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**RANZCO**

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The Royal Australian  
and New Zealand  
College of Ophthalmologists

# Introduction: Clinical Curriculum Performance Standards

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September 2014

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## Purpose

The Clinical Curriculum Performance Standards describe the knowledge, skills and behaviours that are necessary for the practice of contemporary general ophthalmology.

These curriculum standards describe clinical practice in the following areas:

1. Cataract
2. Clinical refraction
3. Cornea and external eye disease
4. Glaucoma
5. Neuro-ophthalmology
6. Ocular inflammation
7. Ocular motility
8. Oculoplastics and orbit
9. Ophthalmic ultrasound
10. Paediatric ophthalmology
11. Refractive surgery
12. Vitreoretinal

Each element of the curriculum standards is described in terms of:

- learning outcomes (the skill to be mastered);
- level of mastery (the extent of autonomous practice expected of the trainee); and
- performance criteria (how the level of mastery is defined, and will be assessed).

The Clinical Curriculum Performance Standards are founded on the knowledge, skills and behaviours mastered by the trainee, and described in the:

- Ophthalmic sciences (Anatomy; Clinical Ophthalmology and Emergency Medicine; Optics; Physiology; Ocular Pathology; Clinical Genetics and Microbiology; and Evidence-based Ophthalmic Practice);
- Ophthalmic Basic Competencies and Knowledge (OBCK);
- Basics of Ophthalmic Surgery (BOS); and
- Social and Professional Curriculum standards.

The trainee is expected to have attained all of the competencies defined by the Clinical Curriculum Performance standards by the end of the training program.

## Level of Mastery

For each learning outcome, the level of mastery to be attained by the trainee at the end of training is defined as follows:

***	Core knowledge of which trainees must be able to demonstrate understanding Skills and procedures that trainees must be able to perform autonomously
**	Knowledge of which trainees must have a good practical understanding Skills and procedures with which trainees should have assisted, and of which have good practical knowledge
*	Knowledge, skills and procedures of which trainees must have some understanding

## Teaching and Learning

The College provides teaching and learning opportunities to assist the trainee in achieving the learning outcomes described in the Clinical Curriculum Performance Standards. The trainee is expected to:

- engage with the teaching and learning opportunities provided by didactic, clinical and surgical sessions in the training network;
- read widely, including of reputable web-based resources, and document learning;
- access the expertise of consultants, and the resources and equipment available in the training post;
- address each curriculum element and meet the performance criteria for each learning outcome;
- use the College website and Moodle learning management system to access learning materials including journals, curriculum documents, RANZCO Congress presentations, guidelines, work-based assessment forms, past papers and examination reports; and
- maintain a case diary (recommended), and RANZCO surgical logbook (mandatory).

## Assessment Methods

Mastery of the knowledge, skills and behaviours described in these curriculum standards is assessed in various ways in the workplace, and in the RANZCO Advanced Clinical (RACE) exams.

### *Work-based assessment*

The following forms are used to record and assess the performance of the trainee in the workplace:

- Intentions for the term – Form 2
- Theatre performance assessment – Form 3
- Mid-term formative assessment – Form 4
- End-of-term supervisor assessment – Form 5

Work-based assessment forms are available for download from the College website.

### *Examination*

The purpose of the RACE is to test the knowledge and competencies required for contemporary ophthalmic practice. The Clinical Performance Curriculum Standards are intended to be read as the core learning areas for candidates for this examination.

All RANZCO examinations are 'blueprinted' against curriculum standards. This means that examination committees use the standards as a guide to structure the examinations. The committee ensures that each examination assesses a breadth of knowledge by testing across all elements of the relevant standards.

Examiners refer to the learning outcomes, levels of mastery and performance criteria when writing examination questions, to ensure that all questions asked in the examinations are at an appropriate depth.

Contemporary ophthalmic practice is dynamic and it is important to be aware that newer areas of current practice may not be explicitly included in these standards but are still examinable. In particular, newer technologies and the key outcomes of recently published research, including the results of Randomised Controlled Trials relevant to clinical practice are examinable.

It is also important to note that the list of conditions and treatment approaches in the Context section of each standard is not exhaustive, and is included as a guide only.

## **Best Practice Standards**

The trainee should refer to the current RANZCO clinical guidelines, published on its website, as well as to any standards referred to in each of the clinical areas in these standards.

## **References**

The following readings are considered core for all clinical areas in these standards.

- current edition of the American Academy of Ophthalmology, Basic and Clinical Science (AAO BCSC), American Academy of Ophthalmology, San Francisco, CA.
- Kanski, J.J. & Bowling, B. 2011, *Clinical ophthalmology: a systematic approach*, 7th edn, Elsevier Saunders, Edinburgh; Toronto.
- Yanoff, M. & Duker, J.S. 2014, *Ophthalmology*, 4th edn, Elsevier Saunders, Philadelphia, PA.

## **Changes to the curriculum standards**

The trainee will be notified via email, and details published on the College website when new or revised curriculum standards become available. The trainee is encouraged to check the College website and Moodle to ensure that he or she is working from the latest set of curriculum standards.

# Acknowledgements

## **Curriculum Committee**

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## **Review Groups**

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### **Vitreoretinal**

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