



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Newsletter – Issue 1
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**To Heads of School, Training Programme Directors,
Regional Education Advisors and Representatives, College
Tutors, Educational and Clinical Supervisors, all Trainers and
all Ophthalmologists in Training**

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Re: New Ophthalmic Specialist Training (OST) curriculum

The Ophthalmic Specialist Training (OST) curriculum is changing and we wanted to write to you all to give you some background information about the reasons for this and what you might expect over the next couple of years.

Background

Postgraduate training curricula for all medical specialties are changing to accommodate the GMC's [Excellence by Design](#) standards and implement the [Generic Professional Capabilities \(GPCs\)](#) framework. These standards aim to improve the flexibility of training and produce curricula that will better support patient, professional and service need, as set out in the [Shape of Training Report](#).

Practice in ophthalmology has changed over time from mainly general to mainly specialist clinics, with most patients now being seen in a special interest or sub-specialist clinic, resulting in more efficient employment of the multi-professional team, improved productivity and reduced number of patient visits.

The current training pathway has evolved to support this special interest model, with general training in each of the special interest fields and a taster period of more in depth sub-special training for six to twelve months at the end of the training programme (the 'TSC'). There is robust evidence showing that most ophthalmologists currently undertake a period of post-CCT fellowship (usually one or two years) to attain sub-specialist expertise before applying for a consultant post.

Key changes

We have been challenged by the GMC to remove the current need for post-CCT training for almost all ophthalmologists. We propose adjusting the curriculum so that, while the training period is maintained at seven years, the special interest areas are covered during the final 12-18 months of training.

Doctors in training would rotate through all the specialist areas during their general training, as currently occurs, and senior trainees would then choose two or more areas in which to specialise. They would be required to maintain their generalist skills throughout, which would usually include ongoing involvement with the on-call rota.

Learning outcomes and descriptors are being developed to describe the 'Levels' ophthalmologists in training will need to evidence by the end of defined progression points: end of OST2 (Level 1); end of OST3 (Level 2); mid-way of OST6 (Level 3); at completion of training (Level 4).

We propose a model of training where trainees would train up to Level 3 in all the specialist areas to manage acute ophthalmology cases, including trauma, and provide a level of knowledge that would continue to allow a consultant ophthalmologist to deal with a patient with multiple ocular morbidities. Trainees would undertake at least two clinical specialist areas to Level 4. These areas are:

- Oculoplastics and Orbit
- Cornea and Ocular Surface
- Cataract and Refractive Surgery
- Glaucoma
- Uveitis
- Medical Retina
- Vitreo-retina
- Ocular Motility
- Neuro-ophthalmology
- Paediatrics
- Urgent Eye Care
- Community Ophthalmology

We expect a combination of Cataract Surgery and another area would be picked by most trainees. For some trainees it may be possible to combine three areas.

Next steps

We will put in place a full implementation plan to support the move to the proposed new curriculum. This plan involves a phased approach.

We are consulting professional bodies to define content and indicative training times for each of the Level 4 special interest areas.

A working group, composed of Heads of School and TPDs, will be set up to ensure that trainees in all regions can access the special interest training they require, which may on occasion necessitate inter-Deanery transfers for 12-18 months.

We are developing new assessment tools, as well as reviewing existing ones, and will be starting the piloting phase in early 2020.

The new curriculum will be supported by a new e-Portfolio, which the College expects to pilot with a self-selected group of trainees for a full year before full implementation. It is mandated by the GMC that all doctors in training must transfer to the latest version of the curriculum within two years of implementation, unless they are in their final year of training.

The College anticipates that the 2010 (2016) OST curriculum will remain in effect until August 2022.

Please keep an eye on future newsletters to keep abreast of key developments.

Yours Sincerely,



Miss Fiona Spencer FRCS (Glas) FRCOphth
Chair – Training Committee



Miss Fiona Bishop FRCOphth
Chair – Curriculum Sub-committee