

Effective for residents who enter training on or after July 1, 2023.

DEFINITION

Ophthalmology is the branch of surgery concerned with the prevention, diagnosis, and management of optical, medical, and surgical disorders of the eye, its adnexa,¹ the orbit, and the visual system.

OPHTHALMOLOGY PRACTICE

Ophthalmologists provide care for patients of all ages with any emergent, acute, or chronic disorder affecting the eye and its related structures or impacting vision or both. This includes congenital disorders, primary acquired disorders of any etiology, and the ophthalmic manifestations of systemic diseases.

Ophthalmologists provide preventive care, as well as assessment, diagnosis, and management. They use specialized examination techniques and instruments to perform patient assessments and interpret the findings of the examination, along with other investigations, to establish a diagnosis. Treatment may include prescription of optical devices, medical management, and therapeutic procedures. Procedures include intravitreal injections, laser-based therapies, and surgeries. Ophthalmologists provide follow-up, rehabilitation, and longitudinal care, as appropriate to their patients' needs. They also provide advice and counselling for patients regarding the potential impacts of loss of vision.

Ophthalmologists receive referrals from primary care professionals, other specialists, and other eye care professionals. They may coordinate with other specialists to care for patients with systemic disorders affecting the eye and visual systems, including endocrinologists, medical geneticists, neurologists, plastic surgeons, and rheumatologists. Ophthalmologists deliver care within an interprofessional team of opticians, optometrists, orthoptists, technicians, nurses, and pharmacists.

Ophthalmologists work in the clinic, inpatient, and operating suite settings, and in practices ranging from community office-based practice to large tertiary academic centres. The practice of an individual ophthalmologist may include any combination of these settings.

¹ Adnexa of the eye refers to the lacrimal apparatus, the extraocular muscles and the eyelids, eyelashes, eyebrows and the conjunctiva.

Ophthalmologists may utilize telemedicine to provide direct patient assessment and to support and advise other health care professionals.

Ophthalmologists may engage in a broad-based generalist practice, particularly in a community-based setting, but the evolution of care has led to increasing specialization within the discipline, with many ophthalmologists pursuing advanced training or focusing their practice in areas such as cornea and external disease, glaucoma, neuro-ophthalmology, ophthalmic pathology, ophthalmic plastic surgery, pediatric ophthalmology, retina, uveitis, and low vision.

OPHTHALMOLOGY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, ophthalmologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Ophthalmology
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Ophthalmology
 - 1.3.1. Genetics and embryology
 - 1.3.2. Anatomy and physiology of the eye, its adnexa, the orbit, and the visual system, and changes that occur in ocular anatomy and visual physiology with normal development
 - 1.3.3. Function and dysfunction of the immune system
 - 1.3.4. Neurobiology
 - 1.3.5. Histology and pathology
 - 1.3.6. Microbiology
 - 1.3.7. Refraction and optics, including their clinical application
 - 1.3.7.1. Physical optics: wave and particle theory, interference and coherence, polarization, diffraction, illumination, and laser fundamentals
 - 1.3.7.2. Geometrical optics: imaging with lenses and mirrors, prisms, aberrations, and wavefront analysis

OPHTHALMOLOGY COMPETENCIES (2023)

- 1.3.7.3. Human eye optics: visual acuity, accommodation, aniseikonia, and refractive errors, including myopia, hyperopia, and astigmatism
- 1.3.7.4. Components of clinical refraction, including retinoscopy, subjective refractive techniques, and prescription of corrective lenses
- 1.3.8. Instruments used for clinical assessment, including indications and techniques for their use, and limitations of findings and instrument troubleshooting, as well as cleaning, disinfection, and sterilization procedures
 - 1.3.8.1. Retinoscope
 - 1.3.8.2. Gonioscope
 - 1.3.8.3. Tonometers
 - 1.3.8.4. Slit lamp
 - 1.3.8.5. Ophthalmoscope
 - 1.3.8.5.1. Direct
 - 1.3.8.5.2. Binocular indirect
 - 1.3.8.6. Prisms
 - 1.3.8.7. Hertel exophthalmometer
- 1.3.9. Diagnostic investigations, including the indications and contraindications for their use and limitations of findings, and potential adverse effects
 - 1.3.9.1. Lensometer
 - 1.3.9.2. Pachymeter
 - 1.3.9.3. Keratometer
 - 1.3.9.4. Corneal topography and tomography
 - 1.3.9.5. Angiography of the posterior and anterior segments
 - 1.3.9.6. Ocular coherence tomography (OCT)
 - 1.3.9.7. Laser interferometers
 - 1.3.9.8. Electrophysiology, including
 - 1.3.9.8.1. Electroretinography
 - 1.3.9.8.2. Electrooculography
 - 1.3.9.8.3. Visual evoked potentials
 - 1.3.9.9. A-scan and B-scan ultrasonography
 - 1.3.9.10. Perimetry, static and kinetic
 - 1.3.9.11. Measurement of eye misalignment and positioning

- 1.3.10. Laboratory investigations
 - 1.3.10.1. Biochemistry
 - 1.3.10.2. Endocrinology
 - 1.3.10.3. Immunology
 - 1.3.10.4. Microbiology
 - 1.3.10.5. Genetic testing
 - 1.3.10.6. Histopathology

- 1.3.11. Medical imaging modalities, including the indications and contraindications for their use and limitations of findings
 - 1.3.11.1. Radiography
 - 1.3.11.2. Computed tomography (CT)
 - 1.3.11.3. Magnetic resonance imaging (MRI)
 - 1.3.11.4. Cerebral angiography

- 1.3.12. Instruments used in diagnostic and therapeutic procedures, including instrument troubleshooting, as well as cleaning, disinfection, and sterilization procedures
 - 1.3.12.1. Telescopes, including
 - 1.3.12.1.1. Surgical loupes
 - 1.3.12.1.2. Operating microscope

 - 1.3.12.2. Surgical astigmatism markers, including toric
 - 1.3.12.3. Ophthalmic lasers
 - 1.3.12.4. Phacoemulsifier

- 1.3.13. Principles of the conduct of a surgical procedure
 - 1.3.13.1. Application of the surgical safety checklist
 - 1.3.13.2. Aseptic technique and maintenance of a sterile operating field
 - 1.3.13.3. Use of surgical instruments and suturing material
 - 1.3.13.4. Instrument sterilization
 - 1.3.13.5. Use of energy sources, including electrocautery and laser
 - 1.3.13.6. Prophylaxis, including antimicrobial
 - 1.3.13.7. Use of local and regional anesthesia, and sedation

OPHTHALMOLOGY COMPETENCIES (2023)

- 1.3.14. Principles of routine post-operative patient care
 - 1.3.14.1. Principles of wound healing and wound care
 - 1.3.14.2. Pain management

- 1.3.15. Clinical features, differential diagnosis, initial management and timing of definitive investigation, and treatment of vision-threatening emergencies and emergencies due to the therapy provided
 - 1.3.15.1. Acute loss of vision
 - 1.3.15.2. Anaphylaxis
 - 1.3.15.3. Anesthetic complications
 - 1.3.15.4. Chemical burns
 - 1.3.15.5. Endophthalmitis
 - 1.3.15.6. Eyelid, corneal, and scleral lacerations
 - 1.3.15.7. Orbital fractures and retrobulbar hemorrhage
 - 1.3.15.8. Perforation of globe
 - 1.3.15.9. Red eye
 - 1.3.15.10. Retinal detachment

- 1.3.16. Clinical features, including epidemiology, etiology, pathophysiology, presenting signs and symptoms, investigation, natural history and prognosis, and nonoperative and operative management of the following:²
 - 1.3.16.1. External disease and cornea
 - 1.3.16.1.1. Congenital anomalies
 - 1.3.16.1.2. Corneal dystrophies
 - 1.3.16.1.3. Degenerative disorders of the conjunctiva, cornea, and sclera
 - 1.3.16.1.4. Immune-mediated disorders
 - 1.3.16.1.5. Infectious diseases
 - 1.3.16.1.6. Metabolic disorders involving the conjunctiva, cornea, and sclera
 - 1.3.16.1.7. Neoplasms of the conjunctiva and cornea
 - 1.3.16.1.8. Ocular surface disorders
 - 1.3.16.1.9. Toxic and traumatic injuries of the anterior segment

 - 1.3.16.2. Glaucoma
 - 1.3.16.2.1. Primary childhood

² For a more detailed list of diseases and disorders in these categories, refer to the American Academy of Ophthalmology Basic and Clinical Science Course Self-Assessment Program

OPHTHALMOLOGY COMPETENCIES (2023)

- 1.3.16.2.2. Juvenile
- 1.3.16.2.3. Open angle, primary and secondary
- 1.3.16.2.4. Angle closure, primary and secondary
- 1.3.16.2.5. Mixed and multiple mechanism
- 1.3.16.2.6. Ocular hypotony

- 1.3.16.3. Uveitis
 - 1.3.16.3.1. Autoimmune
 - 1.3.16.3.2. Idiopathic
 - 1.3.16.3.3. Infectious
 - 1.3.16.3.4. Lens-induced
 - 1.3.16.3.5. Masquerade syndromes

- 1.3.16.4. Retina and vitreous disorders
 - 1.3.16.4.1. Diseases of the vitreous
 - 1.3.16.4.2. Macular diseases
 - 1.3.16.4.3. Retinal vascular diseases
 - 1.3.16.4.4. Drug-induced retinal toxicity
 - 1.3.16.4.5. Congenital and stationary retinal diseases
 - 1.3.16.4.6. Retinal dystrophies and degenerative conditions
 - 1.3.16.4.7. Peripheral retinal abnormalities
 - 1.3.16.4.8. Choroidal diseases
 - 1.3.16.4.8.1. Vascular
 - 1.3.16.4.8.2. Inflammatory
 - 1.3.16.4.9. Neoplasms, primary and secondary
 - 1.3.16.4.10. Developmental abnormalities

- 1.3.16.5. Neuro-ophthalmologic disorders
 - 1.3.16.5.1. Sensory vision disorders
 - 1.3.16.5.2. Ocular motility disorders
 - 1.3.16.5.3. Afferent and efferent pupillary disorders
 - 1.3.16.5.4. Accommodation disorders
 - 1.3.16.5.5. Eyelid position and movement disorders
 - 1.3.16.5.6. Transient visual disturbances
 - 1.3.16.5.7. Non-organic vision loss

OPHTHALMOLOGY COMPETENCIES (2023)

- 1.3.16.5.8. Phakomatoses
- 1.3.16.5.9. Neurologic diseases, including multiple sclerosis, migraine, and cluster headaches
- 1.3.16.5.10. Life- and sight-threatening disorders, including giant cell arteritis, pituitary apoplexy, stroke, aneurysm, carotid artery dissection, arteriovenous fistula, venous sinus thrombosis, and papilledema

- 1.3.16.6. Oculoplastic and orbital disorders
 - 1.3.16.6.1. Orbital diseases
 - 1.3.16.6.2. Orbital trauma
 - 1.3.16.6.3. Eyelid malposition
 - 1.3.16.6.4. Eyelid neoplasms
 - 1.3.16.6.5. Eyelid lacerations
 - 1.3.16.6.6. Lacrimal system

- 1.3.16.7. Pediatric ophthalmic disorders
 - 1.3.16.7.1. Congenital anomalies of the eye, eyelids, adnexa, and orbit and craniofacial disorders
 - 1.3.16.7.2. Amblyopia
 - 1.3.16.7.3. Malformations, congenital infections, and genetic and metabolic diseases affecting vision
 - 1.3.16.7.4. Strabismus
 - 1.3.16.7.5. Trauma
 - 1.3.16.7.6. Life- and vision-threatening disorders
 - 1.3.16.7.6.1. Neoplasms
 - 1.3.16.7.6.2. Orbital cellulitis
 - 1.3.16.7.6.3. Neonatal conjunctivitis
 - 1.3.16.7.6.4. Leukemia

- 1.3.16.8. Genetic and congenital disorders affecting the eye and adnexa
 - 1.3.16.8.1. Anterior segment dysgenesis
 - 1.3.16.8.2. Retinal and macular dystrophies
 - 1.3.16.8.3. Optic neuropathies
 - 1.3.16.8.4. Colobomatous malformations
 - 1.3.16.8.5. Connective tissue diseases and their associations with the eye

OPHTHALMOLOGY COMPETENCIES (2023)

- 1.3.16.9. Ophthalmic manifestations of systemic diseases and their treatment
- 1.3.17. Corrective lenses, including refractive principles, materials, and indications, contraindications, and principles for prescribing
 - 1.3.17.1. Spectacles: monofocal; bifocal; progressive
 - 1.3.17.2. Contact lenses, soft and rigid: optical and therapeutic uses
 - 1.3.17.3. Intraocular
- 1.3.18. Optical, technological, and non-optical aids for low vision
- 1.3.19. Pharmacologic principles of medical therapies used in Ophthalmology, topical, regional, and systemic
 - 1.3.19.1. Mechanisms of action
 - 1.3.19.2. Routes of delivery, including percutaneous absorption
 - 1.3.19.3. Pharmacokinetics
 - 1.3.19.4. Pharmacodynamics
 - 1.3.19.5. Adverse effects
 - 1.3.19.6. Interactions with other medications
 - 1.3.19.7. Dosing, including modification of dosing due to age, weight, body surface area, and altered pathophysiologic states, including renal and hepatic dysfunction
- 1.3.20. Non-operative interventions, including indications for, contraindications to, as well as benefits and risks of
 - 1.3.20.1. Intravitreal injections
 - 1.3.20.2. Chemotherapy
 - 1.3.20.3. Radiation therapy
- 1.3.21. Surgical techniques, including indications, contraindications, and potential complications
- 1.3.22. Approaches to habilitation and rehabilitation
 - 1.3.22.1. Psychological impact of ocular and visual disorders
 - 1.3.22.2. Role of vocational counselling
 - 1.3.22.3. Role for community resources
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple competing demands

- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Ophthalmology practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Determine the acuity of the condition(s) and the priorities for patient care
 - 2.1.2. Recognize and respond appropriately to emergency situations
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Gather a relevant clinical history for the presenting problem and any pre-existing medical and surgical conditions
 - 2.2.2. Gather a relevant family history
 - 2.2.3. Adapt the clinical assessment to the patient's age and developmental level
 - 2.2.4. Assess visual function, including visual acuity, cycloplegic and subjective refraction, visual fields, and colour vision
 - 2.2.5. Assess ocular motility, including extent of movement, smooth pursuit, saccades, and nystagmus
 - 2.2.6. Perform a comprehensive anterior segment examination
 - 2.2.7. Perform a comprehensive posterior segment examination
 - 2.2.8. Assess cranial nerve function
 - 2.2.9. Assess the adnexa and orbit
 - 2.2.10. Recognize findings suggestive of non-accidental injury
 - 2.2.11. Select and perform assessments using the following instruments
 - 2.2.11.1. Retinoscope
 - 2.2.11.2. Intraocular pressure measurement tool
 - 2.2.11.3. Slit lamp, including use of indirect lenses for retinal examination and contact lenses for examining the retina and performing gonioscopy
 - 2.2.11.4. Handheld slit lamp
 - 2.2.11.5. Direct ophthalmoscope
 - 2.2.11.6. Binocular indirect ophthalmoscope, including examination of the retinal periphery with scleral depression
 - 2.2.12. Select diagnostic investigations and interpret the results

OPHTHALMOLOGY COMPETENCIES (2023)

- 2.2.12.1. Biochemistry
 - 2.2.12.2. Endocrinologic studies
 - 2.2.12.3. Immunologic testing
 - 2.2.12.4. Microbiologic testing
 - 2.2.12.5. Genetic testing
 - 2.2.12.6. Histopathology
 - 2.2.12.7. Lensometer
 - 2.2.12.8. Pachymeter
 - 2.2.12.9. Keratometer
 - 2.2.12.10. Corneal topography and tomography
 - 2.2.12.11. Angiography of the anterior and posterior segments
 - 2.2.12.12. Ocular coherence tomography (OCT)
 - 2.2.12.13. Electrophysiology
 - 2.2.12.13.1. Electroretinogram
 - 2.2.12.13.2. Electrooculogram
 - 2.2.12.13.3. Visual evoked potentials
 - 2.2.12.14. A-scan and B-scan ultrasound of the globe and orbit
 - 2.2.12.15. Static and kinetic perimetry
 - 2.2.12.16. Orthoptic reports
 - 2.2.12.17. Medical imaging, including radiography, CT, MRI, and cerebral angiography
- 2.2.13. Synthesize patient information to assess perioperative risk and determine suitability for non-operative or surgical management
- 2.3. Establish goals of care in collaboration with patients and their families³, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
- 2.4. Establish a patient-centred management plan
- 2.4.1. Recommend a non-operative or operative approach, as appropriate
 - 2.4.1.1. Apply knowledge of non-operative and operative treatment options, including their indications, contraindications, and potential complications
 - 2.4.1.2. Recognize that operative treatment may involve procedures beyond one's skill set and arrange transfer to another surgeon

³ Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 2.4.2. Prescribe visual aids
- 2.4.3. Prescribe pharmacotherapy
- 2.4.4. Provide patient counselling

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. Use the operating microscope and surgical loupes
 - 3.4.2. Set up and troubleshoot the phacoemulsifier and anterior vitrector
 - 3.4.3. Perform diagnostic procedures
 - 3.4.3.1. Corneal scraping for culture
 - 3.4.3.2. Aspirate of aqueous intraocular fluid
 - 3.4.3.3. Biopsy
 - 3.4.3.3.1. Eyelid
 - 3.4.3.3.2. Conjunctiva
 - 3.4.3.3.3. Cornea
 - 3.4.3.3.4. Vitreous
 - 3.4.3.3.5. Temporal artery
 - 3.4.4. Perform therapeutic procedures
 - 3.4.4.1. Removal of superficial corneal and conjunctival foreign bodies
 - 3.4.4.2. Eyelid and periocular surgery
 - 3.4.4.2.1. Canthotomy and cantholysis
 - 3.4.4.2.2. Correction of involutional malposition, including entropion, ectropion, and trichiasis
 - 3.4.4.2.3. Removal of benign lesions
 - 3.4.4.2.4. Removal of chalazion
 - 3.4.4.2.5. Repair of superficial eyelid and lid margin lacerations
 - 3.4.4.2.6. Tarsorrhaphy

OPHTHALMOLOGY COMPETENCIES (2023)

- 3.4.4.3. Lacrimal surgery
 - 3.4.4.3.1. Lacrimal probing and irrigation
 - 3.4.4.3.2. Punctal surgery
- 3.4.4.4. Ocular surface surgery
 - 3.4.4.4.1. Management of corneal perforation
 - 3.4.4.4.2. Removal of pterygium
 - 3.4.4.4.3. Treatment of conjunctivochalasis
- 3.4.4.5. Cataract extraction with intraocular lens implantation
- 3.4.4.6. Intravitreal injection
- 3.4.4.7. Recession and resection of horizontal muscles for strabismus
- 3.4.4.8. Primary repair of penetrating ocular injuries and periocular trauma
- 3.4.4.9. Enucleation and/or evisceration
- 3.4.4.10. Laser procedures
 - 3.4.4.10.1. Peripheral iridotomy
 - 3.4.4.10.2. Capsulotomy
 - 3.4.4.10.3. Trabeculoplasty
 - 3.4.4.10.4. Retinopexy
 - 3.4.4.10.5. Pan-retinal photocoagulation
- 3.5. Provide perioperative care and surgical management in collaboration with a subspecialty surgeon
 - 3.5.1. Filtering surgery, including trabeculectomy with antimetabolites
 - 3.5.2. Insertion of glaucoma drainage devices and cyclodestructive procedures
 - 3.5.3. Corneal grafting and refractive procedures
 - 3.5.4. Surgery for ocular surface neoplasia
 - 3.5.5. Functional blepharoplasty
 - 3.5.6. Eyelid reconstruction
 - 3.5.7. Ptosis repair
 - 3.5.8. Scleral buckle and vitrectomy
 - 3.5.9. Dacryocystorhinostomy
 - 3.5.10. Surgery for torsional strabismus, vertical strabismus, and nystagmus

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Assess and manage adherence to treatment
 - 4.1.2. Provide ongoing monitoring for disease progression
 - 4.1.3. Anticipate, recognize, and manage complications
 - 4.1.4. Determine the need and timing of referral to another physician or health care professional

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Participate and/or lead in a pause or checklist immediately before surgical incision

Communicator

Definition:

As *Communicators*, ophthalmologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient and family trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's and family's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and family and to the patient's clinical condition and circumstances
 - 1.6.1. Adapt to the age or developmental level of the patient, using appropriate communication strategies

- 1.6.2. Adapt to the communication needs of patients with low vision or with visual, cognitive, or hearing impairment
- 1.6.3. Communicate effectively when using the services of an interpreter

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 2.1.1. Gather information about a patient's beliefs, concerns, expectations, and illness experience
 - 2.1.2. Explore the impact of potential loss of vision on the patient and family
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
 - 2.3.1. Gather relevant information from other health professionals while respecting individual privacy and confidentiality

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Convey the nature of the disease and its potential for threat to vision and general health, and appropriate treatment
 - 3.1.2. Use plain language and avoid medical jargon
 - 3.1.3. Provide prognostic information about loss of vision, loss of independence, and loss of ability to perform activities of daily living
 - 3.1.4. Demonstrate empathy and compassion in the delivery of challenging or bad news
- 3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
 - 4.2.1. Facilitate self-care and chronic disease management
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, ophthalmologists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
 - 1.1.1. Work effectively with other ophthalmologists and colleagues in other disciplines
 - 1.1.2. Support and work effectively with orthoptists, technical staff, nurses, and other health professionals
 - 1.1.3. Work effectively with colleagues in the delivery of patient care, including clerical and administrative staff
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Consult with colleagues, other specialists, and primary care professionals with regard to the patient's medical and surgical conditions
 - 1.3.2. Consult with other health professionals with regard to the patient's psychological, social, and rehabilitative concerns

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators

- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

Definition:

As *Leaders*, ophthalmologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Describe triage for the surgical wait list, including rationale, and the addition or upgrading of patients
 - 2.1.2. Determine priority of surgical cases based on clinical urgency and available resources
 - 2.1.3. Allocate limited resources among individual patients, considering utility and efficacy

- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Describe how health care governance influences patient care, research, and educational activities at the local, regional, provincial, territorial, and national level

3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.2.1. Apply principles of health care funding, including physician remuneration, budgeting, and organizational funding

4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As Health Advocates, ophthalmologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

1.1. Work with patients and families to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Counsel patients and families and, when necessary, intervene with respect to medical, mental health, and socioeconomic factors that may impact the patient's well-being

1.1.2. Support individuals with visual impairment in their integration to the school or workplace

1.1.3. Facilitate access to vision rehabilitation services

1.1.4. Justify and support the need for financial aid for patients with visual disabilities or for patients requiring expensive treatments

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.2.1. Work with patients to increase opportunities for self-care and independence

1.2.2. Recognize and respond to barriers that may lead to treatment failure, including non-adherence, inability to afford medication, and side effects

- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Encourage the use of protective eyewear for sports, work, and sun exposure
 - 1.3.2. Promote a healthy lifestyle and control of risk factors, including
 - 1.3.2.1. Blood pressure management
 - 1.3.2.2. Glycemic control
 - 1.3.2.3. Healthy eating
 - 1.3.2.4. Regular physical activity
 - 1.3.2.5. Smoking cessation
 - 1.3.3. Promote health surveillance activities, including
 - 1.3.3.1. Regular age-specific eye screening
 - 1.3.3.2. Screening in at-risk populations

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve

Scholar

Definition:

As *Scholars*, ophthalmologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, ophthalmologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Ophthalmologists are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Attend clinical and teaching activities as scheduled, preparing in advance as needed
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
 - 1.2.1. Receive feedback openly and implement change accordingly
- 1.3. Recognize and respond to ethical issues encountered in practice
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Adhere to requirements for mandatory reporting, including communicable diseases, failure to meet visual driving requirements, and non-accidental injury
 - 3.1.2. Apply professional standards and laws governing capacity and competence for medical decision-making
 - 3.1.2.1. Apply laws governing decision-making, including the identification and role of substitute decision-makers
 - 3.1.2.2. Apply the legal and professional requirements relating to informed consent and assent by mature minors and children
 - 3.1.3. Exhibit appropriate professional relationships with industry
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Demonstrate knowledge of occupational hazards and implement measures to minimize those risks
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Ophthalmology by January 31, 2026.

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