

The RCGP Curriculum: Clinical Modules

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➤ 3.16 Care of People with Eye Problems

Summary

- Visual loss is a significant cause of physical and psychosocial morbidity, which is a barrier to accessing healthcare. This can be overcome by appropriate rehabilitation for the visually impaired
- The general practitioner (GP) has a key role as part of the primary healthcare team in co-ordinating access to community and secondary care services
- As part of opportunistic health screening, GPs are well placed to ensure that patients have regular eye tests and are referred appropriately and in a timely manner.
- The GP should be able to examine, diagnose and treat common eye conditions and know when to refer to secondary care.

Knowledge and skills guide

Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Understand your role in balancing the autonomy of patients with the need to address visual problems and public safety

Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Recognise that patients with visual impairment may have difficulty receiving written information and accessing healthcare services, and your role in implementing measures to overcome these obstacles to effective health care

Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Understand the importance of exploring the ideas, concerns and feelings of patients who are threatened with sight loss
- Know how to communicate with a visually impaired person and their carers, and help them to participate fully in planning the management of their problem

Core Competence: Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Recognise ophthalmic emergencies and refer appropriately, e.g. new visual distortion in wet age-related macular degeneration, sudden loss of vision
- Recognise ocular manifestations of neurological disease, e.g. hemianopia, nystagmus

Core Competence: Making decisions

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Understand the use of medications for eye problems including mydriatics, topical anaesthetics, corticosteroids, antibiotics and glaucoma agents, and be able to explain these to your patient
- Be able to diagnose and manage common conditions causing red eye and lid problems, such as blepharitis, chalazion and conjunctivitis

Core Competence: Clinical management

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Manage primary contact with all patients who have an eye problem
- Understand the common eye conditions in primary care and manage them appropriately
- Manage superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations.
- Understand the importance of diabetic retinopathy screening and regular eye tests in the context of preventable sight loss

Core Competence: Managing medical complexity

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Understand the implications of the certificate of visual impairment, and the role of specialist social workers

- Promote a healthy lifestyle for your patients and manage co-morbidity in an attempt to reduce the prevalence of blinding eye conditions
- Manage the underlying systemic disease to reduce further complications, e.g. diabetes, vascular disease, connective tissue disorders and infections such as herpes
- Understand the significance of visual impairment for a patient's ability to self-manage other chronic illness

Core Competence: Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- Make timely, appropriate referrals on behalf of patients to specialist and community eye services

Core Competence: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Understand and implement the key national guidelines that influence the provision of eye healthcare including prevention and management of eye problems, visual impairment and blindness
- Be aware of major advances in therapy for eye conditions

Core Competence: Organisational management and leadership

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Recognise your responsibility to facilitate access to the services you provide, including the practice environment

Core Competence: Practising holistically and promoting health

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Appreciate the importance of the social and psychological impact of eye problems on the patient
- Understand the significant psychological impact of sight loss for the patient and their family
- Understand the impact eye problems may have on co-morbidity/disability and fitness to work, and on independent living
- Understand what influences the patients in your practice to take up regular eye examinations to prevent sight loss

Core Competence: Community orientation

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Understand the role of the community optometrist and NHS entitlement
- Know the DVLA driving regulations for people with visual problems, and your role in relation to your patients
- Facilitate patients' access to sources of social and charity support for visually impaired adults and children
- Be aware of the Royal National Institute of Blind People Access to Work scheme
- Develop your understanding of how you might organise screening for eye problems in your practice, e.g. six-week baby check, checks for diabetic retinopathy, glaucoma, squint

Case discussion

It's Monday morning and your second patient is Mr John Smart who is 75 years old. He was last seen six months ago following problems with sleeping. He has lived alone since his wife died suddenly from a stroke three years earlier.

He is accompanied by his daughter, whom you have not met before. She tells you that her dad has asked her to come along as he is a bit upset since his visit to his optometrist last week. Mr Smart states, 'It was not the girl I usually see at the opticians. This man flashed a lot of lights in my eyes then said I had a major problem with my vision and should come to see you about going to the hospital. What's worse is that he said I shouldn't drive my car.' His daughter adds, 'Dad was so upset he didn't even ask what was wrong. His car is his lifeline. I went back with him to the opticians and they told me he probably has something called ARMD – he wrote it down for me. He said you would be able to sort it out, and he would be writing to you.'

You look at his past medical history before calling him in. There appears to be no relevant previous history. He is on no medication, and comes in regularly for his 'flu jab and health checks with the nurse. On direct questioning he admits that he has noticed his vision was deteriorating but assumed this was because he needed new glasses, and that was why he went for an eye check. He admits that he has not been for an eye check since well before his wife died. He says, 'She used to sort those things out. I don't go out at night any more as I can't see well enough. I also noticed a funny thing – I can see the television better when I look from the side rather than from the front.'

Your receptionist finds that a letter from the optometrist has arrived this morning. The optometrist noted a marked loss of visual acuity since his last eye examination and feels that this is likely to be due to age-related macular degeneration. Visual acuity testing in your surgery reveals that Mr Smart can only see the top line of the Snellen chart at 6 metres and this does not improve with a pin hole.

You advise Mr Smart that you will refer him to the local eye department. You tell him that they may refer him on to the Low Vision Service based at the local NHS Treatment Centre near your practice. You also print off some information regarding eye charities in large print in order that Mr Smart can read them himself and seek support and advice while he awaits his appointment.

Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p>Fitness to practise This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>How do I feel about telling Mr Smart he must not drive his car?</p>

<p>Maintaining an ethical approach This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>What would I do if he drives the car against my advice?</p>
<p>Communication and consultation This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>How can I explore the psychological impact of visual loss in the consultation with Mr Smart?</p> <p>How would I explain the likely outcome of his condition?</p> <p>What do I think might be the obstacles to Mr Smart having regular eye tests? How would I explore all those issues?</p>
<p>Data gathering and interpretation This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>Why should I use a pin hole when assessing visual acuity?</p> <p>When is an Amsler grid useful in assessing a patient?</p> <p>What lifestyle factors would I record in the notes?</p>
<p>Making decisions This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>What other blinding eye conditions present with gradual onset?</p>
<p>Clinical management This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>Which of my patients are entitled to free eye tests under the NHS?</p> <p>How easy is it to arrange for my patients to receive an eye test at home?</p>
<p>Managing medical complexity This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>What co-morbidities are common with sight loss?</p> <p>What are the risk factors for age-related macular degeneration (ARMD/AMD) and how common is it?</p> <p>What role has his bereavement played in this scenario?</p>
<p>Working with colleagues and in teams This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>How urgent is this hospital referral?</p> <p>What role does an optician play in caring for patients with eye conditions? How can I collaborate with local opticians to provide a better service for my patients? Can I read GOS letter and understand what the different terms mean?</p>
<p>Maintaining performance, learning and teaching This is about maintaining performance and effective CPD for oneself and others. This</p>	<p>What are the current issues around treating age-related macular degeneration?</p> <p>How do I keep myself updated about ophthalmological</p>

<p>includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>conditions? How confident am I at using an ophthalmoscope?</p>
<p>Organisational management and leadership This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>How should I ensure that my patients are not ‘lost to follow-up?’ What does the practice provide to support visually impaired patients?</p>
<p>Practising holistically and promoting health This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>How will I manage the psychological impact of sight loss in Mr Smart? Why do I think Mr Smart did not seek help earlier for the problems with his vision? What do I know about Mr Smart’s living accommodation? Will he need additional support at home?</p>
<p>Community orientation This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>What social benefits and services might be available to this patient and his carers if he is certified visually impaired? Where do I find the DVLA rules on sight impairment and who is required to inform the DVLA? (see also case illustrations in statements 3.17 Care of People with Metabolic Problems and 3.18 Care of People with Neurological Problems) What other health professionals in the community could help in managing his vision problems?</p>

How to learn this area of practice

Work-based learning

In primary care

Eye problems account for 1.5% of general practice consultations in the UK with a rate of 50 consultations per 1000 population per year. Primary care is an ideal setting for you to learn how to manage eye problems within the limited time and resources available. You should also take the opportunity to find out about other agencies, both statutory and voluntary, that provide support for patients with chronic eye disorders in the community. (See also Web Resources below.)

In secondary care

As a GP specialty trainee you should be able to attend secondary care-based ophthalmology clinics and/or eye casualty to learn about both acute and chronic conditions. It is also useful for you to attend an operating session to gain an understanding of cataract surgery, perhaps by accompanying a patient on his or her journey.

Self-directed learning

There are a number of online and classroom-based courses which may help you with your learning in this area. This includes the e-GP course on Eye Problems (www.e-GP.org).

Learning with other healthcare professionals

Optometrists are key members of the primary healthcare team and are increasingly involved in working in partnership with GPs in the management of diabetic patients and in screening for glaucoma and other eye problems. Partnerships provide an excellent opportunity for discussing the impact of chronic eye problems, and issues of screening and prevention. As a GP trainee you should attend your local optometrist to gain a better understanding of their skills and their contribution to primary care teams.

Formal learning

Find out about specific workshops. For example, the North & West London RCGP Faculty runs a Primary Care Ophthalmology Workshop covering 'all you need to know to provide eye care in the community'.

Useful learning resources

Books and publications

- Denniston AKO and Murray PI. *Oxford Handbook of Ophthalmology (2nd edn)* Oxford: Oxford University Press, 2009
- Simon C, Everitt H, Kendrick T. *Oxford Handbook of General Practice (3rd edn)* Oxford: Oxford University Press, 2009

Web resources

Driver and Vehicle Licensing Agency (DVLA)

At a Glance downloadable booklet with DVLA guidelines on the current medical standards for fitness to drive. www.dft.gov.uk/dvla/medical/ataglance.aspx

eye learning

A very useful site for trainees, developed by a GP with previous experience in ophthalmology. <http://eyes.gp-surgery.com/>

International Glaucoma Association

Provides readable material for patients. It also aims to raise public awareness of glaucoma and support those who already have the condition. www.glaucoma-association.com

Macular Society

The Macular Society aims to build confidence and independence for those with central vision impairment. They are the only UK charity dedicated to helping people with macular degeneration.

www.macularsociety.org/

National Institute for Health and Care Excellence (NICE) guidelines

Glaucoma: diagnosis and management of chronic open-angle glaucoma and ocular hypertension (CG85), 2009. <http://guidance.nice.org.uk/CG85>

Type 2 diabetes: the management of type 2 diabetes (CG87), 2009. www.nice.org.uk/guidance/ng28

National Service Framework for Diabetes: Standards (Department of Health, England) 2001

<http://webarchive.nationalarchives.gov.uk/20130107105354/http://dh.gov.uk/en/healthcare/longtermconditions/vascular/diabetes/index.htm>

Royal College of Ophthalmologists (RCOphth)

A useful resource for press releases on topical subjects in ophthalmology. www.rcophth.ac.uk

The RCOphth's *Diabetic Retinopathy Guidelines* includes a useful section on screening for diabetic retinopathy (section 8 pp 65-71). www.rcophth.ac.uk/wp-content/uploads/2014/12/2013-SCI-301-FINAL-DR-GUIDELINES-DEC-2012-updated-July-2013.pdf

NHS Choices

Information about entitlement to free eye tests

www.nhs.uk/chq/pages/895.aspx?Categ%20%20oryID=68&SubCategoryID=157

Royal National Institute of Blind People (RNIB)

The RNIB is the UK's leading charity, helping anyone with a sight problem. The RNIB has worked with blind and partially sighted people for over a century with the specific aims of improving lives, increasing independence and eliminating preventable sight loss. www.rnib.org.uk

Royal College of General Practitioners

- The e-GP Eye Problems course includes topics such as screening and prevention of eye disease, eye examination, eye problems in children, supporting people with visual impairment, and sessions on specific eye conditions. To access the e-GP courses, visit www.e-GP.org
- The RCGP webpage on eye health includes information and links to resources www.rcgp.org.uk/eyehealth

Vision 2020 UK

VISION 2020 (UK) is an umbrella organisation which facilitates greater collaboration and co-operation between organisations within the UK, which focus on vision impairment and operate on a national, regional or international basis. www.vision2020uk.org.uk