

# LEVEL 4 GUIDANCE

## Introduction

This document provides guidance to educational teams and resident doctors on the implementation of Level 4 ophthalmology training in accordance with the role of the College, which is to define curriculum requirements. It is worth noting that (a) the management of Level 4 training timetables is a Deanery matter to be discussed with Postgraduate Deans, and (b) while Deaneries are supposed to offer Level 4 posts, they do not have to guarantee resident choice.

This document was developed with some input from specialist societies in the following Special Interest Areas (SIAs):

- Vitreoretinal Surgery – British and Eire Association of Vitreoretinal Surgeons (BEAVRS)
- Urgent Eye Care – British Emergency Eye Care Society (BEECS)
- Paediatric Ophthalmology – British and Irish Paediatric Ophthalmology and Strabismus Association (BIPOSA)

## The structure of the training programme

1. Most resident doctors will complete Level 1 and 2 training by the end of the OST2 year and Level 3 training by mid-way of the OST6 year in all twelve SIAs of the Patient Management domain, as well as the six Generic Domains. The last 12 to 18 months of training will be dedicated to Level 4 in two SIAs.
2. Level 3 competences in all seven domains must be achieved before a resident doctor can move to Level 4 training, notwithstanding that ePortfolio evidence may be collected ahead of time. Level 4 Cataract Surgery competence is required before undertaking the three surgically based SIAs marked below with an asterisk.
  - Oculoplastics and Orbit
  - Cornea and Ocular Surface Disease\*
  - Cataract Surgery
  - Glaucoma\*
  - Uveitis
  - Medical Retina
  - Vitreoretinal Surgery\*
  - Ocular Motility
  - Neuro-ophthalmology
  - Paediatric Ophthalmology
  - Urgent Eye Care

- Community Ophthalmology
3. The indicative times for Level 4 training are listed below:
- Up to 18 months – Oculoplastics and Orbit, Cornea and Ocular Surface Disease, Glaucoma, Vitreoretinal Surgery
  - 12-18 months – Uveitis, Medical Retina, Ocular Motility, Neuro-ophthalmology, Paediatric Ophthalmology
  - 6-12 months – Cataract Surgery, Urgent Eye Care, Community Ophthalmology, which could be integrated longitudinally across the entire training programme

## Selection into Level 4 SIA training

4. Resident doctors may progress to Level 4 only after achieving all Level 3 competencies and successfully passing the Part 2 FRCOphth Oral. Guiding principles have been established to support Training Programme Directors (TPDs) in developing fair and consistent processes for allocating Level 4 SIA training places. These principles ensure that posts are offered to candidates who not only meet the essential eligibility criteria but are also most likely to benefit from the training experience. In cases where more than one resident doctor applies for the same SIA post, these guidelines provide a framework for Heads of School (HoSs) and TPDs to implement a transparent selection process that maintains the confidence of both supervisors and resident doctors. **Appendix 1** further below is a sample scoring sheet for SIA selection.

PRINCIPLE	RATIONALE
<b>In most instances, it should be possible to offer the Level 4 placement of choice to residents, in their own programme, without competition.</b>	Many programmes have fewer than 40 residents, meaning that in most cases approximately 5 to 6 will progress to Level 4 SIA training each year. It is expected that training opportunities in Medical Retina, Glaucoma, Cornea & Ocular Surface, Oculoplastics and Vitreoretinal Surgery will be available within every Deanery.
<b>The local clinical supervisors providing the training must have a major say in any appointments. They should propose desirable criteria, subject to the approval of the HoSs/TPD.</b>	Indicative SIA training periods range from 6 to 18 months, during which senior residents assume increasing responsibility in the latter stages of Level 4 training. It is essential that clinical supervisors are confident in each resident's aptitude and suitability for their chosen SIA. HoSs and TPDs are advised to identify Level 4 training opportunities in conjunction with the clinical supervisors who will deliver them. Clinical supervisors should develop a list of desirable attributes for residents applying to their SIA. These may include

	<p>prior experience in the specialty, evidence of commitment through research or quality improvement projects, teaching experience, or other relevant criteria. The selection criteria and scoring system should be transparent, as generic as possible, and accessible to all residents within the programme. They should also be measurable using evidence from the ePortfolio. This approach facilitates consistent assessment and ensures that, if a resident is unsuccessful in obtaining their first-choice SIA, their portfolio remains competitive for alternative options. The scoring sheet (<b>Appendix 1</b>) may be adapted to meet local requirements.</p> <p>The primary role of the HoS and TPD is to ensure that the proposed criteria and scoring system are aligned with <a href="#">Curriculum 2024</a>, can be objectively verified through the ePortfolio, and do not unfairly disadvantage any individual resident or group of residents.</p>
<p><b>If there is competition, posts must be awarded transparently, according to agreed criteria, and respecting principles of diversity, equality, and inclusion.</b></p>	<p>For all parties to have confidence in the process, it must demonstrate high standards of transparency, fairness, and reproducibility. This requires a robust, evidence-based approach grounded in ePortfolio documentation, ensuring that decisions can be clearly justified and upheld should a resident challenge their exclusion from a preferred SIA.</p>
<p><b>The selection must be based on a review of ePortfolio evidence, as opposed to interviews, exams or another test of competency.</b></p>	<p>Ophthalmology is a run-through specialty; therefore, no additional interviews or tests may be conducted to select residents for Level 4 training. It is recognised that some desirable skills – such as the ability to deal with uncertainty or to communicate complex information to patients appropriately – might be more readily assessed through interviews or communication evaluations. However, these methods cannot form part of the selection process. All candidates will already have demonstrated Level 3 competence in these skills, which will be documented in the GSAT.</p>

	It is recommended that, even when there is no competition for available posts, ePortfolio evidence should still be assessed against the agreed list of desirable criteria. This approach reduces the risk of an inappropriate appointment and enables targeted training to be arranged before the resident commences Level 4 training.
<b>The role of HoSs/TPDs should be to act as a referee or umpire, to ensure that any selection process is fair, transparent and equitable.</b>	As TPDs will not typically possess Level 4 expertise across all SIA programmes, it is recommended that their primary role should be to ensure an accessible and comprehensive list of desirable criteria is produced by the clinical supervisors. These criteria must be equitable, fair, and relevant, and capable of being assessed through the ePortfolio. TPDs should not normally take part directly in the selection process, except where they are personally involved in delivering Level 4 training within a specific SIA.
<b>There must be no discrimination against LTFT resident doctors in the selection process. The same transparent selection method – including an application form and scoring system – must be used for all applicants.</b>	Where an LTFT resident doctor is selected for a Level 4 SIA, their timetable or hospital placements may differ from full-time equivalents. Ad hoc timetable arrangements should be discussed with the Postgraduate Dean. TPDs should ask resident doctors to declare their preferred working percentage as early as possible. OOPT is not an appropriate mechanism for expanding Level 4 opportunities for LTFT resident doctors.

## Standards for Advanced (Level 4) training

5. All resident doctors must complete Level 4 training in at least two SIAs.
6. Both the clinical supervisor and the resident doctor must be satisfied that, upon completion, the level achieved corresponds to that of an independent consultant within the respective SIA. If this level of competence is not attained, further training – through an extension of training – will be required before an application for the Certificate of Completion of Training (CCT) can be made.
7. All Level 4 timetables must provide resident doctors with sufficient opportunities to achieve the competencies required for independent consultant practice in their chosen SIAs. The expected learning outcomes are detailed within the relevant [syllabi](#).

Where certain elements of training cannot be delivered within a single trust or health board, local arrangements should be made to ensure residents are able to complete all required components. As not all units will be able to offer training in every SIA, it is essential that TPDs maintain an up-to-date understanding of which units can deliver Level 4 training and which combinations of SIAs can be supported within their region.

8. Each Level 4 timetable should include theatre sessions, specialist clinics, and RSTAC (Research, Study, Teaching, Audit, and Curriculum) sessions. Resident doctors are expected to teach junior colleagues in both clinics and theatres, and to participate actively in service development and management.

## Development of timetables

9. Regions need to identify which SIAs they can deliver Level 4 training in for resident doctors to decide what SIA they can do in each region. Each region must identify the SIAs in which it can deliver Level 4 training, enabling resident doctors to make informed decisions about which SIAs are available within their area.
10. Suitable timetables need to be generated to afford resident doctors the opportunity to train to completion in two Level 4 SIAs in the last 12 to 18 months of training. Resident doctors should identify, as early as possible during Level 3 training, the two SIAs they intend to complete during the final 12 to 18 months of their programme. Suitable timetables must then be developed to provide residents with the opportunity to achieve full competence in both SIAs within this period.
11. All Level 4 timetables must include two weekly RSTAC sessions in addition to the standard postgraduate teaching requirement. Out-of-hours and acute service commitments should be appropriate for Level 4 training and agreed locally.
12. Multiple SIA combinations are possible; each resident should work closely with their TPD and College Tutor to establish a feasible timetable. The choice of SIA combinations will depend on regional logistics and the practicalities of timetable design. Residents may not request or expect unrestricted combinations of SIAs – all final decisions must be made in consultation with the TPD.
13. Example timetable for Ocular Motility and Cataract Surgery.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	Complex cataract pre/post op- clinic	RSTAC	Ocular Motility theatre	Ocular Motility clinic	Teaching
<b>PM</b>	Cataract list	Ocular Motility clinic	Ocular Motility theatre	RSTAC	Extraocular muscle Botox session

## FAQs on SIA selection

**If two resident doctors wish to do the same SIA, and there is capacity to train more than one resident, can an additional Level 4 training post be created?**

This is entirely a matter for the local HoS/TPD. Having two residents doing the same SIA may create difficulties for other SIAs, which will be relatively understaffed. To achieve all the competencies, it might be necessary to extend the training for one, or both, residents. The total number of Level 4 posts in any SIA is not fixed by the College or the GMC, so the TPD is permitted to create an additional post.

**Two resident doctors in successive years wish to do the Glaucoma SIA. As this lasts 18 months, do they have to compete for it?**

The best solution is for the two residents to overlap. Alternatively, the second resident could start their Level 4 training six months later and extend their training by six months. Another option is to utilise training opportunities in peripheral or district general hospitals, which may be able to create a six-month timetable for a Level 4 SIA.

**Only one resident doctor has applied for a Vitreoretinal Surgery Level 4 SIA, but the trainers do not want to take him/her as they do not believe he/she has the required surgical skills. Can they refuse to train the resident?**

Yes, but this should only happen in very exceptional circumstances. This situation should have been prevented by good career guidance and educational supervision during the preceding five years. The reasons for refusing a resident's choice must be clear and verifiable.

**Two resident doctors want to do Cornea and Ocular Surface, but there is only one Level 4 post in this SIA in the same Deanery. There is a vacant Level 4 Cornea and Ocular Surface post in an adjacent Deanery. Can one of our residents apply for this?**

The only certain way to do this would be an Inter-Deanery Transfer (criterion 5 page 8), which is a lengthy process and not recommended to pursue training opportunities. To afford residents this option, SIA selection would need to be completed up to one year in advance before the start date of the Level 4 SIA post, which might not be practical in some Deaneries.

## Appendix 1 – sample scoring sheet for SIA selection

	Activity	Points	No.	Notes
<b>1</b>	<b>Higher degrees in relevant specialty</b>			
a	PhD	3		
b	MD	3		
c	MSc	1		
<b>2</b>	<b>Special Interest Area (SIA) meetings</b>			Points given for every presentation
a	Oral presentation at international meeting	4		
b	Poster presentation at international meeting	3		
c	Oral presentation at national meeting	3		
d	Poster presentation at national meeting	2		
e	Oral presentation at regional meeting	2		
f	Poster presentation at regional meeting	1		
g	Attendance at special interest area meetings	1		Only if relevant to the SIA – i.e. attending BEAVRS meetings does not afford points for an oculoplastic SIA
<b>3</b>	<b>Organisation of SIA meeting</b>			
a	National	4		
b	Regional	3		
c	Local	2		
<b>4</b>	<b>Publication in SIA journal, or subspecialty article in general journal (Eye, BJO etc)</b>			Points given for every publication
a	Paper – first named author	4		
b	Paper – authorship in first 3 named authors	3		
c	Review/invited article	3		
d	Book chapter	3		
e	Case report	2		
f	Contribution of data to national study groups	1		
<b>5</b>	<b>Audit/quality improvement within SIA</b>			Points for every audit
a	Audit/QI lead with demonstrable change in practice – published	4		
b	Audit/QI lead with demonstrable change in practice – presented	3		
c	Audit/QI lead with no demonstrable change in practice – presented			
d	Involvement in audit	2		
<b>6</b>	<b>Simulation</b>			
a	Completion of relevant simulation module/course, with documented acceptable outcomes	3		
b	Personal use of simulation to enhance relevant surgical skills	1		
<b>7</b>	<b>Teaching (must have feedback to demonstrate effective teaching/training)</b>			Points given for experience/expertise in teaching, not for every instance

	Activity	Points	No.	Notes
a	Delivery of SIA teaching sessions	3		
b	Authorship of relevant e-learning module	3		
c	Supervision of junior residents in surgery	3		
d	Delivery of dry/wet lab to peers	2		
e	Formal teaching of medical students/AHP/other medical staff	2		
f	Attendance at TTT course	1		
g	Teaching qualification (e.g. certificate, diploma, MSc)	3		
<b>8</b>	<b>Other (indicating knowledge of, and commitment to, the SIA)</b>			
a	Attendance at SIA clinics/theatre lists over and above timetable requirements			
b	Attendance at SIA teaching sessions			
c	Any other activity demonstrating commitment			