

OST Curriculum – Patient Management Domain

Community Ophthalmology syllabus

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This document outlines the syllabus for this SIA and accompanies the Curriculum 2024 document. Version numbers will be changed after each update, and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.0	1 August 2024	

1 Introduction

Definition of Special Interest Area (SIA)

The Community Ophthalmology Service is distinct from primary and secondary care services and is defined by the functions it performs and its composition, such as the use of multidisciplinary teams with a targeted case load. A Community Ophthalmology Service will have some or all of the following characteristics: the ability to make definitive diagnoses to manage and treat the majority of cases referred into it; be effective as a monitoring service for patients at risk of their condition deteriorating asymptotically; provide an access point for patients with recurrent symptomatic disease.

What can be treated in a Community Ophthalmology Service depends on the skill set available within the service and the risk of deterioration of the patient's condition. The use of the word 'community' does not imply that the service is at any particular site, but that it is local and convenient for patients while maintaining high quality care. This service is about managing need, not managing demand and must be integrated into the other pathways in primary and secondary care to avoid duplication.

2 Syllabus

Level 1

Learning Outcome

Descriptors

An ophthalmologist achieving this level will:

Understand the role of a Community Ophthalmology Service.

- Understand the purpose of the community ophthalmology services, as distinct from hospital or primary care services, within the local, regional or national eye health care context e.g. optimisation of resource utilisation, care closer to home, patient choice, carbon footprint, place-based services.
- Be aware of the structure and integration of different eye health care systems including: hospital and community ophthalmology, primary and secondary care, public and private sector, urban and remote/rural locations.
- Understand how different services contribute towards a comprehensive eye health care system and the role other agencies/services play such as social care, housing and home adaptations, voluntary sector equipment and service provision.
- Be aware of how the local Community Ophthalmology Service operates in terms of its functions and its composition, e.g. use of multidisciplinary teams, targeted case load, virtual clinics (community-based diagnostics).

	▪ Understand community services available within region. ▪ Have a basic knowledge of community ophthalmology in other eye health care systems and areas and appreciate local differences in service scope and provision.
Communicate and deliver feedback to referrers and patients to support integrated care.	▪ Understand the local systems in place for sharing information between the hospital eye service, primary care and community services. ▪ Apply Level 1 skills of the other special interest areas to patients referred into the Community Ophthalmology Service. ▪ Provide efficient and timely input into patient care. ▪ Understand the principles of shared care agreements. ▪ Have knowledge of the different agencies providing support to people with vision loss and impaired vision e.g. Low Vision Aid and understand the role of social prescribing, and be aware of the conditions which they can provide benefit.

Level 2

Learning Outcome	Descriptors
<i>An ophthalmologist achieving this level will, in addition:</i>	
Be aware of common public health issues and requirements specific to ophthalmology.	▪ Understand the wider determinants of eye health, including demographic structure, ethnicity, deprivation, socio-economic factors, learning disabilities and health determinants such as obesity, smoking, hypertension, stroke. ▪ Recognise the existence of differential health outcomes (general and ophthalmic) for different age, gender, ethnicity, occupation, employment status, level of deprivation (socio-economic factors), disability (e.g. learning disabilities) and other risk factors. ▪ Be aware of specific issues of sight loss in children and young people and risk factors. ▪ Understand the process of Certification of Visual Impairment, including criteria for certification and common conditions for which this may be required. ▪ Understand the process for Referral of Vision Impairment (RVI) and when to use this.

	▪ Understand the role of the Low Vision Aid (LVA) clinic in supporting patients with vision impairment. ▪ Be aware of the major patient support groups/organisations for those with specific conditions and with impaired vision. ▪ Know the DVLA standards for driving vision and how to manage patients that are not achieving this standard. Know the role and responsibilities of the health professional in implementing the DVLA standards.
Understand the environmental impact of eye health.	▪ Understand the concept of 'sustainability' and how this applies to the NHS and to the wider health care system, including: - disease prevention and health promotion - patient education and empowerment - professional education and skill development - service improvement principles, e.g. lean service delivery and cost reduction, savings and quality improvement - new service delivery models, upskilling and role of new technology ▪ Understand how sustainable models translate to the hospital and community eye health care setting. ▪ Understand the 'carbon footprint' of delivering health care and ways in which this can be reduced e.g. use of AI, digital technologies.

Level 3	
Learning Outcome	Descriptors
<i>An ophthalmologist achieving this level will, in addition:</i>	
Understand the provision of community ophthalmology and screening programmes.	▪ Be aware of the local arrangements for reviewing current and future eye health issues facing the local population [e.g. Joint Strategic Needs Assessment (JSNA)] and the process leading to agreed priorities to improve health and reduce inequalities. ▪ Demonstrate the ability to analyse current hospital eye service pathways and identify areas that are suitable for transfer into the community. ▪ Evaluate community pathways for general, glaucoma, cataract and other special interest area patients that may be managed in the community. ▪ Maintain an updated knowledge of relevant national and local guidelines, protocols and

	policies in terms of their relevance and impact on community ophthalmology, e.g. NICE, SIGN, RCOphth guidance on disease screening and surveillance, risk stratification. ▪ Identify new systems for sharing information with referrers and patients, or improve existing systems for integration within the local setting. ▪ Be able to apply principles of GIRFT and other service improvement methodologies to improve the flow of patients through the eye health care services. ▪ Be aware of inconsistency, duplication and unwarranted variations in service provision and outcomes. ▪ Be aware of limitations of local system integration, e.g. financial flows, workforce issues, perverse incentives, competing priorities, local politics. ▪ Implement changes to pathways to improve patient experience, patient care and economy of systems. ▪ Understand common community screening programmes and local interpretations of these programmes. ▪ Be aware of Wilson-Jungner criteria for screening programmes and understand how these have impacted UK strategies, e.g. in glaucoma and diabetic eye disease. ▪ Understand public health initiatives for paediatric eye health including, baby checks and school sight tests.
Understand the epidemiology of eye disease and visual impairment and public health approaches to blindness prevention.	▪ Understand the role of epidemiology on eye care service design, resource allocation and the England Vision Strategy. ▪ Be aware of national and international data and reports on prevalence of blindness and vision impairment. ▪ Be aware of datasets relevant to eye health, e.g. diabetic screening uptake, local and national JSNA dataset. ▪ Understand the health economic impact of vision loss or vision impairment and the cost effectiveness of prevention and treatment. ▪ Understand how evidence is generated, and applied, to drive interventions to reduce the burden and impact of disease.

	▪ Evaluate the relative benefits of different research study designs to inform ophthalmic research on distribution and determinants of eye disease within the population. ▪ Understand the evidence-based public health approach for the control and management of eye diseases that impair vision or cause blindness, e.g. prevention, screening.
Understand the role of commissioning in eye health care.	▪ Be aware of relevant Community Ophthalmology Services commissioning frameworks. ▪ Understand the Clinical Council for Eye Health Commissioning guidance and its implications for local service delivery. ▪ Understand the importance of integration of community optometry services with Hospital Eye Service (HES) and other providers of eye care. ▪ Understand the social, financial and environmental impact of health care delivered in the community and HES.

Level 4	
Learning Outcome	Descriptors
<i>An ophthalmologist achieving this level will, in addition:</i>	
Demonstrate advanced skills necessary to assess the eye health needs of a population and analyse local priorities.	▪ Work with the local commissioners and wider stakeholders within the local health care system to improve understanding of local eye health needs, drawing on international, national and local data to demonstrate areas of variation in outcomes. ▪ Work with local commissioners and wider stakeholders to understand the burden of disease on the local population, the value of services (cost of delivery, activity, health gain/outcomes), financial pressures and potential areas for whole system savings. ▪ Understand local and regional population demographics and the various community services available. ▪ Be aware of geographical locations of local/regional eye services and the impact this has for service users. ▪ Understand community needs assessment methods, including utilisation of National Eye Health Epidemiological Model (NEHEM) for commissioning and prioritising of community and hospital eye services.

	▪ Contribute to community needs assessment processes for commissioning and prioritising of community and hospital eye services, where possible. ▪ Understand the public health and commissioning processes, including datasets, financial flows (e.g. patient level costs). ▪ Understand the health care structure within the UK, including knowledge of funding structures and how this applies to service configuration both in primary and secondary care setting. ▪ Show awareness of international eye health issues, including variation in burden of specific eye conditions. ▪ Understand the demographic, financial and wider social structural elements in eye health provision in regions outside of the UK. ▪ Know current or important World Health Organization (WHO) initiatives relating to eye health. ▪ Know current or important International Agency for the Prevention of Blindness (IAPB) initiatives relating to eye health.
Evaluate design and delivery of care pathways.	▪ Understand how evidence is generated, and applied, to drive interventions to reduce the burden and impact of disease. ▪ Evaluate the relative benefits of different research study designs to inform ophthalmic research on distribution and determinants of eye disease within the population. ▪ Demonstrate competence in understanding of epidemiology, e.g. completion of International Centre for Eye Health (ICEH)/London School of Hygiene & Tropical Medicine (LSHTM) open educational resources in Ophthalmic Epidemiology. ▪ Apply skills of critical analysis to strategies for the control of major blinding eye diseases, in programme planning, management and evaluation.
Demonstrate skills to assess and assure high quality outcomes in Community Ophthalmology Services.	▪ Engage in regular audit and clinical governance evaluation within the community setting. ▪ Take an active role in audit/clinical governance process within own department and encourage a sustainable approach. ▪ Perform a relevant health services evaluation project/quality improvement project. Present or publish data in a suitable forum.
Be an effective clinical leader, supervisor and	▪ Participate in education/training of medical students/junior trainees, and allied health professionals in community ophthalmology.

trainer of the multi-disciplinary team.

- Supervise and accredit/sign off trainees to Level 3 in community ophthalmology.
- Supervise allied professionals in the delivery of eye care under guidance of local governance policies and, where appropriate, employ the Ophthalmic Practitioner Training (OPT) Programme.

3 Level 4: Indicative Time

The indicative time for training at this level is **6-12 months** of full-time equivalent.