RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Eye presentations

RACGP Curriculum and syllabus for Australian general practice (7th edition): Eye presentations.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. Curriculum and syllabus for Australian general practice (7th edition). Eye presentations. East Melbourne, Vic: RACGP, 2026.

The Royal Australian College of General Practitioners Ltd

100 Wellington Parade

East Melbourne, Victoria 3002

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN 34 000 223 807

Published September 2026

© The Royal Australian College of General Practitioners 2026

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

Eye presentations 4
- Context 4
  - References 4
- Learning outcomes 5
- Key areas of learning 6
- Opportunities for learning 9
  - Words of wisdom 9
  - Learning strategies 9
  - Case example 11
- Learning resources 12
- Assessment 13

Eye presentations

Context

General practitioners (GPs) play a pivotal role in screening and managing changes to vision and eye health with early detection and initiation of treatment being crucial to prevent disease progression and non-treatable vision loss. By facilitating early detection of various eye conditions, GPs enable timely intervention to prevent vision impairment and complications, being crucial in the decision making to judge the severity of the condition.[1,2]

The burden of vision and eye disorders in Australia is higher in Aboriginal and Torres Strait Islander peoples, and long-term vision disorders are more common in older people, with 93% of people aged 65 years and over affected, compared with 12% of people aged 0 to 14 years.[3] Eye diseases and vision problems are the most common long-term health conditions reported by Aboriginal and Torres Strait Islander people.[4]

Age-related vision impairment impacts quality of life and can lead to social isolation through reduced mobility and ability to communicate, diminished ability to self-care, reduced compliance to treatment plans, increased risk of falls and fractures, as well as lost earning capacity and poor mental health outcomes.[5]

As providers of comprehensive healthcare, general practitioners need to be able to screen for, assess and manage vision and eye disorders, including eye emergencies, and refer to ophthalmologists and other eye care specialists as required.

References

1. World Health Organization. Vision and eye screening implementation handbook. Geneva:WHO;2023.
2. Bonini S. The red eye. *Eur J Ophthalmol*. 2021;31(6):2843-2849.
3. Australian Institute of Health and Welfare. Eye health. Canberra: AIHW, 2021. Available at www.aihw.gov.au/reports/eye-health/eye-health [Accessed 15 Oct 2025].
4. Australian Institute of Health and Welfare. Eye health measures for Aboriginal and Torres Strait Islander people 2024. Canberra: AIHW, 2024. Available at https://www.aihw.gov.au/reports/indigenous-australians/eye-health-measures-2024/summary [Accessed 15 Oct 2025].
5. Jacobsen MH, Mathiesen OH, Steinbo EKF, Brost AG, Waldorff FB, Sandholdt CT. The role of general practice in the identification of age-related vision impairment and chronic eye diseases: a systematic review. *BJGP Open* 2025;9(4):BJGPO.2025.0021.

Learning outcomes

The GP is able to:

- perform examination of the external eye and vision in patients of all ages
- assess and manage acute eye presentations, including red eye, eye infections and foreign bodies
- assess and manage eye emergencies, including when to refer
- identify patients at increased risk of vision loss and eye disease due to lifestyle, or chronic disease risk factors
- manage chronic eye conditions, in collaboration with others involved in the care of the patient
- identify and appropriately screen patients at increased risk of eye disease due to medical conditions or treatments
- promote relevant lifestyle changes to prevent eye conditions and loss of vision
- discuss the legal implications of visual loss such as fitness to drive
- understand the impact on quality of life and independent living of vision loss and its contribution to social isolation and poor mental health, and vision impairment on ability to communicate, such as use of phones or computers
- advocate for patient access to low-vision aid services.

Key areas of learning

Eye health in childhood

Describe normal visual development and milestones; including variations of normal development, for example, intermittent squint prior to six months of age.

Perform an eye examination/vision assessment on an infant or child including:

- red reflex
- fix and follow
- accommodation
- assessment of visual acuity whilst correcting for refractive error.

Recognise and manage serious eye conditions of childhood:

- congenital/genetic:
    - congenital/paediatric cataract
    - retinoblastoma, other tumours of the eye
    - retinitis pigmentosa, keratoconus, and other genetic conditions
    - congenital blindness
    - haemangiomas
- acquired:
    - amblyopia
    - retinopathy of prematurity
    - corneal abrasion
    - chemical burns – acid and alkali
    - periorbital and orbital cellulitis
- other:
    - nystagmus
    - ptosis
    - coloboma
    - paediatric glaucoma.

Diagnose and manage common eye disorders in childhood

- bacterial and viral conjunctivitis
- chalazion
- hordeolum (stye)
- blepharitis
- allergic conjunctivitis
- blocked tear duct
- strabismus and pseudostrabismus
- refractive error and astigmatism
- colour blindness.

Eye health in adults

Diagnose and manage common eye conditions including:

- visual disorders:
  - refractive error
  - strabismus and amblyopia
  - colour blindness
  - flashers and floaters
- inflammatory:
  - allergic and irritant conjunctivitis
  - blepharitis
  - scleritis and episcleritis
  - iritis/uveitis
  - blocked nasolacrimal duct/dacrocystitis
  - pterygium
  - pinguecula
- traumatic:
  - subtarsal foreign body
  - hyphaema
- complications of chronic disease:
  - hypertensive retinopathy
  - diabetic retinopathy and diabetic macular oedema
- degenerative:
  - macular degeneration
- other/multiple causes:
  - cataract
  - dry eye
  - glaucoma
  - ptosis
  - subconjunctival haemorrhage
  - chalazion
  - ectropion, entropion.

Diagnose and manage common eye infections including:

- conjunctivitis – bacterial or viral
- hordeolum (stye)
- trachoma and trichiasis.

Diagnose and manage eye emergencies/serious eye conditions:

- traumatic:
  - corneal injury – abrasion/foreign body
  - ‘flash’ burns
  - chemical burns – acid and alkali
  - retinal detachment
  - intraocular foreign body
  - other direct trauma to the eye, including blowout fractures

- inflammatory or infective:
    - temporal arteritis
    - optic neuritis
    - herpes simplex keratitis
    - herpes zoster ophthalmicus
    - orbital and periorbital cellulitis
    - endophthalmitis
- other:
    - acute glaucoma
    - central retinal artery occlusion
    - central retinal vein occlusion
    - vitreous haemorrhage
    - intraocular tumour
    - papilloedema
    - corneal ulcer.

Safely and competently perform common examinations:

- fluorescein staining and examination with a blue light
- dilatation of the pupil
- assessment of visual acuity; including in culturally and linguistically diverse patients and illiterate patients
- correction of refractive error and assessment of visual acuity
- visual fields
- eversion of the eye lid
- assessment of intraocular pressure
- assessment of colour vision
- assessment of eye movements
- direct ophthalmoscopy.

Safely and competently perform common minor procedures:

- removal of a conjunctival, corneal or subtarsal foreign body, including the use of a burr
- eye irrigation
- trimming/removal of eye lashes in trichiasis
- apply eye bandage
- topical anaesthetic use in the eye

Recognise when eye symptoms or signs are related to systemic disease; for example:

- blurred vision with uncontrolled diabetes due to change in lens shape
- uveitis or dry eyes with rheumatoid arthritis

Identify and appropriately screen for eye issues for patients at increased risk due to medical conditions or treatment.

Opportunities for learning

Words of wisdom

- Always assess visual acuity before examining the eye itself. Mark the appropriate distance from the chart with tape or other mark on the floor. Learn how to use a pinhole to determine if any reduction in visual acuity is refractive. Colour vision should be assessed in natural sunlight as light globes give a yellowish light which can affect assessment.

- Invest in a hand puppet. They are invaluable when assessing eyes/vision in children. They help you to distract the child and have a moving target to assess for fixation and following.

- Beware the one red eye. Unilateral eye redness is more likely to point to a serious diagnosis, such as acute glaucoma or uveitis. Conjunctivitis, particularly viral and allergic, is almost always bilateral.

- Never assume that it's 'just conjunctivitis'. Always examine the eye with fluorescein staining, in case there is a dendritic ulcer.

- Steroid eye drops should only be used after consultation with an ophthalmologist.

Learning strategies

On your own

Identify five patients who have presented to your practice who are aged 75 years or older and have had a fall. From looking at their medical records, was their vision assessed as part of the falls risk assessment?

- *Which eye conditions can contribute to falls risk?*
- *How would you assess a patient to diagnose or rule out each one?*

Identify five patients with type 2 diabetes. Have they had a visual assessment, including visualisation of the retina, in the past two years?

- *Which population groups are considered high risk for development of retinopathy? How often should screening be done?*
- *What systems can you use to ensure that all patients with diabetes have their eye health screened every two years?*

Using the reporting function in your practice software, find the five most common presenting eye problems in your practice.

- *Are these presentations the same as the five most common eye diagnoses in Australia? If not, what factors influence the difference?*
- *Are there any that you are less comfortable with managing? How might you learn more about these conditions?*

With a supervisor

Review the equipment for eye examination in your practice.

- *Do you have access to the equipment that you need to perform an eye examination? Is there anything missing that could be useful?*
- *Do you know how to use each piece of equipment? Do you have distances measured and marked for assessment of visual acuity? Do you have adequate lighting in order to accurately assess for colour blindness?*
- *Ask your supervisor to demonstrate or observe you using the equipment.*

Choose an eye presentation that you find difficult or challenging to diagnose or manage. If you haven't seen a patient presenting with an eye problem, make up a fictional case. Discuss the case/presentation with your supervisor.

- *Does your supervisor have any tips for diagnosing and managing patients presenting with eye problems?*
- *What is your system for assessing eyes, and how does that compare with your supervisor's system? Does it vary depending on the age of the patient?*
- *Does your supervisor have any tips to share with you?*

Ask your supervisor to sit in on your next consultation for an eye presentation.

- *Did you assess for red flags? Did you safety-net appropriately?*
- *Does your supervisor have any suggestions or feedback?*
- *How could you change your practice next time?*

In a small group

Role-play a consultation of a patient presenting with eye symptoms. For example, a 5-year-old boy with a unilateral red eye, an 85-year-old lady with gradual visual loss, a 42-year-old male with sudden unilateral visual loss.

- *What is your differential diagnosis? Which elements of the history help to refine your differential diagnosis?*
- *How would you examine the patient? Which parts of the examination are most useful in narrowing the diagnosis?*

Practise direct ophthalmoscopy and review retinal photographs on the internet.

- *What does a normal optic disc look like? What are the causes of changes in the optic disc?*

- *What does a normal retina look like? What are the retinal changes in various conditions?*
- *Take turns to describe the image, and relate the abnormality seen with the likely diagnosis/diagnoses.*
- *As a group, share your tips on conducting ophthalmoscopy*

Visit your local pharmacies, review over-the-counter preparations for use in eye care, including their correct application/use. Discuss with the pharmacist what presentations they see the most, and also how to use any items you are unfamiliar with. Then each share what you learnt.

- *Were there any preparations that you were unaware of?*
- *Were there differences in the common presentations?*

With a friend or family member

Pretend a child has strabismus and explain to the parent/carer (your friend or family member) what it is and how you would manage it. Demonstrate how you would examine the child.

- *How do you distinguish between manifest and latent strabismus?*
- *How would you manage strabismus? Would you manage the patient differently if you were in a rural/remote area without access to an ophthalmologist?*

Practise assessing visual acuity in an adult.

- *Explain the process to your friend or family member as you do the assessment.*
- *How would you correct for refractive error?*
- *How would you assess visual acuity in a patient with limited English or who is functionally illiterate?*

Practise explaining management of common eye conditions, such as conjunctivitis, blocked tear duct, pterygium, strabismus or glaucoma.

- *How can you explain the practicalities of how to use eye drops, or how to manage an eye injury (including the correct way to flush an eye), and the need for UV protection?*
- *Ask your friend or family member for feedback. Did they find your explanation easy to understand? Do they have any questions?*

Case example

Germain is a 29-year-old man who identifies as Aboriginal, he works for a local aged care provider as a driver. His employer has made this appointment as a matter of urgency, requesting an assessment of Germain's vision, as he hit a bollard with the community bus this morning. Germain has stated that he didn't see the bollard, which was on the driver's side of the car. The insurer has stipulated that he must have a satisfactory vision assessment before he can go back to driving for work. Germain is the only staff member with a commercial driver licence. He was diagnosed with type 2 diabetes and hypertension at the age of 22, and is currently prescribed metformin, irbesartan and atorvastatin. He is a patient of the practice, but this is the first time you have seen him.

In a case-based discussion, thinking of each role questions could include:

Communicator

- What strategies could you use to establish a therapeutic relationship with a patient who identifies as Aboriginal or Torres Strait Islander?
- What strategies would you use to assess Germain's health literacy and tailor your approach for him?
- How would you communicate your decision if you decide that Germain is not fit to drive?
- How would your approach differ if there had not been an accident, but you noted that Germain had reduced vision at a general check-up?

Clinician

- What information would you collect through history-taking and examination in this case? What if Germain presented with eye pain or with a unilateral red eye or discharge from the eye? How would you assess visual acuity in a patient who is functionally illiterate?
- What is your differential diagnosis? Germain says that he has pain in his right eye. How does this information change your differential diagnosis?
- What is your management plan for Germain? When would you refer him? How would you organise referral if you were in a rural or remote location? What factors or findings would prompt an urgent retrieval?
- In addition to an ophthalmological history and examination, are there any screening activities that you would include in this consultation? What aspects would you consider when assessing fitness to drive and fitness to work?
- How would you assess intraocular pressure?
- You find that Germain has a corneal foreign body. How would you remove this?
- How would you manage this situation if you found no red flags?
- What are the red flags/clinical findings that would prompt urgent referral? Which eye emergencies could present in this manner?

Health advocate and leader

- You refer Germain to the local optometrist for assessment. How would you use your practice software to support Germain's active involvement in following up on his optometrist referral?

Professional

- In this context, to whom do you owe duty of care? Does this change if you find that Germain is not fit to drive?
- How would you explain the confidentiality issues for this consultation? What are your obligations if you find Germain's vision does not meet the standard of being fit to drive? What are your obligations with respect to his employment?

Scientist, educator and researcher

- What clinical guidelines could be relevant in this situation? How would you integrate them into care?
- You are approached to participate in recruiting patients for research into the eye health of Aboriginal patients with diabetes. What things would you want to consider before deciding whether to participate?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam