OPHTHALMOLOGY LOCAL TRAINING (OLT) PROGRAMME

Introduction

It has been acknowledged that the demand for ophthalmic services has risen approximately 4% per year over the last 10 years and is predicted to continue to do so over the next 20 years, mainly due to an aging and increasingly diabetic population and new therapies for common chronic eye diseases which require repeated attendance for monitoring and treatment.

There are ongoing severe capacity issues in ophthalmic services resulting in delays to care and visual harm for patients and a shortfall in medical manpower with many consultant and SAS posts unfilled. The RCOphth 2018 Census demonstrates 170 unfilled consultant posts, and another 230 on top of that needed in the next 2 years. It also shows 85% of units have difficulty filling SAS posts.

Despite progress in developing innovative models of care through the use of the non-medical workforce in primary, community and secondary care settings and increasing virtual and other technological solutions, the College believes that an expansion of medical posts including at consultant level will be crucial to a safe, sustainable ophthalmic service in the longer term. Despite an oversubscription to current ophthalmology training posts and an ability to provide more training, Health Education England IHEE) is currently unable to support more numbered Deanery training posts for the foreseeable future due to funding issues. HEE has previously suggested the College should explore an alternative training route to expand the Certificate of Eligibility for Specialist Registration (CESR) route to fill this training gap.

The Colleges proposal

The College proposes to encourage trusts and hospital eye units to develop non-numbered training posts for trust-appointed specialty ophthalmologist doctors, (staff grade, associate specialist and specialty doctors referred to as “SAS doctors”) to work and train in a structured and formally supported way to achieve CESR.

This should not only attract applicants to difficult-to-fill SAS posts but also provide a stream of well-trained candidates who can apply for CESR in the expectation that they are likely to be successful, thereby reducing the burden on CESR assessors and expanding the consultant workforce. For those who are not successful, this will provide a more comprehensively trained SAS doctor cohort and place these doctors in an excellent position to apply for the new Associate Specialist positions which are expected to reopen in the future.

Differences from Ophthalmic Specialist Training (OST) will include:

Local Appointment processes with the Trust funding full salary, without any Deanery contribution

- Potential for renewable employment contracts based on progress
- Local Assessment Panel to be run similar to the Annual Review of Competency Progression (ARCP) process
- Local CESR training lead to oversee
- Links can be made with other units for a rotation or placements to gain hard to obtain experience
- A significant part of the portfolio of evidence will be not via the e-portfolio until such time as that is updated i.e. it will be on paper
- No academic training route
- Potentially limited Out of Programme Experience (OOPE) possibilities

Purpose

Eye departments are developing local initiatives to secure the staff they need, and we are aware of an emerging training path for doctors with varying levels of experience to train in ophthalmology.

The aim of the programme is to prepare trainees to apply for the Certificate of Eligibility for Specialist Registration (CESR) which confers eligibility to hold consultant posts. The training mirrors the traditional Ophthalmic Specialist Training (OST) programme which is the main route to becoming a consultant. However, the funding, administration and end qualification are different.

The College is considering ways to support the ophthalmic workforce as part of its work addressing hospital eye service capacity issues.

Existing schemes

The College has explored existing schemes which are delivering such a route. Departments such as Southampton, Liverpool and Frimley Park already run successful schemes and the proposal is based upon learning from their success.

Documentation

The College will provide:
Standards which units should then self-certify
A guidance document
Access to work-place based assessments on the e-portfolio, and from 2023 full access to the new e-portfolio.

Support

Regional Education Advisers are currently working to create Regional Teams and as part of that team there will be a Regional CESR/OLT Lead.

Units will have an OLT Lead who will become a CESR Assessor and will take part in College assessments. Training and support will be provided for this part of the role. This post will be known as the OLT Lead/Tutor.

Job descriptions for the OLT Lead and regional CESR Lead are now available. It is possible in some regions for one individual to undertake both roles.

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Chair – Training Committee

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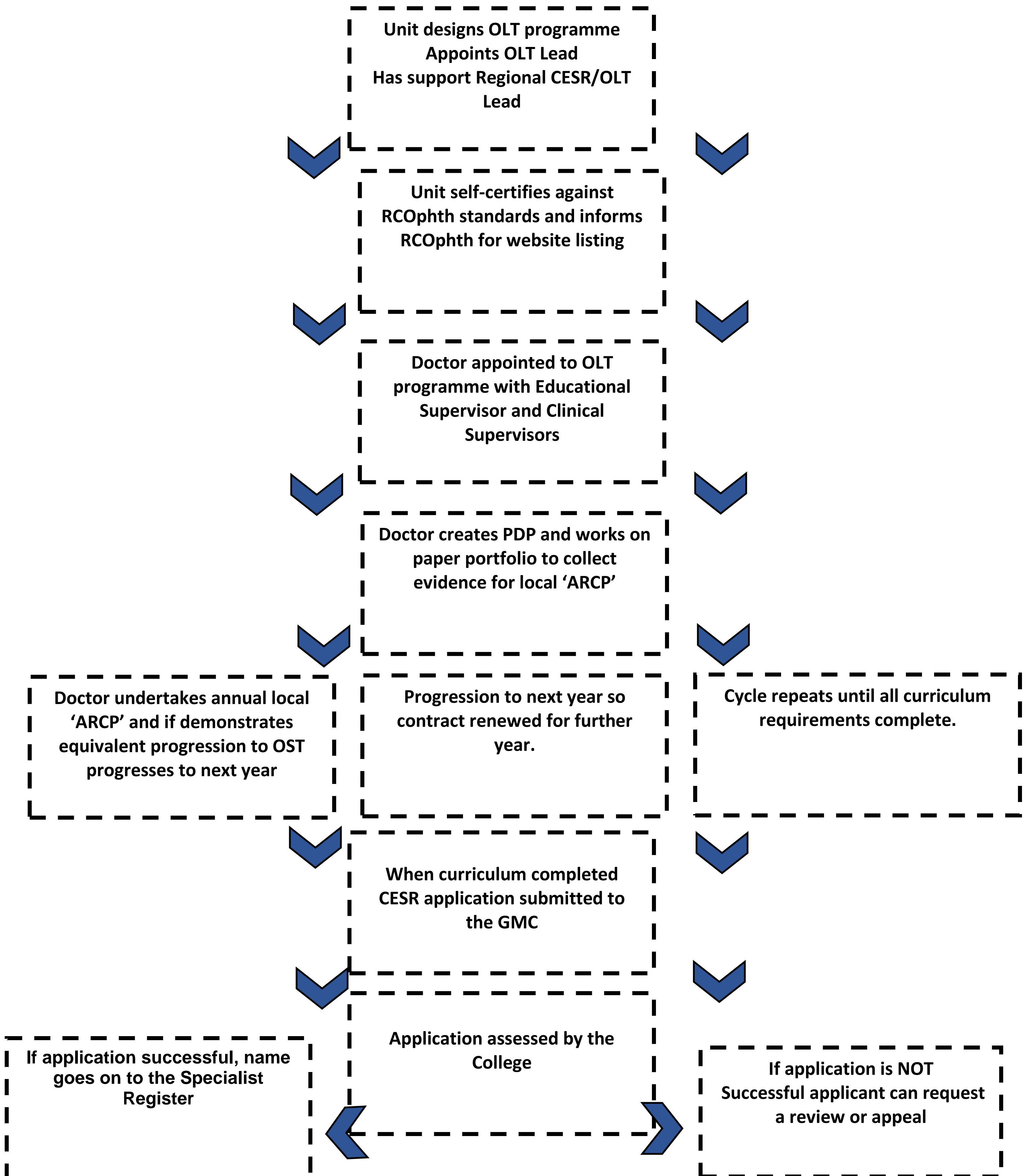
June 2020

Ophthalmology Local Training (OLT) Programme
Flow chart of process for OLT



Case Study

Southampton started their CESR training scheme in 2014 in response to persistent gaps in their service rotas. The Trust agreed it would be more economical to fund the training programme than continue paying for locums. They diverted funds from Locum Appointment for Service (LAS) and fellow posts. They named the new posts CESR Training Fellows.

The Trust agreed that CESR trainees should be offered the same timetable as OST trainees to encourage quality applicants.

The department has four posts, with holders at different stages. The most senior trainee has been in place for the 4 years and may apply for CESR in one year; after a total of five years. The newest trainee has been in post for 1 year. Two of the original trainees left, one to take up run through training ST3 and one was appointed to an Academic Clinical Fellowship (ACF).

Recruitment is carried out locally by a panel including a dedicated CESR lead, Educational Supervisors (ES) and trainers. When recruiting they look for a good portfolio with evidence of extra work, not just clinical, commitment to ophthalmology and motivation to achieve the CESR.

Timetables are exactly the same for OST and CESR trainees, except CESR trainees rotate through all specialties in-house rather than externally. This means they see more complex patients and benefit from continuity for audit and research. They also feel their supervisors know them better. The CESR trainees are seen as the mainstay of the department at changeover times and help buddy new trainees to Southampton.

They include a trainee-selected component (TSC) in the final year of training, as deanery trainees do.

Candidates have varied backgrounds and levels of experience. They were happy to take those without experience of ophthalmology and currently have one trainee who had no previous experience. The trainee with most experience had 5 years in Jerusalem, which he feels equates to 2-3 years UK training. Another was appointable to OST but was not offered a post and completed a Fellowship in ophthalmology before beginning CESR training. To date most have been from overseas, with one UK graduate.

Supervision and annual assessment of progression

CESR trainees have supervision and appraisals that mirror the OST model. They have Educational Supervisor (ES) and are supported by the CESR lead. There is a points system for generic professional capabilities which both OST and CESR trainees use and are assessed annually on.

CESR trainees agree annual personal development plans (PDP) with the ES and CESR lead. They have educational contracts which make it clear that it is their responsibility to ensure they complete the necessary competencies and gather evidence for their CESR application.

They have annual appraisals at the end of each year which mirror the annual assessment of progression (ARCP) OST trainees undertake, where a panel signs off the competencies acquired. Huge amounts of paperwork documenting each trainee's achievements have to be reviewed. It is very laborious as there is no deanery admin support to help with process and they cannot review the e-portfolio in the same way as OST trainees with the current format of the e-portfolio. It only works because of the efforts of the team.

CESR trainees also have to complete annual Trust employee appraisals, which requires further paperwork.

Trainees in difficulty
The department were clearly committed to support and manage any trainee with performance issues in the same way that they would manage an OST trainee in this position.

Programme enablers
They receive support from an excellent Operational services manager who understands the ethos and point of these roles. They make sure all rotas work, including appropriate theatre experience. Management support was critical to the programme's success as they ensure training is protected and trainees are not just required to deliver service. For example, they cancel operating lists if a trainee is not ready or needs a day off after being on call. The department found it critical having enough decision makers who understand education and the long-term benefits of training.

Deanery reaction
The deanery were initially concerned that CESR trainees were taking opportunities from deanery trainees. However improved morale and reduced sickness helped convince them of worth. Trainees study together and take exams together – which the CESR trainees have all passed so far. They work together in department and support each other and are cohesive, even 'militant', about areas to change together.

CESR trainees feel advantaged over deanery trainees being in teaching hospital throughout training. However many deanery trainees like rotating out of the teaching hospital so both groups seem to be happy.

Trainees realise renewal of their contract depends on their performance so they are very motivated. Having CESR-holding consultants as role models has helped address any

stigma. Evidence gathering burden is the main difference and sticking point. Otherwise CESR and OST trainees are seen as the same by trainers and trainees.

Training capacity

The department feels they can provide good quality training for 4 posts, so intend to stay with this number. However, there is an increasing demand, last year they had 26 applicants for one post. They anticipate that trainees may stay with them for 7 years and are open to appointing at the equivalent of ST1.

They feel the capacity to train is limited by availability of quality training and teaching opportunities, not just in surgery, since posts are designed to be the same as deanery posts, not just for service. Therefore they do not consider that a non-surgical OST path would allow them to train more CESR trainees.

The administration required to manage annual review of competence progression (ARCP) is a significant limitation as the paperwork is burdensome.

Benefits

The Trust saved £420,000 in locums in 1 year. Additionally, overall happiness, morale and sickness rate improved among all trainees.

The department feels the CESR trainees produce quality work and have 'upped the game' for the whole unit. Because they know that CESR training is not guaranteed and it is up to them to collect evidence, they are very motivated and have fantastic portfolios for their time in training. There was some perception before that a national training number (NTN) held greater value and so lost applicants to undertake this. Others now express feeling they do not perceive their training as a lesser path and are committed to staying in post until they gain CESR.

Future

Southampton believe this programme can be replicated elsewhere. They also believe the programme could eventually develop to regional rotations, although the funding would be more complicated.

They feel that the programme would be improved if the e-portfolio was usable fully including RAG and being able to use the ARCP page for internal assessment at the end of year. They would like GMC recognition to support this.

They would like the RCOphth to set standards as to what posts should be like, including paid time for ES and CESR lead. RCOphth standards, recognition and support for the programme would strengthen the case for CESR training with Trust management to make sure it continues to be funded.

The scheme is going well and both Trust Trainees and OST Trainees feed-back positively and think it is working well with good cohesion between the two types of trainee. Trainers treat the two sets of trainees equally and feel the Trust Trainees are extremely motivated partly as their contract renewal depends on performance. Southampton report that prior to this scheme they had poor success with applicants for SAS posts whereas now they have many applicants and the trust saved £486,000 on locums in 2 years. Additionally, overall happiness, morale and sickness rate improved among all trainees e.g. the sickness days for OST and senior 'fellows' was 95 in 2014 and fell by 52% to 46 in 2015. On-call frequency for trainees went reduced from 1 in 6 to 1 in 8.