

OST Curriculum 2024 A Concise Guide

DECEMBER 2025

Key features



- Based on competence, NOT numbers
- 1-4 Levels of training
- ONE Patient Management domain incorporating 12 Special Interest Areas (SIAs)
- SIX mandatory domains for Generic Skills
- All residents reach level of general ophthalmology consultant in all SIAs in 5.5 years Level
- All residents reach sub-specialist level in TWO SIAs by CCT Level 4

Domains





Patient Management



Health Promotion



Leadership and Team Working



Patient Safety and Quality Improvement



Safeguarding and Holistic Patient Care



Education and Training



Research and Scholarship

12 SIAs

- Oculoplastics and Orbit
- Cornea and Ocular Surface Disease
- Cataract Surgery
- Glaucoma
- Uveitis
- Medical Retina
- Vitreoretinal Surgery
- Ocular Motility
- Neuro-ophthalmology
- Paediatric Ophthalmology
- Urgent Eye Care
- Community Ophthalmology

Generic skills domains





Health Promotion



Leadership and Team Working



Patient Safety and Quality Improvement



Safeguarding and Holistic Patient Care



Education and Training



Research and Scholarship

- NO advancement to next Level unless all Generic Skills competences are achieved for the previous Level
- Level 4 competencies in all Generic Skills before CCT
- RSTAC Research, Study, Teaching, Audit, Curriculum
- RSTAC sessions should be used to gather curriculum competences

Levels



Level 1

- Able to examine patient and manage uncomplicated conditions
- Part 1 FRCOphth
- Latest waypoint for completion end of ST2

Level 2

- As for Level 1 but at an acceptable rate
- Refraction Certificate
- Latest waypoint for completion end of ST3

Level 3

- Practice at the level of a consultant, not a sub-specialist, in all 12 SIAs
- Part 2 FRCOphth, Written and Oral
- Latest waypoint for completion middle of ST6 (5.5 years)

Level 4

- Practice at the level of a sub-specialist in two SIAs
- Latest waypoint for completion end of ST7

Likely timelines

ST1 - ST2: 2 years

ST3 to mid-ST6: 3 ½ yrs

Mid-ST6 - ST7: 1 ½ yr

Level 3 training



- Level 3 competencies are those of a general ophthalmologist
- Cataract Surgery, Urgent Eye Care and Community Ophthalmology could be integrated longitudinally across the entire training programme
- Some placements could incorporate two SIAs (e.g. Medical Retina and Uveitis, Neuro-ophthalmology and Ocular Motility)
- Residents could choose to stop Cataract Surgery after Level 3 sign-off if they do not wish to perform it as consultants

Level 4 - Introduction



- Minimum of TWO Level 4 SIAs need to be completed for CCT
- Learning Outcomes are specified in <u>syllabi</u>
- Entry into Level 4 after 5.5 years for most residents but could be earlier
- Should be deliverable in resident's own Deanery in almost all cases
- Entry criteria
 - Part 2 FRCOphth
 - Level 3 competences in all 12 SIAs and all 6 domains for Generic Skills
 - Additional requirement for Cornea, Glaucoma and VR (next slide)

Level 4 – Cornea, Glaucoma, VR



- Part 2 FRCOphth
- Level 3 competences in all 12 SIAs and all 6 domains for Generic Skills
- Level 4 Cataract Surgery signed off before entry to Level 4 in these three SIAs
- If NOT signed off, and the evaluating panel feel that the resident will be able to get it signed off within the first 6 months of the Level 4:
 - review application and ePortfolio evidence
 - reach decision as to whether to request exemption
 - write to Chairs of Training and Curriculum Sub-committee with details

Level 4 – selection



- Although Deaneries aim to offer a wide selection of Level 4 posts, resident choice cannot be guaranteed
- Where more than one resident applies for same Level 4 post:
 - Selection based on review of ePortfolio evidence
 - Selected by clinical supervisors in the SIA, with TPD oversight
 - No exam/interview permitted
 - Application form (regional)

Level 4 – indicative duration



- Up to 18 months
 - Oculoplastics & Orbit, Cornea & Ocular Surface Disease, Glaucoma, Vitreoretinal Surgery
- 12-18 months
 - Uveitis, Medical Retina, Ocular Motility, Neuro-ophthalmology, Paediatric Ophthalmology
- 6-12 months (could be integrated longitudinally across the entire training programme)
 Cataract Surgery, Urgent Eye Care, Community Ophthalmology

THESE ARE INDICATIVE DURATIONS – Curriculum 2024 is competence-based

Summative assessment tools



Entrustable Professional Activities (EPA)

- Completed by Named Clinical Supervisor (NCS)
- Learning outcomes assessed using an iterative process to make entrustment decisions
- Longitudinal, periodic observation of performance on which to base decisions mandatory pieces of evidence are required for some competences

Multi-Assessor Report (MAR)

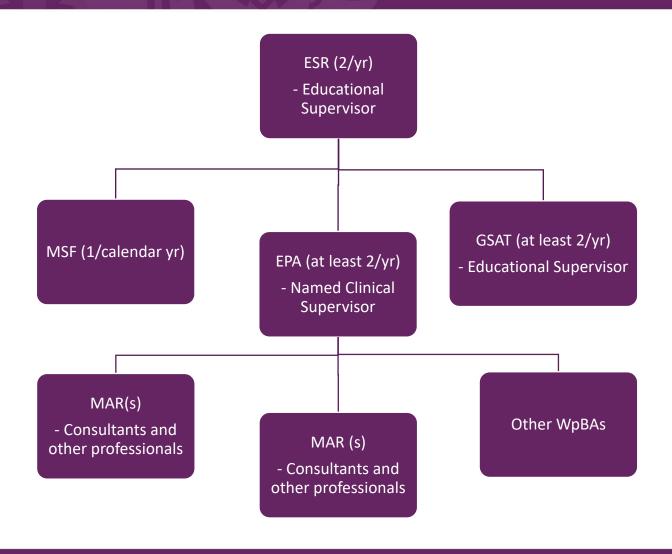
- Completed by consultants, other clinicians or qualified professionals
- Focus on clinical performance (unlike MSF)

Generic Skills Assessment Tool (GSAT)

- Completed by Educational Supervisor (ES) but resident-driven

Framework of assessments





Summary



TOOL	HOW MANY?	WHO?	EVIDENCE
EPA Holistic assessment of competences for Patient Management domain	 1 every 6 months for Levels 1 and 2 1 for every SIA in Level 3 (12 in total) 2 out of 12 SIAs in Level 4 (1 each, every 6 months) More than 1 every 6 months may be necessary for Levels 3 & 4 	Named Clinical Supervisor (NCS) - 1 NCS responsible for each EPA; only one NCS required for every six months in Levels 1 and 2 - 1 NCS for every EPA for Levels 3 & 4; more than one NCS may be required in a six-month rotation depending on number of SIAs being covered	Longitudinal observation MAR(s) Mandatory and optional WpBAs
MAR Clinical assessment from others – some competencies may not have been witnessed by NCS	Specified by NCS (will feed into the EPA)	Consultants or other senior clinicians Other qualified professionals (e.g. orthoptists, optometrists, nurse practitioners)	Direct observation Other indirect evidence or feedback
GSAT Holistic assessment of competencies for Generic	1 every 6 months (form covers all 6 generic domains per Level)	Educational Supervisor (ES) - In addition to ES report (ESR) to	Resident-driven – adds evidence for each domain

Post-CCT Fellowships



- Funded by Trust/Health Board
 - Not overseen by RCOphth
 - No study leave funding
 - No standardised learning outcomes
- Still have a role for:
 - Further experience in niche areas (e.g. Oncology, Paediatric Glaucoma, Orbit)
 - 3rd SIA (e.g. Paediatrics Ophthalmology, Ocular Motility)
 - Further SIA experience (e.g. VR as a second Fellowship)
- If there are limited learning opportunities, priority MUST be given to Level 4 training