



The **ROYAL COLLEGE** *of*
OPHTHALMOLOGISTS

OST Curriculum 2024

Level 4 Learning Outcomes and descriptors

Patient Management Domain

The Royal College of Ophthalmologists is a registered charity in England and Wales (299872) and in Scotland (SC045652)

Uveitis (v)

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 uveitis in a wide range of patients with infectious and non-infectious uveitis, including:
 - acute and chronic anterior uveitis
 - intermediate uveitis
 - posterior uveitis
 - white-dot syndromes
 - uveitis with systemic disease
 - uveitis with optic-nerve disease
 - uveitis with scleritis
 - uveitis with corneal disease
- Demonstrate competency in diagnosis, investigation and management of other inflammatory orbital and ocular disease including:
 - systemic vasculitis
 - scleritis and inflammatory corneal disease
 - lacrimal and orbital inflammation
 - ocular surface inflammation
 - neurological inflammatory disease
 - HIV and the immunosuppressed patient
- Demonstrate competency in interpretation of relevant investigations, including:
 - optical coherence tomography (OCT)
 - fluorescein angiography
 - indocyanine green angiography
 - electrodiagnostic tests
 - B scan ultrasonography

- Recognise and acutely manage patients presenting with sight threatening uveitis.
- Apply Standardization of Uveitis Nomenclature (SUN) criteria.
- Identify and plan appropriate management for the complications of uveitis, such as uveitic cataract, uveitic glaucoma, macular oedema and retinal detachment, and co-manage these along with colleagues in other special interest areas.
- Plan appropriate perioperative management of patients with uveitis and related ocular inflammatory conditions undergoing intraocular surgery.
- Employ local and systemic medicines appropriately, including steroids, steroid-sparing immunosuppressive agents and biologic therapies in patients with non-infectious uveitis, in a way that maximizes benefit and minimizes harm.
- Monitor and evaluate the effects of treatment for patients with non-infectious and infectious uveitis and make changes to therapy appropriate to the course of the disease.
- Monitor and manage the side-effects of systemic treatment.
- Identify uveitis patients who have an underlying systemic disease or infection or are immunocompromised; understand how this may change the management and/or course of the disease.
- Maintain a record of activities, using the RCOphth electronic logbook.

Manage the complexity and uncertainty of the uveitis disease cases.

- Understand and apply advanced knowledge of uveitis conditions and practice.
- Independently manage uveitis clinics.
- Implement a strategy of targeted investigations in uveitis to refine the differential diagnosis and assist decision-making around starting, stopping or changing treatment.
- Understand the usefulness and cost-effectiveness of laboratory investigations and ancillary tests such as imaging studies and electrodiagnostics in uveitis management.
- Employ heuristics and Bayesian thinking to rank the differential diagnosis in order of likelihood based on epidemiology, and clinical and laboratory findings, and take appropriate action in the acute stage when findings or the results of investigations remain uncertain.
- Initiate step-up and step-down treatment for uveitis or adopt a watch-and-wait policy when appropriate.
- Recommend treatment to prevent complications of uveitis, minimize side-effects of treatment, and maintain or restore vision.

- Explore with the patient how the complexity of personal circumstances and lifestyle issues might influence the presentation and severity of their disease, its impact on their life, and the effectiveness of treatment.
- 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 where there is uncertainty.
- Manage the personal challenge of coping with uncertainty.
- Evaluate published developments in uveitis 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 Advocate (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-uveitis specialists.
- Liaise and support colleagues from other special interest areas 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.

	<ul style="list-style-type: none">▪ Manage significant events and complaints, including writing formal reports.
Be an effective supervisor, teacher and trainer of uveitis disease.	<ul style="list-style-type: none">▪ Participate in education/training of medical students/junior trainees, and allied health professionals in uveitis. Supervise and accredit/sign off trainees to Level 3 in uveitis.▪ Supervise allied professionals in the delivery of uveitis care under guidance of local governance policies.

The indicative time for training at this level is **12-18 months** of full-time equivalent.