



Education & Training

2011 Update for CESR applicants for CCT specialty - Ophthalmology

This College document is to be read in conjunction with the “Frequently Asked Questions” College document and the GMC’s “specialty specific guidance” which also contains some generic guidance. The CESR process has a framework for applicant, referee and assessor that relates to the 4 Domain structure of the GMC’s “Good Medical Practice”. All applications are now assessed in relation to the OST curriculum. This does not specify numbers of procedures required but there is an important “guide to the delivery of OST” document which does give suggested numbers of operations needed. This document is therefore used as a framework by the College assessors so it is strongly suggested that these numbers should be the minimum that CESR applications should submit in their application.

The GMC stresses the importance of the training/experience being “current and maintained”. The CCT candidate in ophthalmology is expected to obtain all competencies in 7 years with most of the surgical competencies being attained in the last 5 years of their training. CESR candidates experience and training within 5 years of the application would also be considered “current and maintained”. It is expected however with CESR candidates that a considerable amount of surgical experience will have been attained outside this time frame. There are no specific rules on what proportion of surgical experience should be within 5 years but if no surgical experience in a subspecialty area has occurred within 5 years it is unlikely that the application will succeed. How much training/experience is needed within this 5 year time frame will depend on the extent and timing of previous surgical experience. If the applicant has had extensive experience in a procedure just outside of the 5 year time frame then it is likely that only a small amount of experience will be needed more recently in order to be assessed as being competent in this procedure. If the application has only performed the “minimum number” of procedures suggested a considerable period of time ago then a greater number of procedures need to be recent.

Please take note of the requirements for involvement in surgery and follow this carefully. If it specifies that you have to assist at surgery (corneal grafting, retinal surgery) then you have to be scrubbed and actively assisting. Observing a procedure un-scrubbed does not count. Likewise if you have to have performed surgery (surgery for lowering of intraocular pressure, squint surgery) then assisting at such procedures is not sufficient to allow for the correct level of competence in this procedure.

The referees for the structured reports need to have “directly observed” your practice in the recent past. The structured report is a very important part of your application and therefore you should ensure that the referee is able to comment on most of the areas of the 4 Domains of the GMC’s “Good Medical Practice”. We have experienced many applicants where the referee is only able to put “unable to comment” in a large number of the sections and this will not help with your application. Please also ensure if you have requested referees from the same department that they give independent assessments of your competencies. We have also experienced identical statements from referees in the same department suggesting sharing of the “word” document and again this limits the evidence submitted. The GMC website has important guidance relating to the referees and structured reports.

Work place based assessments (WpBA's) have been in use in the U.K. since the introduction of Foundation training. They were also introduced with the new OST curriculum. A completed WpBA in the format requested by the College relating to a specific learning outcome will count as primary evidence towards competence in that learning outcome. Many ARCP panels request a minimum of 2 WpBA's from independent sources to provide evidence towards competence in a specific learning outcome for a CCT candidate and this would also strengthen the "weight of evidence" for the CESR applicant. A simple list of all 180 OST learning outcomes individually countersigned by a Consultant saying "meets expectations" is secondary evidence of competence in these learning outcomes only. A global statement by the referee in the structured report saying that "the applicant is competent in all 180 learning outcomes of the OST curriculum" is secondary evidence with relatively weak "weight of evidence". Both these examples of evidence will not in themselves be sufficient to show competence and further primary evidence will be needed. An applicant that provides a long list of Case based Discussion (CbD) type WpBA's all obtained within a very short period of time (a few days) is unlikely to have spent sufficient time being engaged in the assessment process and the "weight of evidence" from such a list would be less than CbD's obtained over a greater period of time with different assessors. The OST curriculum gives advice regarding which WpBA is appropriate for each learning outcome. Please ask your WpBA assessor to fill in the text boxes at the end of the document (anything especially good, suggestions for development, action agreed) as this shows evidence of feedback and is an important part of the formative aspects of this assessment.

The College still subdivides Domain 1 into 7 sub-specialty areas to assist with the application. This document shows a suggested format for the evidence submitted and how it relates to the evaluation document. CESR applications can however be from anywhere in the world and be associated with very different methods of training and types of experience and therefore other ways of submitting the evidence may also be acceptable. This is therefore for guidance only.

Do not forget that evidence for a sub-specialty can be obtained from patients seen in general clinics. A case-book of patients with conditions that relate to the sub-specialty areas can be obtained from patients seen in general clinics and this is much easier to obtain prospectively than retrospectively. Be aware of those areas of your application that require further evidence to enable you to obtain this information in a timely fashion.

Certain types of evidence such as audit, appraisal, testimonials and Multi-source feedback (MSF) can relate to several domains. If this is the case just refer back to where the evidence was first presented referencing the page number rather than duplicating the evidence in your folder.

Structured reports, testimonials and MSF documents can be from non-medical personnel as well as medical colleagues; however the majority of evidence should be from senior medical colleagues (such as supervising consultants) who can comment on your ability from direct observation.

The following document is a summary of the evaluation document for ophthalmology and advice regarding types of evidence and order of evidence is given together with information on where evidence is often missing in applications. Please note this is for guidance only and is not prescriptive.

Evaluation against Domain 1 – Knowledge, skills and performance

a) Has the applicant demonstrated that they have the full range, depth and breadth of experience and skill to the level required?

Evaluation of specialist qualifications

The only examination that is automatically equivalent to the FRCOphth examination is the FRCSEd exam (see below). Any other examination will need evidence that the knowledge associated with this exam is equivalent to the FRCOphth. The restructured FRCSEd exam introduced from April 2008 does not count as being equivalent to the FRCOphth. The FRCSEd has to be obtained by examination in ophthalmology prior to June 2000 or the Specialty Fellowship by examination in ophthalmology obtained between January 2001 and August 2012.

Evaluation of training posts

If the applicant has obtained a Certificate of Eligibility for Entry into HST (CEEHST) it will automatically count as evidence of year 1 and 2 competencies and further evidence is not required.

Evaluation of subsequent experience

More “weight of evidence” is given to experience gained within the last 5 years.

Evaluation of logbooks and consolidated data sheets

Please look at the College guidance and FAQ document. Each logbook should have a consolidated data sheet summarising the information. The logbook is a very important document and every page must be validated with the signature of the supervising consultant and a hospital stamp. It is also helpful if the logbook has surgical procedures listed chronologically and each surgical procedure is grouped together. The assessors will look at the logbook in detail to ensure that the information on the consolidated data sheet matches the information in the logbook and it is very helpful if the surgical procedures are grouped together rather than scattered throughout a large list of cataract operations.

Evaluation of structured reports

Please look at the College FAQ document and take note of the comments above.

Evaluation of evidence in relation to Oculoplastic, Adnexal and Lacrimal Surgery

Consolidated data sheet with evidence of **performing** a minimum of 40 oculoplastic procedures and **assisting** at a minimum of 3 ptosis procedures (as stated in the guide for the delivery of OST document).

Surgical logbook with details of all procedures (SS7 undertake the surgical management of lid problems - entropion, ectropion, lateral tarsal strip, pentagon excision of lid margin lesions, upper lid blepharoplasty etc).

Work place based assessments relevant to the learning outcomes of this sub-specialty.

Number (with dates) of oculoplastic clinics attended (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Patient letters relating to oculoplastic specialty dictated and signed by you (anonymised).

Case book of oculoplastic cases managed.

Areas where evidence is often missing:

SS9 perform lateral canthotomy and cantholysis. There should be logbook evidence of this procedure +/- WpBA evidence. Do not assume that because you have evidence of entropion and ectropion surgery in your application (which may include a canthotomy and cantholysis as part of a lateral tarsal strip) that this is sufficient. You need to have explicit evidence of this procedure such as a lateral tarsal strip or evidence of performing a canthotomy and cantholysis as an emergency procedure.

SS6 perform surgical repair of ocular and adnexal tissues after trauma. There should be logbook evidence of repair of lid tissues after trauma. A small number of operations a long time ago will not be sufficient evidence.

SS13 remove the eye when indicated. Involvement in eye retrieval will also count as evidence.

PS15 administer periocular botulinum injections. Evidence includes lists of Botox clinics, case books or lists of patients treated or a letter from a supervising consultant validating your involvement in administering injections +/- WpBA evidence.

PI6 radiology and other neuro-imaging. Evidence includes patient letters including radiographs requested in relation to orbital disease / thyroid eye disease and case books of oculoplastic/adnexal patients in which imaging was an integral part of the management of the patient.

Evaluation of evidence in relation to Cornea and External Diseases

Consolidated data sheet with evidence of assisting at a minimum of 6 corneal graft type procedures (as stated in the guide for the delivery of OST document).

Surgical logbook with details of all procedures.

Work place based assessments relevant to this sub-specialty.

Number (with dates) of corneal / external diseases clinics attended (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Case book of corneal / external disease cases managed.

Patient letters relating to cornea / external diseases specialty dictated and signed by you (anonymised).

Areas where evidence is often missing:

SS6 perform surgical repair of ocular and adnexal tissues after trauma. There should be logbook evidence of repair of the globe after trauma. A small number of operations a long time ago will not be sufficient evidence.

SS8 undertake surgical measures for the protection of the ocular surface. This could include logbook evidence or WpBA evidence of tarsorrhaphy or botulinum ptosis.

PS10 perform a corneal scrape. WpBA evidence or case book evidence.

PS14 fit a bandage contact Lens. WpBA evidence or case book evidence.

PS16 apply corneal glue. WpBA evidence or case book evidence.

Evaluation of evidence in relation to Cataract and Refractive Surgery

Consolidated data sheet with evidence of **performing** a minimum of 350 small incision cataract operations (as stated in the guide for the delivery of OST document).

Surgical and laser logbook with details of all procedures (small incision cataract surgery and Yag laser to the capsule).

Work place based assessments relevant to this sub-speciality.

Case book of difficult cataract procedures/management of complications of cataract surgery.

Area where evidence is often missing:

PS2 perform a refractive assessment and provide an optical prescription (adult and child) and PM14 to use spectacle lenses and prisms when indicated. A refractive exam or a refractive component of an exam may provide evidence of competence in this area. If there is no examination evidence a validated logbook of patients refracted +/- WpBA evidence will be needed.

Evaluation of evidence in relation to Glaucoma

Consolidated data sheet with evidence of **performing** a minimum of 30 procedures for glaucoma including laser (as stated in the guide for the delivery of OST document).

Surgical and laser logbook with details of all procedures (trabeculectomy, tubes, PI's, ALT, SLT etc).

Work place based assessments relevant to this sub-speciality.

Number (with dates) of glaucoma **clinics attended** (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Case book of glaucoma cases managed.

Patient letters relating to glaucoma specialty dictated and signed by you (anonymised).

Areas where evidence is often missing:

SS5 surgical measures to lower IOP. Logbook evidence of trabeculectomy, tube surgery or laser (including ALT, SLT, PI's, Cyclodiode). A small number of procedures a long time ago will not be sufficient evidence.

PM11 to refer patients, where appropriate, for provision of low vision aids and rehabilitation services for the visually impaired, and interpret and apply the criteria for registration with visual impairment. Letter referring patients for LVA provision can provide evidence or attendance at LVA clinics.

Evaluation of evidence in relation to Retina, Vitreous and Uvea (including Ocular Oncology)

Consolidated data sheet with evidence of **assisting** at a minimum of 20 retinal/vitreoretinal type procedures and **performing** a minimum of 40 retinal laser procedures (as stated in the guide for the delivery of OST document).

Surgical and laser logbook with details of all procedures.

Work place based assessments relevant to this sub-specialty.

Number (with dates) of medical and surgical retinal **clinics attended** (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Case book of retinal cases managed.

Patient letters relating to medical and surgical retinal specialty dictated and signed by you (anonymised).

Areas where evidence is often missing:

HPDP 11 make recommendations for bone protection. WpBA evidence such as a Case-based discussions (CbD) relating to steroid use and bone protection.

HPDP1 promote the value and assist in organisation of screening for eye disease. Logbook of attendance at diabetic retinal screening sessions.

PS3 administer periocular and intraocular drugs. Logbook +/- WpBA evidence of intravitreal Lucentis/Avastin/Triamcinolone and periocular steroid injections.

PS17 perform ocular ultrasound. Logbook evidence of performing ultrasound examinations of the eye (a minimum number of 20 is suggested as per the previous HST curriculum).

PI3 retinal and optic nerve imaging techniques. Logbook evidence of FFA and OCT's requested and interpreted by you.

Evidence of Uveitis and oncology patient management is often under-represented in applications. A case-book of patients and a list of CbD's in relation to complicated uveitis patients requiring systemic treatments and patients with ocular or adnexal tumours requiring treatment would provide evidence.

Evaluation of evidence in relation to Neuro-Ophthalmology

Number (with dates) of neuro-ophthalmic **clinics attended** (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Work place based assessments relevant to this sub-specialty.

Case book of neuro-ophthalmic cases managed.

Patient letters relating to neuro-ophthalmology dictated and signed by you. (anonymised)

Surgical logbook in relation to temporal artery biopsy.

Areas where evidence is often missing:

There is often some confusion regarding evidence for this sub-specialty. Although attendance at a neuro-ophthalmology clinic will provide good evidence of exposure to this sub-specialty, evidence can also be provided by a list of CbD's or a case book describing the full range of common neuro-ophthalmic conditions that are seen. These cases may have been seen as part of a general clinic work load but provided they are highlighted and your involvement in the management of the condition documented and validated by the supervising consultant, this will provide good evidence of neuro-ophthalmic exposure.

You should provide a logbook of visual fields requested and interpreted in relation to glaucoma, neuro-ophthalmology and driving and occupational visual standards.

SS11 biopsy the temporal artery. Logbook and WpBA evidence of this procedure.

PI6 radiology and other neuro-imaging. Evidence includes patient letters including radiographs requested in relation to neuro-ophthalmic conditions and case books of neuro-ophthalmic patients in which imaging was an integral part of the management of the patient.

PI7 (ocular and neuro-electrophysiology). Logbook evidence or case books of patients in whom you have requested and interpreted (under guidance) electrophysiological tests such as VEP's, ERG's etc.

Evaluation of evidence in relation to Paediatric Ophthalmology and Strabismus

Consolidated data sheet with evidence of **performing** a minimum of 20 squint procedures (as stated in the guide for the delivery of OST document).

Surgical logbook with details of all procedures.

Work place based assessments relevant to this sub-specialty.

Number (with dates) of paediatric/strabismus **clinics attended** (letter from supervising consultant stating number and types of patients you would see per clinic would also be helpful).

Case book of paediatric / strabismus cases managed.

Patient letters relating to paediatrics / strabismus dictated and signed by you (anonymised).

Areas where evidence is often missing:

AER15 Understands the responsibilities of an ophthalmologist in child protection. Child protection training and certificate is needed for evidence.

HPDP1 promote the value and assist in organisation of screening for eye disease – ROP and community vision screening in children. Logbook evidence of performing ROP screening examinations (a minimum number of 10 is suggested as per the previous HST curriculum).

SS12 perform surgery on the extra ocular muscles. Logbook evidence of performing squint procedures. A small number of operations a long time ago will not be sufficient evidence.

PI1 orthoptic assessment and CA7 perform a cover test and assess ocular motility. A letter from a senior orthoptist stating competence in these techniques will provide evidence.

b) Has the applicant demonstrated application of knowledge and experience to practise (for example recognising and working within the limits of their competence). In particular, keeping up to date with Continuing Professional Development (CPD), audit, clinical governance, applying the skills and attitudes of a competent teacher/trainer, making appropriate referrals to colleagues and keeping clear and legible records?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues who can specifically comment on these issues. It is therefore important to ask the colleague to comment on your ability to work within the limits of your competence, your skills as a teacher and your ability to make appropriate referrals to colleagues and keep clear and legible records so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Some aspects of **appraisal documents** may relate to these issues and if so please refer to them and give the appropriate page number in the order of evidence.

Research, publications and presentations all provide evidence relating to Domain 1.

Audit. You must show evidence of a recent (within 5 years) audit of 50 consecutive small incision cataract operations with complication rates (essential) and refractive outcomes (desirable).

You should not rely on the cataract audit alone as evidence of your audit activity. The CCT candidate has to be actively involved in generating several audits during their training and the CESR candidate must also show evidence of other audit activity and their participation in the audit process. The candidate should show evidence of active participation in the audit including involvement in its design and presentation of results together with showing evidence of any changes in practice as a result of the audit. Involvement in data collection only is insufficient evidence.

Other evidence in relation to this domain can include evidence of **CPD activity, evidence of teaching and training and attendance and participation in clinical governance meetings.**

It is important that evidence of CPD is backed up by primary evidence of attendance at meetings including course attendance certificates.

Anonymised letters **referring patients to colleagues** signed by you can also act as evidence in this section.

Information relating to audit and clinical governance is also needed for Domain 2 section (a). The GMC would prefer most of the evidence to be stated in Domain 2 section (a) but the College requirement for the cataract audit should be stated in this section.

Please also refer to the GMC's specialty specific guidance for further information on Domain 1.

Evaluation against Domain 2 – Safety and quality

a) Has the applicant demonstrated putting into effect systems to protect patients and improve care (for example taking part in, and responding to, the outcome of audit, appraisals, performance reviews, risk management and clinical governance procedures, and reporting adverse drug reactions or concerns about risks to patients)?

Some evidence of audit and clinical governance activity may have been stated in Domain 1 section b (including the cataract audit) but most evidence should be stated in this section.

Evidence from structure reports, testimonials, appraisals and MSF may also relate to this section. Adverse drug reaction reporting (such as the yellow card scheme in the UK) and critical incident reporting can be included as evidence.

b) Has the applicant demonstrated that they monitor and respond to risks to safety and that they safeguard and protect the health and wellbeing of vulnerable people (for example responding to risks posed by patients and following infection control procedures)?

Attendance at a course on infection control.

Evidence from structure reports, testimonials and MSF may relate to this section.

c) Has the applicant demonstrated that they protect patients and colleagues from any risk posed by their health?

Evidence from structure reports, testimonials and MSF may relate to this section.

Please also refer to the GMC's specialty specific guidance for further information on Domain 2.

Evaluation against Domain 3 – Communication, partnership and teamwork

a) Has the applicant demonstrated that they communicate effectively with: - patients (for example keeping them informed about progress of their care) and

colleagues (for example physician colleagues, nursing staff, allied health professionals, GPs and other appropriate agencies) in both clinical and management situations within

and outside the team (for example passing on information when patients transfer, encouraging colleagues to contribute to discussions)?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues and patients who can specifically comment on these issues. It is therefore important to ask them to comment on your ability to communicate to patients and colleagues and work within a team so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Anonymised letters **referring patients to colleagues** signed by you can also act as evidence in this section.

Anonymised **“thank you” letters from patients** can act as evidence in this section.

b) Has the applicant demonstrated that they work constructively with colleagues by supporting them, delegating effectively, acting as a positive role model and providing effective leadership?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues who can specifically comment on these issues. It is therefore important to ask the colleague to comment on your ability to delegate, act as a positive role model and your leadership abilities so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Some aspects of **appraisal documents** may relate to these issues and if so please refer to them and give the appropriate page number in the order of evidence.

Leadership skills courses can act as evidence in this section.

c) Has the applicant demonstrated that they establish and maintain partnerships with patients and encourage them to take an interest in their health and obtain appropriate consent to treatment?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues and patients who can specifically comment on these issues. It is therefore important to ask them to comment on your ability to establish a partnership with your patients and your ability to take appropriate consent so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Letter to patients with lifestyle advice (smoking, weight loss, dietary advice in relation to AMD etc.).

Medico-legal and other courses giving advice on taking consent.

Please also refer to the GMC's specialty specific guidance for further information on Domain 3.

Evaluation against Domain 4 – Maintaining trust

a) Has the applicant demonstrated that they show respect for patients (for example they are polite, considerate and honest with patients and implement systems to protect patient confidentiality)?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues and patients who can specifically comment on these issues. It is therefore important to ask them to comment on your ability to be polite and considerate to your patients and your ability to ensure patient confidentiality so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Some aspects of **appraisal documents** may relate to these issues and if so please refer to them and give the appropriate page number in the order of evidence.

Thank you letters from patients can provide evidence for this domain. Data protection training courses.

b) Has the applicant demonstrated they treat patients and colleagues fairly and without discrimination (for example being honest and objective when appraising or assessing colleagues and writing references, giving constructive feedback, raising issues of colleagues' performance and responding promptly to complaints)?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues and patients who can specifically comment on these issues. It is therefore important to ask them to comment on your ability to treat patients and colleagues fairly and without discrimination so that this information is documented within the testimonial.

Some aspects of a **Multi-source feedback** document may relate to these issues and if so please refer to it and give the appropriate page number in the order of evidence.

Some aspects of **appraisal documents** may relate to these issues and if so please refer to them and give the appropriate page number in the order of evidence.

Equality and diversity training.

Evidence of how you respond to complaints.

c) Has the applicant demonstrated they act with honesty and integrity (for example, they are honest and accurate in any financial dealings, practice reports, and obtain appropriate ethical approval for research projects)?

Ensure you obtain **structured reports** from colleagues who can specifically comment on these issues (the structured report form will ask these questions).

Ensure you obtain **testimonials** from colleagues who can specifically comment on these issues. It is therefore important to ask the colleague to comment on your ability to act with honesty and integrity so that this information is documented within the testimonial.

Some aspects of **appraisal documents** may relate to these issues and if so please refer to them and give the appropriate page number in the order of evidence.

Certificate of good standing (if not registered with the GMC).

Ethics committee approval for any research you have been involved with.

Please also refer to the GMC's specialty specific guidance for further information on Domain 4.

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