

FAQs

Below is a list of questions that have already been raised in relation to the new curriculum.

We will add to these as more are raised.

Some of the descriptors in the Level 1 Patient Management syllabi will be achieved in the first few months of ST1 – why are they not required until the end of ST2?

We expect that many trainees will achieve descriptors and, in some cases, entire Learning Outcomes in Level 1 ahead of the indicative time. Some training units may choose to use the first Learning Outcomes of Level 1 Patient Management to assess whether trainees are ready to be first on-call early in their training.

However, it may take a little longer to be signed off as competent at all of the Learning Outcomes necessary to manage a low complexity ophthalmology patient, including demonstrating underlying knowledge of basic and clinical science (evidenced by the Part 1 examination) and initiating management plan. The end of ST2 is simply the latest point at which entrustment in all of the Level 1 Learning Outcomes must be demonstrated to allow continuation on the training pathway. Where any capability is demonstrated earlier, trainees should start working towards achieving entrustment at the Learning Outcomes in the next level.

Surgical capabilities don't appear to be assessed until Level 3, will this mean that surgical training will not be delivered until that stage?

No, surgical training will continue to be delivered from ST1 onwards, augmented with training in simulated environments.

The curriculum defines the Level of training by which the ophthalmologist must be able to perform the described Learning Outcome independently. Therefore while it is true the Level 3 Learning Outcomes (including surgical capabilities) do not need to be evidenced as competent at an 'independent' level until the end of Level 3 (Year 5 ½ of training) the 'Entrustable Professional Activity' summative assessment tools will ensure that surgical capability is being assessed throughout. They will assess the level of entrustment as 'observing', 'under direct supervision' or 'indirect supervision' at the earlier stages of training, and this will be reviewed in the Educational Supervisor Report and by the ARCP panel.

When trainees are working in a Special Interest Area (SIA) and have achieved the Level 3 surgical capabilities, training can immediately proceed to develop the skill for the Level 4 capabilities, which will initially be at the 'direct supervision' level.

How can we cover 12 different special interest areas in the first 5 ½ years of training at 3 different levels?

The Level 1 and Level 2 capabilities are achievable in a general ophthalmology environment: general clinics, urgent eye care and on-call ophthalmology will all be excellent environments to achieve these. Training Programme Directors (TPDs) will

need to ensure that posts can deliver the curriculum and this is likely to need a change in programme organisation.

Competence in Level 3 capabilities will require exposure to SIA clinics and theatre lists. There is some overlap between the syllabi in some of the SIAs. Again, TPDs will be reviewing their programmes to ensure the curriculum is delivered. For example, two special interest areas may be covered in the same 6-month post.

The indicative times for Level 4 training varies between the special interest areas. How did you arrive at these?

Professional bodies (e.g. BEAVRS, BIPOSA etc.) were consulted about the amount of time likely to be required for trainees to be entrusted to undertake the activities described in the Level 4 Learning Outcomes independently. Those that are more surgically based, and/or where experience of the specialist surgery is likely to have been limited before entering Level 4 training, are longer.

Could I do more than 2 level 4 special interest areas in the patient management domain?

All trainees are required to complete two Level 4 SIAs. For most trainees we expect they will achieve Level 4 in Cataract Surgery by the mid-point of ST6, as well as Level 3 in all Special Interest Area. It will be most usual to spend the remaining training time undertaking a 9, 12 or 18-month Level 4 SIA. It is possible to complete two further Level 4 SIAs. For example, trainees that have completed all Level 3 Learning Outcomes by mid ST6 could use their final 18 months of allowed training to complete Level 4 training in both Urgent Eye Care and Community Ophthalmology. However, training could not be extended beyond the 7 year training envelope to undertake additional longer SIAs. Educational Supervisors and TPDs will advise you about your selection.

You have stated that part of the aim of the new curriculum is to provide SIA training and avoid the need for post-CCT fellowships, but in my SIA it is unlikely I will be ready for a consultant post after 18 months of Level 4 training.

The professional bodies have advised us that the curriculum content stated for Level 4 is deliverable within the indicative times given. This will ensure that trainees can perform the core special interest procedures independently in the Level 4 areas they have selected.

You will notice that in some of the SIAs e.g. Vitreoretinal surgery and Cornea and Ocular Surface Disease, the Level 4 curriculum does not cover the full complexity of surgical procedures performed by specialist consultants. In some cases trainees will still choose to proceed to a post-CCT fellowship in these SIAs to gain these additional skills.

In many of the SIAs, however, ophthalmologists with a CCT will be equipped to move straight into a consultant post.

What would happen if I only completed Level 4 training in one Patient Management domain?

Completion of Level 4 training in all of the generic domains and at least two of the Patient Management domains is a requirement for CCT. If you had only completed one Level 4 Patient Management domain by the end of the seven years of training you would be awarded an Outcome 3 ('inadequate progress') to extend your training time to allow you to complete your second SIA. In reality this situation would have been picked up by you, your trainers and your TPD before you reached the end of ST7. If you are unable to achieve the necessary competence in at least two Level 4 Patient Management domains, you would not be awarded a CCT.

If I have not completed Level 4 Cataract Surgery does this mean I will be unable to perform cataract surgery as a consultant?

Having successfully completed the training programme you will hold a CCT which allows you to apply for consultant posts. Your consultant employer will include in their selection procedure a person specification for the post. The RCOphth will advise that Level 4 competence in Cataract Surgery is the minimum standard for a consultant practicing in this area.

I am in an Academic training programme, will I get additional time to complete my Level 4 training if I am also undertaking clinical research time?

Most ophthalmic academic trainees will transition from Level 3 to 4 during their post-doctoral periods e.g. as NIHR Clinical Lecturers (CLs) or during their personal post-doctoral training fellowships. Completion of training is competency (not time) based, so having time protected for academic training (e.g. 50% clinical : 50% research) should not affect the CCT date provided the required clinical competencies are met.

However, ophthalmology is a craft specialty, with trainees required to undertake certain procedures on a number of occasions to become competent to perform the procedure independently, and clinical training may take longer, for example if the recommended minimum two operating lists per week for academic trainees is not provided.

NIHR CL posts are for a maximum of four years or until CCT is reached. The GMC has agreed with NIHR that 'setting a target CCT date is best determined flexibly, and tailored to the needs of the individual trainee.' The target date for CCT for NIHR CLs should be determined at the first annual ARCP following the award of a CL and following assessment of the initial progress in post. The same process would be appropriate for those on personal post-doctoral fellowships.

Once this has been set, the CCT date can be extended further through the use of an ARCP Outcome 3. This may prove particularly important once trainees progress to Level 4, if it becomes apparent that competencies may not be met on a timetable of 50% clinical work. The RCOphth endorses the NIHR's view that 'if there is a need to

extend clinical training this should not be regarded as a failure', but rather necessary to achieve the outcome of simultaneously completing specialist clinical training and academic training.

Will the assessments I have completed in the old curriculum 'count' towards the new curriculum?

Yes. We are developing mapping tools, so the competencies you have demonstrated in the current curriculum do not need to be repeated and you will be able to see as soon as you transfer to the new curriculum where any 'training gaps' exist, so your continuing training can be properly planned. You will not be required to repeat things that have already been assessed as competent.

Will everybody need to transfer to the new curriculum?

The new curriculum will be introduced in 2024 and all trainees from ST1-5 will transfer to the new system. Those in ST7 will need to stay on the current curriculum but there will be flexibility for those in ST6 to decide with their Educational Supervisor and TPD which curriculum will benefit their training most. For example, those that have been on Out of Programme (OOP), and are returning to training after the new curriculum has been introduced, may need to stay on the current curriculum.

I will be out of programme when the new curriculum is introduced in 2024, when I return to ST6 training 2 years later will I be required to transfer to the new curriculum?

GMC guidance previously required all doctors to transition to new curricula within two years of approval. However, in May 2021 they issued a statement allowing greater flexibility where a two-year transition would be at odds with the interests of patient safety and educational quality. We therefore hope to allow trainees returning to ST6 or 7 after a period OOP the same choices about staying on the current curriculum or changing to the new one, as those in the training programme in 2024. We will confirm this following approval of our proposal by the GMC.