Acute Services Training

The ROYAL COLLEGE of OPHTHALMOLOGISTS

All trainees should undergo training in managing Acute/Emergency Ophthalmology presentations with adequate support and supervision. The Training Committee have agreed the following principles should be followed.

Following on from Induction ST1 trainees should continue to be supernumerary on-call or in Acute Services/"Casualty" sessions initially. There is no specific time period before ST1s are able to undertake on-call or manage acute patients as this will depend on the exposure to such patients and the amount of training they receive in the first few weeks. By supernumerary it is meant that the ST1 will shadow the trainee on-call and not have patients in an Acute Services session booked directly for them. Guidance on the Recommended Induction for Ophthalmology is available on the College website https://www.rcophth.ac.uk/wp-content/uploads/2016/06/Guidance-onInduction-for-Ophthalmology.pdf .

There should be a local plan for structured training or an extended induction. During this period they should have a named Clinical Supervisor who is able to assess their progression and provide feedback. The named Clinical Supervisor should be a senior clinician who can provide this level of support and is mindful of the trainee's development needs.

It is expected that in the early stages of training most of the patients seen are discussed in comparison with later stages of training where only the complex patients will be. Consultants on- call should make themselves aware of the stage of training and level of experience of trainees on- call with them. They should provide supervision and training on-call e.g. by the consultant contacting the trainee and inviting discussion of cases or debriefing the trainee. Undertaking a CBD regularly on emergency patients can ensure adequate learning takes place.

In larger units where on-call at weekends entails seeing a large number of patients and effectively managing an Acute Services session, then ST1s should not be left to undertake this unsupervised and should have adequate support. In such units, it is expected that Advance Nurse Practitioners (ANPs) with extended roles would manage minor problems and assist so that the volume of patients to be seen is reasonable.

In larger units provision should be made for acute patients to be seen throughout the day, so that these patients are not waiting until "out of hours" for trainees to manage as this increases the pressure on trainees and there is less likely to be senior supervision available. Where regularly there are sufficient evening attendances, then junior ST1-2s should be supported by a Higher Specialist Trainee, unless there is another Senior Clinician present, potentially for the hours from 17.30 to 20.30. The complexity of the patients presenting to the acute services should be taken into account, as well as the numbers of patients, in assessing that the workload is reasonable for the trainees.

All trainees providing Acute Services clinics should be supervised and be provided with teaching and feedback. A senior opinion and support should be readily available out of hours for all trainees. All trainees need to be able to manage emergency patients throughout their training. Training programmes will need to take this into account particularly in units which do not provide an out of hours' service or for LTFT trainees.

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