

RCGP Curriculum

Supercondensed Curriculum Guide

EYES AND VISION

Role of the GP

- Understand how visual loss and impairment can cause significant physical and psychosocial morbidity, and can be a barrier to accessing healthcare
- Take a focused history, examine, diagnose and treat common eye conditions and know when to refer to specialist care
- Co-ordinate access to community and secondary care services including appropriate rehabilitation services
- Recognise and address the impact of visual loss and impairment on a person's daily life, work, communication, mobility, access to healthcare, etc.
- Undertake opportunistic health screening ensuring that patients have regular eye tests and are referred appropriately and in a timely manner.

Knowledge and Skills Self-Assessment Guide

Symptoms and Signs



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| <ul style="list-style-type: none">• Colour blindness, changes in colour vision• Diplopia, squint and amblyopia• Discharge from the eye• Dry eyes• Entropion/ectropion• Eyelid swellings• Excessive watering of the eye (epiphora) | <ul style="list-style-type: none">• Falls• Orbital swellings• Red eye: painful and painless• Visual disturbance (including complete/partial loss of vision, distorted vision, floaters, flashes)• Visual field disturbance. |
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Knowledge and Skills Self-Assessment Guide

Common and Important Conditions



- Cataracts
- Colour blindness
- Congenital, neonatal and childhood eye problems
- Conjunctivitis
- Contact lens use and associated conditions
- Diabetic eye disease
- Disorders of tears and tear ducts
- Disorders of the pupil such as Horner's syndrome, Holmes-Adie
- Dual sensory impairment and loss (vision and hearing)
- Episcleritis, corneal or dendritic ulcers, pterygium, pinguecula, corneal injury and erosions
- Eye trauma
- Eyelid problems.

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Common and Important Conditions (continued)

- Genetic eye problems such as retinoblastoma, retinitis pigmentosa
- Glaucoma
- Intracranial pathology affecting vision
- Keratitis
- Keratoconus
- Loss of vision or visual disturbance
- Macular degeneration - age-related (wet and dry), drusen
- Malignancy such as retinoblastoma, lymphoma, melanoma
- Ophthalmic herpes zoster
- Ophthalmic manifestations of infections such as syphilis, TB, toxocariasis, toxoplasmosis
- Optic neuritis and neuropathy
- Orbital infections
- Red eye
- Refractive error including myopia, hypermetropia, astigmatism
- Retinal problems
- Squint – childhood and acquired
- Subconjunctival haemorrhage
- Systemic diseases with associated eye problems
- The effect of stroke and migraine on vision
- Thyroid eye disease
- Uveitis
- Vitreous detachment.

Knowledge and Skills Self-Assessment Guide

Examinations and Procedures

- Eye examination (including for foreign bodies and corneal staining with fluorescein)
- Fundoscopy, visual acuity tests and results, red reflex testing, visual field tests, Amsler charts.

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Investigations

- Interpreting tonometry, optician reports, and tests of colour vision
- Examining eyes for foreign bodies, and corneal staining with fluorescein
- Key blood tests (e.g., for giant cell arteritis).

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Other



- Certification of visual impairment – how it works, benefits, criteria
- Restrictions on driving and employment
- Low vision aids, guide dogs, and other services, help and support.

How this might be tested in MRCGP

AKT



- Differential diagnosis of an acute red eye
- Recognition of serious eye disease in retinal photograph
- Interpretation of visual field charts.

SCA

- Elderly man has a rapid deterioration in vision over the past month; examination requested by patient
- Gardener has troublesome allergic conjunctivitis and hay fever, despite using over-the-counter eye drops and antihistamine tablets
- A schoolteacher presents with a painful eye and blurred vision. Examination (photo provided) suggests uveitis.



WPBA



- Log entry reflecting on the local optician who frequently requests hospital referrals for patients
- Log entry about a tutorial on the ‘acute red eye’ and your subsequent management of the next three patients with this symptom
- Consultation Observation Tool (COT) about an elderly woman who has watering eyes.

LEARNING OPPORTUNITIES (Examples)

Core Content

- **Communication and Consultation**
 - Communication with partially-sighted or blind patients
 - Access to services and health information
- **Prescribing**
 - Eye drops, ointments and topical treatments safe to use peri-ocularly
 - Systemic side-effects of certain eye drops (e.g., timolol, steroids)
 - Ocular side-effects from medications used for other conditions (e.g., dry eye syndrome)
- **Comorbidity**
 - Psychosocial issues
 - Ageing
 - Systemic diseases that can cause ocular problems (e.g., hypertensive retinopathy, thyroid eye disease)
- **Teamworking**
 - Ophthalmology
 - Specialist nurses
 - Optometrists
 - Diabetic team
- **Medico-legal/ Ethics**
 - Fitness to drive
 - Registration of partial-sightedness, blindness and its implications.

Primary Care



- Daily practice and out-of-hours, consulting patients with common eye conditions (e.g., dry eye syndrome, blepharitis, conjunctivitis, subconjunctival hemorrhage, periorbital cellulitis)
- Monitoring and treatment of comorbidities which can impact on ocular health (e.g., hypertension, diabetes mellitus).

Acute Care



- Primary Care/ Emergency Department/ Eye Hospital
 - Acute red eye (including iritis and scleritis)
 - Acute visual loss
 - Eye injuries, trauma, foreign body in the eye
 - Acute glaucoma
 - Eye infections
- Surgery (e.g. following penetrating injury).

Community

- Local optometrists
- Aids for low vision
- Third sector services (e.g. RNIB)
- Community diabetic clinics.



Other Specialties

- Paediatric assessment of vision/ treatment of squint
- A&E management (e.g., foreign body, arc eye)
- Diabetic clinics
- Ophthalmology (e.g., eye clinic, surgery)
- Rheumatology.

