JRCPTB
Joint Royal Colleges of Physicians Training Board

Medical Ophthalmology ARCP Decision Aid 2021 – updated April 2022

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website https://www.jrcptb.org.uk/training-certification/arcp-decision-aids

Trainees in ST3-4 who have entered medical ophthalmology from ophthalmic specialty training should follow the internal medicine ARCP decision aid.

Evidence / requirement	Notes	Year 1 (ST3) IM entry	Year 2 (ST4) IM entry	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Educational supervisor (ES) report	An indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm level 4 in all CiPs by end of training

Evidence / requirement	Notes	Year 1 (ST3) IM entry	Year 2 (ST4) IM entry	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	ES. ES report will confirm entrustment level for each CiP	expected for all CiPs	expected for all CiPs	expected for all CiPs	expected for all CiPs	
Multiple consultant report (MCR)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	4	4	4	4	4
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF	1	1	1	1	1

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Evidence / requirement	Notes	Year 1 (ST3) IM entry	Year 2 (ST4) IM entry	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	An indicative minimum number to be carried out by consultants. CRS should be repeated twice by different assessors. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	6 CBD 2 mini CEX CRS each repeated twice Assess vision (CA2) Visual fields by confrontation (CA3) Eye examination (CA5) Pupil examination (CA6) Ocular motility (CA7) Intraocular pressure (CA8) Slit lamp (CA9)	6 CBD 4 mini CEX CRS repeated twice Examine the fundus (CA10)	6 CBD 4 mini CEX CRS repeated twice Retinoscopy	6 CBD 4 mini CEX	6 CBD 4 mini CEX
FRCOphth part 1 (IM entry)			Attempted	Passed		
Knowledge based assessment				Completed with no concerns	Completed with no concerns	Completed with no concerns
Advanced life support (ALS)		Valid	Valid	Valid	Valid	Valid

Evidence / requirement	Notes	Year 1 (ST3) IM entry	Year 2 (ST4) IM entry	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Teaching observation (TO)		1	1	1	1	1
Patient survey (PS)	An indicative minimum of 20 responses	1		1		1
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	QIPAT project ongoing	QIPAT completed	QIPAT ongoing	QIPAT completed	
Reflection		Evidence of engagement	Evidence of engagement	Evidence of engagement	Evidence of engagement	Evidence of engagement
Teaching attendance	An indicative minimum hours per training year. To be specified at induction	Minimum 50 hours	Minimum 50 hours	Minimum 50 hours	Minimum 50 hours	Minimum 50 hours
Logbook		1	1	1	1	Minimum indicative 50 retinal laser and 50 intravitreal injections
Medical placements	Trainees should complete placements in the following: Dermatology, Diabetes & Endocrinology, Diabetic Retinopathy screening, Infectious Diseases,			At least 25% of placements should have been undertaken	At least 50% of placements should have been undertaken	All placements completed by end of training

Evidence / requirement	Notes	Year 1 (ST3) IM entry	Year 2 (ST4) IM entry	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	Medical Genetics, Neurology, Renal Medicine/transplant medicine/systemic vasculitis and Rheumatology					

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year. When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Laser and injection procedures should be recorded in an anonymised logbook.

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
Minimum level required					
Remove corneal foreign body	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
Punctal plugs		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Remove sutures from eye and adnexae	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Fit a bandage contact lens	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Irrigation and debridement of ocular contaminants	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Corneal scrape	Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Botox periocular injection		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain

Procedure	ST3 (entry from IM)	ST4 (entry from IM)	ST5	ST6	ST7
Yag laser capsulotomy		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Peripheral laser iridotomy		Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Intravitreal injection			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Intravitreal implant				Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised
Periocular steroid injection			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Macular laser			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain
Panretinal photocoagulation			Able to perform the procedure under direct supervision	Competent to perform the procedure unsupervised	Maintain

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Levels to be achieved by the end of each training year for specialty CiPs

Level descriptors
Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision; Level 4: Entrusted to act unsupervised

Specialty CiP	ST3 (IM entry)	ST4 (IM entry)	ST5	ST6	ST7	
1. Managing and leading a multidisciplinary medical ophthalmology team, including management of an outpatient clinic and injection list	1	2	2	3	4	CRITICAL PROGRESSION POINT
2. Diagnosis and management of acute medical ophthalmology emergencies	2	2	3	3	4	
3. Diagnosis and management of patients with medical ophthalmic conditions, including those with complex conditions, long term conditions and those on immunosuppressants	2	2	2	3	4	
4. Managing perioperative care of medical ophthalmological patients	2	2	3	3	4	
5. Competent in all procedural skills for medical ophthalmology as defined by the curriculum	2	2	2	3	4	
6. Managing medical, ethical and social issues of visual impairment	2	2	3	3	4	

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