The ROYAL COLLEGE of OPHTHALMOLOGISTS

Ophthalmic Local Training (OLT)

Curriculum 2024 Guide

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Version number	Date issued	Summary of changes
1.0	18 May 2026	

1 Introduction

Ophthalmic Specialist Training (OST) is the formal UK postgraduate programme built around the GMC-approved Curriculum 2024, which captures the skills and knowledge required by training ophthalmologists and is mapped to the GMC's Generic Professional Capabilities (GPCs) framework. Promoting Excellence standards cover areas such as learning environment, educational governance, support for learners and educators, and curriculum and assessment development. Good Medical Practice guidance outlines the professional behaviours expected of all doctors.

OST is a seven-year programme that culminates in the award of a Certificate of Completion of Training (CCT), enabling entry onto the Specialist Register. Due to the rising demand for ophthalmology consultants, many specialty doctors pursue entry to the Specialist Register via the alternative Portfolio Pathway route, which is especially suited to those with substantial prior ophthalmology experience. The OLT framework has been developed to assist doctors gain the curriculum competencies and mirror the OST standards.

2 OST Curriculum 2024

The OST Curriculum 2024 is organised into Levels and domains of practice, each supported by detailed descriptors that underpin the overarching learning outcomes required to demonstrate competence. The curriculum comprises one Patient Management domain and six generic domains. The Patient Management domain is further divided into twelve Special Interest Areas (SIAs), each accompanied by a dedicated syllabus that sets out the requirements necessary to demonstrate attainment of the specified learning outcomes.

Level-specific, summative Entrustable Professional Activity (EPA) tools are used to evaluate learning outcomes within the Patient Management domain, while Generic Skills Assessment Tools (GSATs) are employed to assess progression across the six generic domains. EPA forms include the completion of Multi-Assessor Report (MAR) forms, with the required number pre-determined by the SIA's Named Clinical Supervisor (NCS). Locally employed OLT doctors should be allocated both a NCS and an Educational Supervisor (ES).

Workplace-Based Assessment (WpBA) tools place emphasis on formative feedback, thereby supporting reflective practice and developmental learning. OLT doctors may already be familiar with established assessment methods such as WpBAs through their experience in the Foundation Programme. However, those who have trained outside the UK may require additional support.

For a Portfolio Pathway application, the GMC places particular emphasis on evidence from the previous five years when assessing whether a doctor's knowledge, skills and experience are equivalent. As ophthalmology training typically takes seven years, OLT doctors without prior relevant experience would be expected to require a similar duration. Due to the spiral structure of the curriculum, early competencies are often revisited and embedded within more advanced assessments later in training.

3 RCOphth examinations

Theoretical and practical knowledge essential to ophthalmic practice is tested by the Fellowship exam (FRCOphth), which comprises three examinations, one of which is split into two components. OST resident doctors must complete and pass these examinations at set waypoints to progress in their training, achieve the CCT and join the Specialist Register.

To ensure alignment, it is recommended that locally employed OLT doctors undertake and pass the mandatory examinations according to the same schedule followed by OST resident doctors.

Part 1 FRCOphth
This examination consists of theoretical papers covering the learning outcomes for the first two years of training. Topics include basic sciences, theoretical optics, and pathology.

Refraction Certificate
Candidates must successfully complete the Part 1 FRCOphth examination before undertaking the practical Refraction Certificate.

Part 2 FRCOphth Written
Eligibility for the written component of Part 2 requires prior completion of the Part 1 FRCOphth. This examination comprises theoretical papers assessing higher-level ophthalmic knowledge.

Part 2 FRCOphth Oral
Candidates must have passed the Part 1 FRCOphth, the Refraction Certificate and the Part 2 Written examination before attempting the final component. The oral examination consists of a structured viva and an Objective Structured Clinical Examination (OSCE).

Portfolio Pathway applicants must demonstrate either successful completion of the FRCOphth examinations or provide alternative evidence demonstrating equivalent knowledge mapped to the examination requirements.

4 Recruitment to OLT

Recruitment to OLT is conducted locally. Posts should be advertised in accordance with local procedures, and interview panels should comprise the NHS Trust's OLT Lead along with other ESs or NCSs. Employing Trusts should consider offering either a one-year contract, renewable following the first review of evidence of progression, or a longer contract. Contracts of less than one year are not considered appropriate. This approach should align with the good practice applied to OST resident doctors.

A locally employed OLT doctor wishing to undertake flexible training should discuss this with both their employer and the OLT Lead, particularly regarding the potential impact on acquiring the competencies required for a Portfolio Pathway application. GMC requirements stipulate that evidence must primarily be from the preceding five years and must demonstrate that competencies are current and maintained. Achieving this may be challenging when training less than full time; therefore, any adjustments to the programme or timetable must be carefully considered to ensure that the OLT doctor can still acquire the necessary competencies.

Any OLT doctor experiencing difficulties, as identified by the NCS or ES, should be referred to the OLT Lead. Appropriate remedial training should then be identified and implemented,

following the same principles applied to OST resident doctors. To meet RCOphth standards, there must be a clear commitment to engage with HR and, where necessary, external support services to facilitate progression.

5 Management of OLT

The recommended induction for locally employed OLT doctors should mirror that provided to new starters entering OST. All OST1-equivalent doctors should receive an introductory week to ophthalmology in addition to completing the Trust's mandatory induction. This induction should serve as a foundation for examining and assessing ophthalmic patients and should include an introduction to key areas, alongside practical skills training to enhance early clinical exposure.

OLT doctors may undertake surgical simulation training in a wet or dry lab to prepare for supervised extraocular surgery and to assist with intraocular procedures. The primary aim of simulation training is to develop surgeons who can deliver safe, high-quality, cost-effective and efficient ophthalmic care. Simulation spans areas such as laser, extraocular and intraocular surgery, situational awareness and communication skills.

OST doctors must complete an RCOphth-approved *Introduction to Phacoemulsification* course before undertaking any intraocular surgery. Those with previous surgical experience should review the relevance and recency of their skills to determine whether they should also undertake the mandatory course.

It is recommended that OLT doctors undertake assessments that align with OST requirements at the equivalent stage of training and demonstrate progression at the expected rate. Establishing a review methodology that mirrors the formal Annual Review of Competence Progression (ARCP) process used for OST resident doctors would represent good practice.

The local review should be a comprehensive evaluation of all evidence gathered by the OLT doctor over the preceding year to demonstrate progress and achievement. The review must be objective and rigorous to enable the panel to determine whether the doctor is ready to progress to the next stage of training. It also provides an opportunity to identify areas requiring development and to set appropriate targets. The panel will review the portfolio of evidence and triangulate this with the Educational Supervisor Reports (ESRs). It is the responsibility of the OLT doctor to present sufficient portfolio evidence to confirm that all curriculum requirements have been met.

The recommended review template is included in **Appendix A**.

Each OLT doctor should be allocated an ES and meet with them at the start, midpoint and end of each attachment. Progress should be reviewed against the curriculum and annual requirements to ensure ongoing development in generic professional capabilities alongside clinical and practical skills.

Preparation for the local review process should begin at the initial meeting with the ES, during which the year's requirements are established. Subsequent appraisals should ensure that the portfolio is updated regularly and completed in a timely manner throughout the training year. The ES should expect the following evidence to be included in the portfolio:

- Educational supervision – documentation of meetings and outcomes
- Regular participation in the mandated programme of assessment (EPAs, GSATs, MARs, WpBAs, MSF)

- Surgical logbook
- Audits as required
- Examination outcomes
- Professional Development Plan (PDP)
- Reflective entries
- Record of training and teaching events
- Teaching resources
- Clinical governance/quality improvement activities
- Presentations/research/publications
- Evidence of Continual Professional Development (CPD)

6 Structure of OLT Programme

There must be a clear and consistent commitment from all supervising consultants to support the education of locally employed OLT doctors, equivalent to that provided to OST resident doctors. Each participating unit should appoint an OLT Lead responsible for monitoring progress, overseeing delivery and coordinating the local review process. Ideally, the OLT Lead should be an RCOphth Portfolio Pathway assessor and regularly undertaking Portfolio Pathway assessments. This would ensure familiarity with assessment standards and enable the OLT Lead to give informed guidance to OLT doctors.

OLT doctors should gain exposure to clinics that develop examination and assessment skills. They should not be routinely included in the 'numbers of patients seen' schedule until they can assess patients efficiently and contribute positively to clinic flow. This careful approach helps balance the demands of supervision, teaching and assessment completion. Time may be allocated to ward work, supervised documentation and inpatient investigations; however, OLT doctors should not be overburdened with routine ward duties or clerking, including pre-operative assessment clinics. When supervised by a consultant, pre-operative ward rounds or clinics can serve as valuable training opportunities.

OLT doctors should have opportunities to assist in theatre, gain experience in minor and extraocular procedures and progress to more complex surgery toward the end of their first year, depending on individual aptitude. It is essential that they undertake a sufficient volume and variety of surgical cases, particularly cataract surgery, to gain exposure to a full spectrum of clinical situations (e.g., white cataract, small pupil), develop management strategies and acquire competence in handling complications.

Senior OLT doctors may supervise cataract surgery and selected specialist procedures where appropriate, with consultant oversight. Service lists generally offer limited training value; therefore, training lists should be prioritised. When more than one OLT doctor attends a surgical list, they should be at different training stages to avoid competition for cases, with junior doctors receiving priority for non-complex cases. The OLT Lead should coordinate handovers between departments when an OLT doctor rotates within the region, mirroring the process used by College Tutors for OST resident doctors. This ensures continuity of supervision and maintains progressive surgical learning. OLT doctors should also gain experience in acute/emergency ophthalmology, managing casualties under supervision. They should not attend more than two emergency sessions per week. A regular on-call commitment is appropriate, though it does not need to be resident-based, and 24-hour ophthalmic A&E provision is not required for effective training.

Where opportunities arise to assess specific advanced competencies, these may be completed and logged at a stage later than the doctor's current Level. Trainers should remain mindful of the relevant learning outcomes and ensure these are met when signing off an OLT doctor as competent at a more senior stage of training.

All junior OLT doctors should have consultant supervision timetabled for every session, with the degree of supervision adjusted to their competence. In the later stages of training and where appropriate, one weekly theatre session may be conducted without the consultant physically present, provided consultant assistance is immediately available in a nearby theatre or within the unit. By the end of training, the OLT doctor should be competent to run cataract theatre lists independently.

Surgical logbook

A surgical logbook provides a structured record through which competence, as assessed by various assessment tools, can be reviewed within the broader context of clinical experience. Locally employed OLT doctors are mandated to use the Eye Logbook platform to document all procedures in which they have participated, including the level of supervision received (A – Assisting, PS – Performed supervised, P – Performed independently, SJ – Supervising a junior). The logbook evidences the breadth and depth of surgical exposure and is particularly important for evaluating advanced learning outcomes. Documentation must demonstrate supervision of more junior residents during the advanced stages of training, alongside maintenance of existing skills and development of new competencies within the relevant SIA.

Audit

OLT doctors are expected to maintain and present a continuous complications audit of their cataract surgery. This enables structured reflection and informed developmental planning with their supervisors. Benchmarking outcomes against peer norms allows early identification of outliers and timely implementation of appropriate actions to safeguard patient safety.

They are also required to complete a prospective audit of 50 consecutive cataract cases performed within three calendar years of attaining advanced Cataract Surgery (Level 4). Post-operative refractive data must be submitted for at least 10% of these cases.

National or international benchmark standards are applied, and performance against these standards forms an important element of the evidence considered when determining whether an OLT doctor has achieved the required level of competence.

Acute Services

Locally employed OLT doctors should receive comprehensive training in the assessment and management of acute and emergency ophthalmology presentations, with appropriate support and supervision. They must not be expected to run whole acute clinics independently; instead, Advanced Nurse Practitioners (ANPs) and senior clinicians should provide ongoing guidance and feedback to ensure safe and effective patient care. Acute Services training should be integrated throughout the programme, with increasing levels of clinical responsibility as competence develops. As they progress, more senior OLT doctors should also support the learning of junior colleagues by contributing to teaching and supervision.

Teaching / Audit / Quality Improvement / Research

All locally employed OLT doctors should have one session per week protected to attend regional half-day teaching. Any essential activities, such as accident and emergency, during this period should be covered on rotation by training grades, or by speciality or Trust doctors.

Where attendance in person is not possible, teleconferencing facilities for peripheral units should be explored. Local teaching arrangements may be offered where a regional training programme is not available. In some regional teaching hospitals, the study half-day session is arranged during university terms only. OLT doctors should attend 75% of arranged teaching sessions. Most programmes offer study days which are relevant to certain stages of training. OLT doctors should attend all of these, where possible. All participating units should organise at least an hour of formal in-house teaching on a weekly basis, not only to supplement the regional teaching programme but also to capitalise on local consultant expertise. Informal teaching should be regarded as routine during outpatient and theatre sessions. OLT doctors should take an active part in teaching undergraduates, other training doctors and multi-professional staff. Where possible, OLT doctors should be supported if they wish to develop their own teaching/training skills. They should also acquire the skills necessary to become NCSs.

7 ePortfolio

In addition to having their clinical and practical skills assessed using the standard assessment tools, locally employed OLT doctors should gather a broad portfolio of evidence across research, audit and quality improvement, teaching and training, as well as management and leadership activities.

They should be encouraged to join the RCOphth as Affiliate Members to gain access to the ePortfolio platform, enabling them to document progress and store evidence electronically.

The ES would then be able to review ePortfolio evidence and complete an ESR at the end of each 6-month period. These ESRs should follow the same format and standards used for OST resident doctors and allow the local review panel to evaluate progress.

8 Portfolio Pathway application

The Portfolio Pathway is awarded by the GMC and confirms a doctor's eligibility for entry onto the Specialist Register. The RCOphth is responsible for reviewing the submitted evidence and providing a formal recommendation to the GMC. The Portfolio Pathway requires applicants to provide robust evidence demonstrating that they possess the knowledge, skills and experience necessary to practice as a specialist in the UK.

Locally employed OLT doctors should commence preparation well in advance of their submission. They must ensure that their portfolio is fully up to date, that all requirements have been met, and that triangulated evidence is provided wherever appropriate. The emphasis is placed on the quality of the evidence presented.

The curriculum requirements for Portfolio Pathway applicants are defined in the Specialty Specific Guidance (SSG) published by the GMC, as well as the supporting spreadsheet explaining in detail the evidential requirements against each SIA.

9 Quality assurance

NHS England employs a comprehensive suite of established quality interventions to monitor and enhance the standard of education and training across England. These interventions often

involve gathering direct feedback and insights from learners and their supervisors or educators. This approach enables the implementation of a national overview of compliance against the Education Quality Framework (EQF), ensuring that learning environments consistently meet the required national standards for safety and quality.

In alignment with this approach, the OLT requires participating Trusts to self-declare to the RCOphth that they meet the criteria for this training pathway, ensuring that locally employed OLT doctors are treated in accordance with the standards applied to OST resident doctors. The RCOphth does not undertake direct departmental visits; instead, it relies on local OLT Leads to monitor compliance with standards and provide guidance where necessary. Employing Trusts are expected to maintain robust quality assurance processes, which may include: evidence drawn from GMC surveys; locally gathered feedback; forums; monitoring of bullying or harassment concerns or incidents involving training doctors; annual specialty reports; intelligence provided by Directors of Medical Education, Guardians of Safe Working Hours and OLT Leads.

APPENDIX A

Annual Review Form – Ophthalmic Local Training (OLT)

Doctor's forename:	Doctor's surname:	GMC No.:
Date of Review:	Unit/region:	

List all Review Panel members	1.	2.
	3.	4.
	5.	6.
	7.	8.
	9.	10.

Period covered from:	Period covered to:

Absences since last review/commencing programme – no. of days:	
Equivalent ophthalmic grade being assessed (Please tick) ST1 ☐ ST2 ☐ ST3 ☐ ST4 ☐ ST5 ☐ ST6 ☐ ST7 ☐	Curriculum Level being assessed (Please tick) Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐

Approved clinical training gained during the period to be reviewed

Placement/post	From:	To:	FT / PT as % FT	Comments
1.				
2.				
3.				
4.				

Documentation considered and known to the doctor

1.	☐	2.	☐
3.	☐	4.	☐

Recommended outcomes from Review Panel
(please tick relevant choice)

Satisfactory Progress Achieving progress and capabilities at the expected rate	☐
Unsatisfactory progress. Reasons must be documented in full and the panel must meet with the doctor.	

Development of specific capabilities required	☐
Inadequate progress by the doctor	☐
Released from local programme	☐
Insufficient evidence	
Incomplete evidence presented	☐
Recommendation for completion of local programme	
Gained all required capabilities	☐

Grade/Curriculum Level at next rotation:

ST1 ☐ ST2 ☐ ST3 ☐ ST4 ☐ ST5 ☐ ST6 ☐ ST7 ☐ N/A ☐

Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ N/A ☐

Doctor's Name:	**GMC No:**	
Detailed reasons for recommended outcome: 1. 2. 3. 4.		
<u>Discussion with doctor</u> **Mitigating circumstances** **Competences which need to be developed** **Recommended actions**		
Revalidation information:		
Are there any current known unresolved causes of concerns?	Yes: ☐	No: ☐

Please provide summary if concerns are noted above:			
Date of next Review:			
Chair of Panel signature:		***Date:***	
Doctor's signature:		***Date:***	

Where concerns are raised, a copy must also be sent for information to the Director of Medical Education where the doctor works and to support revalidation processes.

By signing the form, the doctor is indicating that they understand the recommendations arising from the review. They also understand and agree that the information will be shared with other parties. The trainee signature on the form indicates that they understand.

Supplementary information

	Reason for unsatisfactory outcomes	**Explanatory Notes**
☐	Record Keeping and Evidence	Doctor failed to satisfactorily maintain their ePortfolio in line with the curriculum requirements.
☐	Inadequate Experience	Placement/post did not provide the appropriate experience to satisfy the curriculum requirements in order to progress.
☐	No Engagement with Supervisor	Doctor failed to engage with the assigned Educational Supervisor.
☐	Single Exam Failure	Doctor failed to satisfy the examination requirements to progress to the next stage.
☐	Continual Exam Failure	Doctor failed to pass an examination within the allowable number of examination attempts and is therefore unable to progress further with the local programme.
☐	Other reason (please specify)	