3.16 THE CLINICAL EXAMPLE ON

Care of People with Eye Problems

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
KEY MESSAGES

- 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
CASE ILLUSTRATION

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care management</strong></td>
<td>How would I access low visual services for my patients? How urgent is this hospital referral?</td>
</tr>
<tr>
<td><strong>Person-centred care</strong></td>
<td>How important do I feel the psychological impact of sight loss is for Mr Smart? What do I think might be the obstacles to Mr Smart having regular eye tests? What factors would I take into account in arranging his referral?</td>
</tr>
<tr>
<td><strong>Specific problem-solving skills</strong></td>
<td>Why should a pin hole be used when assessing visual acuity? When is an Amsler grid useful in assessing a patient? What other blinding eye conditions present with gradual onset?</td>
</tr>
<tr>
<td><strong>A comprehensive approach</strong></td>
<td>What co-morbidities are common with sight loss? What are the risk factors for age-related macular degeneration (ARMD/AMD) and how common is it? What role has his bereavement played in this scenario?</td>
</tr>
<tr>
<td><strong>Community orientation</strong></td>
<td>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 might I wish to assist in the management of his vision problems?</td>
</tr>
<tr>
<td><strong>A holistic approach</strong></td>
<td>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?</td>
</tr>
<tr>
<td><strong>Contextual features</strong></td>
<td>Which of my patients are entitled to free eye tests under the NHS? How easy is it to arrange for my patients to receive an eye test at home?</td>
</tr>
<tr>
<td><strong>Attitudinal features</strong></td>
<td>How do I feel about telling Mr Smart he must not drive his car? Should my practice routinely provide material in a readable format for sight-impaired patients?</td>
</tr>
<tr>
<td><strong>Scientific features</strong></td>
<td>What are the current issues around treating age-related macular degeneration? How should I ensure that my patients are not ‘lost to follow-up?’</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of eye problems. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of eye problems you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Manage primary contact with all patients who have an eye problem
1.2 Understand the common eye conditions in primary care and manage them appropriately
1.3 Understand the importance of diabetic retinopathy screening and regular eye tests in the context of preventable sight loss
1.4 Make timely, appropriate referrals on behalf of patients to specialist and community eye services

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Appreciate the importance of the social and psychological impact of eye problems on the patient
2.2 Understand the importance of exploring the ideas, concerns and feelings of patients who are threatened with sight loss
2.3 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
3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Recognise ophthalmic emergencies and refer appropriately, e.g. new visual distortion in wet age-related macular degeneration, sudden loss of vision
3.2 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
3.3 Manage superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Understand the implications of the certificate of visual impairment, and the role of specialist social workers
4.2 Promote a healthy lifestyle for your patients and manage co-morbidity in an attempt to reduce the prevalence of blinding eye conditions
4.3 Recognise ocular manifestations of neurological disease, e.g. hemianopia, nystagmus
4.4 Manage the underlying systemic disease to reduce further complications, e.g. diabetes, vascular disease, connective tissue disorders and infections such as herpes
4.5 Understand the significance of visual impairment for a patient’s ability to self-manage other chronic illness

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Understand the role of the community optometrist and NHS entitlement
5.2 Know the DVLA driving regulations for people with visual problems, and your role in relation to your patients
5.3 Facilitate patients’ access to sources of social and charity support for visually impaired adults and children
5.4 Recognise your responsibility to facilitate access to the services you provide, including the practice environment
5.5 Be aware of the Royal National Institute of Blind People Access to Work scheme

### 6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Understand the significant psychological impact of sight loss for the patient and their family
6.2 Understand the impact eye problems may have on co-morbidity/disability and fitness to work, and on independent living

### The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

#### EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1** Developing 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
- **EF1.2** Understanding what influences the patients in your practice to take up regular eye examinations to prevent sight loss
### EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** Understanding your role in balancing the autonomy of patients with the need to address visual problems and public safety
- **EF2.2** Recognising 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

### EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- **EF3.1** Understanding and implementing the key national guidelines that influence the provision of eye healthcare including prevention and management of eye problems, visual impairment and blindness
- **EF3.2** Being aware of major advances in therapy for eye conditions
LEARNING STRATEGIES

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.)

Work-based learning – 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.

Non-work-based 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’.
LEARNING RESOURCES

Examples of relevant texts and resources


Web resources

Diabetes National Service Framework (Wales)
www.wales.nhs.uk/sites3/home.cfm?orgid=440

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 Disease Society
The Macular Disease 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.maculardisease.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
www.nice.org.uk/guidance/index.jsp?action=byID&o=11983


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) with an introductory paragraph on the history behind the NSF.  
www.rcophth.ac.uk/page.asp?section=451&sectionTitle=Clinical+Guidelines

NHS Choices  
Information about entitlement to free eye tests  

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.co.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

The UK Vision Strategy  
The UK Vision Strategy is a VISION 2020 UK initiative led by the RNIB to develop a unified plan for action on all issues relating to vision, across the four countries of the UK. The UK Vision Strategy has brought together people with sight loss, users of eye care and eye health services, and social care professionals and statutory and voluntary organisations for the very first time, to set the direction for eye health and sight loss services across the UK. The
strategic outcome areas identified in the UK Vision Strategy are improving the eye health of the people of the UK, eliminating avoidable sight loss and delivering excellent support for people with sight loss, as well as inclusion, participation and independence for people with sight loss.

www.vision2020uk.org.uk/UKVisionstrategy
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 15.5 *Eye Problems* in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

The authors and contributors for this version of the statement are:

Authors: Dr Andrew Partner, Professor Justin Allen
Contributors: Miss Stella Hornby, Dr Anup Shah
Editors: Dr Frances Peck, Dr Charlotte Tulinius

Date of this version: April 2013 May 2014

The 2007 version of the statement and subsequent updates can be found on the RCGP website. The Royal College of General Practitioners would like to express its thanks to all the individuals and organisations who have contributed so generously to past and present versions of this statement.