion.

	▪ Accept constructive and appropriately framed criticism. ▪ Support colleagues. ▪ Be an advocate for patients. ▪ Manage significant events and complaints, including writing formal reports. ▪ Understand and follow local policies in response to complaints.
Be an effective supervisor, teacher and trainer of vitreoretinal disease.	▪ Participate in education/training of medical students/junior trainees, and allied health professionals in vitreoetinal surgery. ▪ Supervise and accredit/sign off trainees to Level 3 in vitreoretinal disease. This includes supervising simple vitreoretinal procedures and surgery to Level 3, such as vitreous biopsy. ▪ Supervise and provide objective assessment of other surgical competency at Level 3 (e.g. WpBAs such as DOPS or OSATS).

The indicative time for training at this level is **up to 18 months** of full-time equivalent.