The Royal College of Ophthalmologists

National framework for professional development for SAS doctors

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18 Stephenson Way, London, NW1 2HD T. 020 7935 0702
contact@rcophth.ac.uk rcophth.ac.uk @RCOphth

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1 Introduction

The Royal College of Ophthalmologists have identified SAS group of doctors as a key and valuable group of ophthalmologists who need support and engagement to help to unlock their full potential and best contribute to reducing the severe shortage in service capacity.

This framework will help SAS doctors, their consultant colleagues, service managers and clinical leads, and medical directors, understand the requirements and best practice for SAS professional development. It builds on national guidance from organisations such as the BMA and AoMRC and sets this in the context of ophthalmology and RCOphth guidance.

The requirements for ophthalmology units to provide adequate support for SAS doctors' education and development as expected by the RCOphth, are set out below.

2 Professional development for all grades of SAS doctors

2.1 Charter

Proactively support implementation of principles set out in the **BMA/AoMRC SAS charter** 2014.

2.2 Adequate study leave allowance

There should be a minimum of **10 days per year for study/ professional leave**, with funding equivalent to that offered to consultant colleagues, to be used for education and professional development which fit service and individual requirements.

There should be support to apply for the **additional funding** for SAS professional development activities allocated by **HEE in England** via individual regional **LETBs Associate Dean or Trust SAS Tutor**.

The SAS Doctors and Dentists Development Programme was established in 2012 by the Scottish Government to provide **national funding** to those **SAS doctors** and dentists **working in NHS Scotland** whose clinical teams are seeking to develop new or improved clinical services, or to enhance their role within the clinical team, where funding is not otherwise provided by the employing Health Board.

2.3 Adequate allowance for development in timetable

There should be **at least 1 SPA session for (non-clinical) administration/ audit/CPD/appraisal.** The College recommends **another 1 session for CPD where there is a specific educational requirement** e.g. seeking CESR, new to ophthalmology, developing specific major new role or skill. This should be reviewed regularly in job planning meetings.

2.4 Regular appraisal and Job planning meetings

Up to date annual appraisals supported with **portfolio of evidence**, with clear achievable personal development plans. PDPs should be (SMART) Specific, Measurable, Achievable, Relevant, Time specific.

As per terms and conditions SAS doctors should have a **mutually agreed job plan** which is adhered to.

Provide **appraisal data** and supporting evidence e.g. activity and workload.

Use a **structured educational appraisal form** where there are specific educational requirements e.g. CESR, new to ophthalmology, developing a major new role of skill.

2.5 Support

Access to and regular interaction with **the trust SAS tutor** (who reports to the local LETB Associate Dean) to advise and support their professional development.

Where possible, appointment of a **consultant or senior SAS ophthalmologist SAS tutor** or **SAS educational lead** who oversees and support the ophthalmology department's SAS doctor education and who has strong links with the trust SAS tutor and the Associate Dean.

Engagement with seniors like clinical lead, medical director and manager for management experience with access to a **mentor** for professional and personal development needs.

3 SAS doctors new to ophthalmology

In addition to points in section 2:

3.1 Induction

As for a new trainee, the SAS doctor needs a **period of introduction** to ophthalmology including some purely observational time and a clear plan for development to more independent practice.

3.2 Plan for development of core skills and knowledge

A clear agreed **plan for obtaining core skills and knowledge** and subspecialty expertise should be made for the next year with:

- a **directed plan for study leave** for suitable training and courses to support this.
- **rotation within the department** into various subspecialties and experiences to support this.
- Recommend using RCOphth work place-based (**WpBA**) assessment sign offs as used for trainees.
- Use a **structured educational appraisal form**. (See annex 6)

3.3 Support

A meeting within **the first two weeks with the ophthalmologist SAS tutor or** a **nominated educational supervisor** to start planning the above.

4 Established SAS doctors

4.1 Autonomous working

Develop a plan to achieve autonomous working for suitably experienced SAS doctors. Autonomous working is where an SAS doctor works independently, without consultant supervision, and with agreed line of responsibility directly to the clinical lead and medical director, agreed within the job plan. This may pertain to specific clinical areas or all of their clinical work.

4.2 Coding/ tariff of clinical activity

It is recommended that clinical activity is coded accurately to the individual who performed the clinical activity, to support revalidation. Where doctors are working autonomously their autonomous activity must be coded in their name.

4.3 Hierarchy

Depending upon SAS doctor's experience and short term need within department, locum consultant posts may be offered to SAS doctors to enhance their contribution to the department or to help SAS doctor to gain valuable experience and support for future CESR application.

4.4 Management opportunity and extended roles

Suitably interested and skilled SAS doctors should be encouraged to apply for management, training, leadership and research roles such as appraiser, educational supervisor, SAS tutor, clinical director, clinical governance lead, national roles, with appropriate professional development and agreed at their appraisal and incorporated into their job plan.

Ensure effective representation of SAS doctors on committees, for example, clinical advisory, clinical governance, audit, interview panels, directorate meetings and local negotiating meetings.

4.5 Recruitment

SAS doctors should be involved in recruitment for other SAS doctors and other staff. They require appropriate education and training to support this e.g. equality and diversity training, recruitment training.

5 National Resources

5.1 SAS doctor development;

a. BMA

5.2 Information on SAS charters:

a. BMA b. NHS employers

5.3 Information on job planning:

a. BMA b. NHS employers

5.5 Guidance for employers on improving SAS appraisals

a. NHS employers

5.6 Autonomous working

a. BMA b. The Royal College of Ophthalmologists

6 Appendix- Structured Appraisal forms

The Royal College of Ophthalmologists – SAS Doctor Educational Appraisal Form

SAS non Certificate of eligibility for specialist registration

Doctor's Name	
Date (dd/mm/yyyy)	
Educational Supervisor	
Consultant Supervisors	

Discussion and Evidence Review

Any work place-based assessments completed?
Other evidence if not WpBAs of performance and progress e.g. case and clinic log books, lists, letters, job plan?

Multi source feedback completed	**Comments or other evidence communication, teamwork, feedback from colleagues**
Patient feedback completed	**Comments or evidence feedback, response to complaints**

Are there any supervisor reports? Outline details or concerns expressed.

Exam Progress (If applicable)

FRCOph Part 1	Refraction Certificate	FRCOph Part 2 Written	FRCOph Part 2 Oral

Courses attended and other extra-departmental CPD

Leadership Involvement and Reflective Practice
Details of evidence for this year

Personal Development Plan/Educational Objectives – Progress vs last PDP
PDP and last appraisal outcome present? Are there any objectives or advice given included in PDP? What is the progress against them?

Surgical and Procedural Log Book Review	
Is logbook in the following formats	
Procedures organised by subspecialty	
Procedures organised by date	
No of Cataracts performed this year/total	
Has doctor supervised juniors?	
PC Rupture rate: (explore if >2%)	
Plastics	
Retina	
Cornea	
Glaucoma	
Paeds/strab	
Neuro	
Other	

Audit and Service Improvement Activity (including any presentations and documents written)

Is there one audit completed in the past year and evidence assessed as satisfactory?

Has personal cataract audit been completed? 50 consecutive cases with no cases omitted with results (acuity, complications and refractive outcomes tabulated). Both a discussion of results including references to national standards and raw data from logbook must be included in this audit.

Give evidence of any service improvement work.

Give evidence involvement in clinical governance work or any response to incidents

Research Activity (including any presentations and publications)

Is there evidence of any research or publications?
Give references

Involvement in Teaching (including any feedback)

Educational Action Plan / PDP (to be completed at review meeting)

Educational supervisor or appraiser

Signature: **SAS Signature:**

Educational Appraisal Form

Doctor’s Name	
Date (dd/mm/yyyy)	
Educational Supervisor	
Consultant Supervisors	

Discussion and Evidence Review

Cumulative WpBAs: what percentage or specialties* completed?

Other evidence if not WpBAs e.g. case and clinic log books, lists, letters, job plan: what percentage or specialties completed?

Multi source feedback completed	**Comments or other evidence communication, teamwork, feedback from colleagues**

Patient feedback completed	**Comments or evidence feedback, response to complaints**

Are ES and CS Reports all satisfactory? Please specify if concerns expressed

Exam Progress (If applicable)

FRCOph Part 1	**Refraction Certificate**	**FRCOph Part 2 Written**	**FRCOph Part 2 Oral**

Leadership Involvement and Reflective Practice
Details of evidence for this year

Personal Development Plan/Educational Objectives – Progress vs last PDP
PDP and last appraisal outcome present? Are they any objectives or advice given included in PDP?

Surgical and Procedural Log Book Review	
Is logbook in the following formats	
Procedures organised by subspecialty	
Procedures organised by date	
No of Cataracts performed (min350)	
Has doctor supervised juniors?	
PC Rupture rate: (explore if >4%)	
Plastics requirements (min 40	
Retina requirements (min 20 assisted VR)	
Corneal requirements (min assist 6 corneal grafts)	
Glaucoma requirements (min 30 glaucoma procedures including lasers)	
Paeds/strab requirements (min 20 squint procedures, one procedure = one patient no matter how muscles operated on)	
Neuro requirements (are there 2 temporal artery biopsies and 2 eviscerations or enucleations in Eye Logbook)	
Difficult to acquire competencies can have one simulated procedure counted – these are corneal gluing, evisceration/enucleation but not strabismus	

Audit and Service Improvement Activity (including any presentations and documents written)
Is there one audit completed in the past year and evidence assessed as satisfactory? Has personal cataract audit been completed? 50 consecutive cases with no cases omitted with results (acuity, complications and refractive outcomes tabulated). Both a discussion of results including references to national standards and raw data from logbook must be included in this audit. Give evidence of any service improvement work. Give evidence involvement in clinical governance work or any response to incidents

Research Activity (including any presentations and publications)
Is there evidence of any research or publications? Give references

Involvement in Teaching (including any feedback)

Educational Action Plan / PDP (to be completed at review meeting)

Educational supervisor or appraiser

Signature: **SAS Signature:**

*** Subspecialties:**

1. Oculoplastic Adnexal and Lacrimal surgery
2. Corneal and external disease
3. Cataract and refractive surgery
4. Glaucoma
5. Retina, Vitreous and Uvea (including ocular oncology)
6. Neuro-ophthalmology
7. Paediatric ophthalmology and strabismus

** Surgery and procedures
By the end of year 7 the trainee will typically have completed approximately 350 phacoemulsification cataract procedures and have experienced the full range of clinical situations (e.g. white cataract, small pupil) and become competent in managing complications."

"The trainee should also have performed and/or assisted at sufficient numbers of surgical cases in the other surgical sub-speciality areas (oculoplastic, cornea, glaucoma, retina, paediatric and squint). Typically a trainee should have the following surgical experience by the end of OST."

- 40 oculoplastic procedures (excluding ptosis)
- Assisted at 3 ptosis procedures
- 20 squint procedures
- Assisted at 6 corneal transplants
- Performed 30 procedures for glaucoma (including laser)
- Assisted at 20 retinal / vitreoretinal procedures
- Performed 40 retinal laser procedures

Summary of the essential mandatory competencies and clinical experience required in the HST / BST curricula:

1. Oculoplastic Adnexal and Lacrimal surgery

- 20 oculoplastic / adnexal clinics (attended)
- 40 oculoplastic operations (performed)
- 3 ptosis repairs (assisted)
- 10 special radiographs associated with the speciality (interpreted)
- 5 patients with thyroid eye disease (managed)

2. Corneal and external disease

- 20 corneal / external eye disease clinics (attended)
- 6 corneal transplant operations (assisted)
- Managed complications of corneal transplantation

3. Cataract and refractive surgery

- 350 complete cataract operations (performed)
- Personal audit of at least 50 consecutive cataract operations

4. Glaucoma

- 20 glaucoma clinics (attended)
- 30 procedures for glaucoma (surgical or laser, performed)

5. Retina, Vitreous and Uvea (including ocular oncology)

- 40 subspeciality retinal clinics (attended, 20 surgical, 20 medical)
- 40 posterior segment laser treatments (performed)
- 20 retinal operations (assisted)
- 10 uveitis treatments with cytotoxic or immunosuppressive agents (involved in the management)
- 20 Bscan ultrasounds of posterior segment disease (performed)
- 1 day with social worker for visually impaired

6. Neuro-ophthalmology

- 20 neuro-ophthalmology clinics (attended) or having been exposed to an equivalent number of patients

7. Paediatric ophthalmology and strabismus

- 20 paediatric ophthalmology clinics (attended)
- 20 extraocular muscle surgery (performed)
- 10 ROP screening (performed)