To Heads of School, Training Programme Directors, Regional Advisors, Educational Supervisors and Ophthalmologists in Training

Dear Colleagues

I want to make you aware of changes that we are making to the way that CCT applications will be handled by the College. Two years ago we moved from assessing these as a committee four times a year to assessing electronically as the applications arrived. This has given registrars and LETBs more flexibility and allowed members of the Training Committee to understand where the strengths and weaknesses exist in the current assessment system.

However the process has been manpower intensive and now that the StRs are nearly all completing training in July we cannot logistically continue with the current system. We have looked at what other Colleges do and also consulted with the GMC. From now on the CCT applications will undergo an enhanced administrative check by the Education and Training Department staff who will contact registrars if they find that items are missing from the application or from the e-portfolio. However staff will not be responsible for 'putting the e-portfolio in order'. If the application fails this administrative check it will be sent to a member of the Training Committee for evaluation. All applications showing an ARCP outcome 2 or 3 towards the end of training will also be assessed by a member of the Training Committee. The College still reserves the right to send applications that cause concern to the Quality of Assessment Subcommittee for further discussion.

Part of the enhanced check will be to ensure that Supervisors have indicated that they recommend to the ARCP Panel that an Outcome 6 is given. This gives the responsibility for indicating that training is complete and that the individual is ready for independent practice firmly where it belongs – with local trainers. Should concerns be raised in the first few years of that individual's Consultant career it will be local trainers who have to justify the decision that they made and the quality and robustness of assessments that took place (including the ARCP process) within their jurisdiction.

The College will continue to use its external advisors to ARCP Panels to Quality Manage the process. In addition to the checks they make at present, they will be given the additional task each year of assessing one component of the e-portfolio in all the portfolios that they review so that the College will get hard data on the quality of the e-portfolios. In 2016 the external advisors will look specifically to ensure that the comments from this year's ARCP Panels (regardless of outcome) have been uploaded onto the e-portfolio so that they are visible to the next Educational Supervisor and that the comments have formed, in part, the PDP and that Educational Supervisors have reviewed outcomes versus the objectives in next year's reports.

The EyeLogbook states quite clearly the definitions of A, PS, P and SJ. It is equally clear that these definitions are not being followed by some registrars when entering their surgical data. We see numerous examples of where registrars in their last years of training appear to have had no supervision whatsoever of their cataract surgery. Whilst we want to encourage independence in registrars at this stage, it seems not unreasonable to expect that consultant trainers take the occasional interest in what is happening in theatre under their watch. It is difficult to reconcile how OSATS have been completed when there appears not to have been a trainer in theatre with the registrar. Would registrars please review these definitions and Educational Supervisors be mindful of them when they review the e-portfolios as part of their ES report.

When the next version of the EyeLogbook is launched it will enable simulated surgery to be recorded (and this includes training more junior registrars during simulation). LETBs have spent large sums of money on simulation and the College is encouraging Heads of School to mandate simulation as part of the ARCP process, commensurate with the facilities in their geographical area. This training does not stop at expensive computer simulators, usually only available regionally at one or two centres; there are much cheaper options for each unit to employ locally.

The College is formulating its initial submission to the Shape of Training Steering Group. The Ophthalmologists in Training Group has had a significant input into this and I am grateful to them for the professional way they have dealt with the issues and the research they have put into their reports. A draft version will go to Council in September 2015 before submission at the beginning of October. This project gives us an opportunity to review the curriculum, particularly the softer skills which senior registrars and newly appointed consultants told us are often lacking in training at present. (This is not to say that these competencies are not already within our curriculum; it is a question of giving them the prominence that they deserve and we are already taking steps to do this). The work placed based assessment system will also be overhauled moving to 'assessments of performance' which will concentrate more on global professional competencies, e.g. the ability (for more senior registrars) to safely run and complete an entire operating list rather than concentrating on one operation.

I have now completed my four years as Chairman of the Training Committee. Thank you all for your support and the work that you devote to Training, to the College, and through these to improved patient care. I now pass the baton, and I am afraid much unfinished work, to my successor Fiona Spencer. I wish her and all of you well for, what will undoubtedly be, the busy years ahead.

Mike Hayward

Chairman of the Training Committee

I should be grateful if Heads of School and TPDs ensure that this is cascaded to Educational Supervisors in their region.