GUIDELINES FOR ADVANCED SUBSPECIALTY TRAINING OPPORTUNITIES IN OPHTHALMOLOGY

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

AIMS AND OBJECTIVES

This guideline document describes the nature of Advanced Subspecialty Training Opportunities (ASTOs) in ophthalmology, and offers guidance regarding the aims, content and organisation of such posts. In its present form, it does not constitute a strict curriculum, but it is expected that there would be good reasons for any post to deviate from it to a significant degree. In the fullness of time, when established ASTOs have run for a few years and when essential subspecialty training requirements have become defined, more definitive curricular documents may evolve. These will then serve as benchmarks against which subspecialty training will be measured just as the Basic Surgical Training (BST) and Higher Surgical Training (HST) Curricula currently serve basic and higher specialist training.

ASTOs should not be undertaken until the Core Curriculum has been completed. They should build upon the knowledge, understanding, skills and attitudes developed during Basic and Higher Surgical Training, with particular relevance to the chosen subspecialty. The function of an ASTO is therefore to provide in-depth subspecialty training and experience, thereby facilitating the development of particular knowledge and expertise in a specialised field.

The components of an ASTO timetable can be varied to provide the best possible training. This can include theatre sessions, subspecialty clinics, research clinics and research sessions. A general operating list should be included in order to maintain surgical skills, and a general clinic may be included. The timetable may include up to 8 clinical sessions. However the emphasis in an ASTO is upon subspecialty experience and not service.

It should be understood that an ASTO forms part of HST and as such is limited to 6-12 months. This Guideline document should therefore be read in conjunction with the Curriculum of Higher Surgical Training in Ophthalmology and the Guide to Higher Specialist Training in Ophthalmology.

LEARNING OUTCOME

At the completion of the ASTO, the trainee should have built upon the basic competencies acquired in mainstream HST, so as to:

a) Be competent to manage (safely and effectively and without additional specialist assistance) the majority of cases which present within the subspecialty; this should certainly include those conditions which
occur commonly. This competence requires a good understanding of the scientific principles which underlie the subspecialty.

b) Be competent to explain the diagnosis and management of conditions within the subspecialty, both to patients and to fellow professionals. In particular the trainee should be able to help patients to develop a good understanding of their condition and to make a fully informed choice between the management options.

c) Have an awareness of the complexities of the subspecialty, so as to understand the limits of his/her knowledge and understanding, and indeed of the limits of global knowledge.

d) Have acquired a set of transferable skills - essentially an understanding of the principles of diagnosis and management in the subspecialty coupled with the ability to research and apply these principles. By these means the trainee will be able to plan the investigation of problem cases, and will also be able to direct his/her own future professional development in the subspecialty.

e) Be competent at critical appraisal, so as to be able critically to question traditional practice within the subspecialty and to plan appropriate research to address such questions.

LEARNING PROCESS

An ASTO incorporates the advantages of structured training and apprenticeship, aimed at achieving the prescribed learning outcomes. The following should therefore be provided for the trainee:

a) Concentrated exposure to the diagnosis and management of a wide variety of appropriate cases. This will require regular, frequent attendance at special clinics and operating/treatment sessions.

b) The opportunity to discuss at length the principles and details of the management of these cases.

c) The opportunity, by discussion and by example, to refine his/her skills in explaining and discussing the nature of the relevant disease processes and the possible treatments to patients in a clear, comprehensible manner.

d) The opportunity to liaise with members of appropriate allied specialties both within and without ophthalmology.

e) The opportunity to play an evolving role in the active care of these patients, so that by the end of the ASTO the vast majority of cases can be handled independently.
f) The opportunity to engage in audit and research projects within the subspecialty, either during the ASTO or (for research) during a specific, separate 6-month period. (In the latter instance the ASTO itself would be limited to 6 months and the research period would be subject to the advance approval of the Training Committee of the Royal College of Ophthalmologists.)

g) The opportunity to attend and take part in subspecialist meetings at a local, regional, national and (ideally) an international level.

h) The opportunity to take an active part in the teaching of the subject to other trainees, and members of allied professions.

SUBSPECIALTY DETAILS

Each training unit offering an ASTO should develop its own programme for that ASTO, working out how best to deliver the learning outcomes listed above in the particular circumstances of that unit.

It is anticipated that most ASTOs will aim to provide comprehensive training and experience within a particular subspecialty, using the subspecialty definitions from the Higher Surgical Training (HST) Curriculum. In this way they will be designed to cover the diagnosis and management of the majority of cases which can present within that subspecialty; this will generally include, but go beyond, the "Desirable Experiences" listed in the HST document. It is understood however that some ASTOs may be designed to cover just part of a subspecialty in increased detail (e.g. corneal grafting, rather than the whole of cornea and external diseases). It is certainly expected that Section 5 of the Curriculum will be subdivided for the purposes of an ASTO, e.g. into Surgical Retina, Medical Retina, Inflammatory Eye Disease and Ocular Oncology.

It is essential that the job description for an ASTO post makes the aims and objectives of that post clear to all concerned. The Deanery Web Site would be an ideal place for the details of ASTOs to be published.

APPRAISAL AND ASSESSMENT

The trainer(s) and trainee should meet prior to commencement of the ASTO to agree the aims and objectives of the post in some detail. These should be based on the present document. Meetings should continue periodically throughout the duration of the ASTO to allow the review of progress against these aims.

A report from the trainer(s) will be considered by the Regional Specialty Training Committee at the next RITA.

There is no current intention to impose further formal examinations, nor is there any current mechanism to award a formal diploma.