The ROYAL COLLEGE of OPHTHALMOLOGISTS

National Recruitment

Survey Results Report on potential changes in Recruitment in Ophthalmology

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Contents

1 Executive Summary

- The need to review the recruitment process since it was introduced in 2012 in light of the changes to the curriculum and the efficiency of running two recruitment processes.
- To introduce greater flexibility for trainees in Ophthalmology for a “step on” and ”step off” programme.
- To understand why some regions have more ST3 posts than ST1 posts.
- A more flexible approach to recruitment where trainees can still apply at a later stage than ST1 and have a gap analysis of their skills would fit with the national agenda.
- The comments, that are reiterated throughout the survey, highlight the importance of flexibility, in line with the GMC and Academy of Medical Royal Colleges (AoMRC) agenda, along with the introduction of a new curriculum to incorporate and highlight the Professional Capabilities Framework.

2 Background and objectives

Since 2012 recruitment to the ophthalmology training programme has been undertaken on a national level. Up until the 2018 recruitment round, recruitment for ST1 has taken place in February and for ST3 in April.

Currently ST1 recruitment is highly successfully undertaken with Health Education South West. It has continued to be reviewed annually and improvements are continually being made. Specialty Recruitment Assessments (SRAs) have replaced short-listing and interviews are offered to the great majority of applicants. Ophthalmology remains extremely popular, despite the fall in applications from foundation doctors to all forms of further training, which has reached a record low of only 50%. The competition ratio for ST1 has been between 4-5:1 over the last few years.

An appointable score is set beforehand, which ensures any candidate has scored well to reach this level. Usually nearly double the number of candidates, compared with the number of posts, reach this appointable level. The successful candidates are considered to have demonstrated that they have a high level of potential skill and commitment to the specialty.

In contrast, ST3 recruitment is undertaken by a much smaller team of interviewers for approximately 13 posts and 1 LAT per year. There has been a significant under-fill in some years.

ST3 applicants do not generally score as highly as ST1 applicants, posts are under-filled and the competition ratio is lower.

Some regions have more posts at ST3 level, rather than ST1. It was hoped the consultation will help us understand why this occurs. It is possible that some regions find it harder to identify empty posts to appoint to by the time of national recruitment for ST1. Alternatively, they may wish to give different training opportunities. The regions that recruit the most to ST3 were not aware of this variability.

National recruitment at ST3 level for 2019 was paused in order for us to consult on the future of recruitment in Ophthalmology. This consultation was to gather feedback on key aspects:

- Should there be recruitment at stages other than ST1?
- If so, at what stages should trainees be able to enter formal ophthalmology training programmes?
- And should recruitment for all stages be held at the same time?

In its continuing attempt to be open and transparent and seek the views of the membership and not just a small group of College members, the UK membership of the College was approached as many individuals are involved in the process from the trainees applying to the trainers and the College wished to seek the opinions of all relevant parties.

The aim of the consultation was to clarify whether there is an appetite to change the way recruitment has been run over the last seven years.

The findings of the consultation have been analysed and review with the Curriculum and Training Committee undertaken to achieve a consensus.

Beforehand we felt that a more flexible approach to recruitment where trainees can still apply at a later stage than ST1 and have a gap analysis of their skills would fit with the national agenda for flexibility. This would still allow applicants with more experience the opportunity to enter formal training.

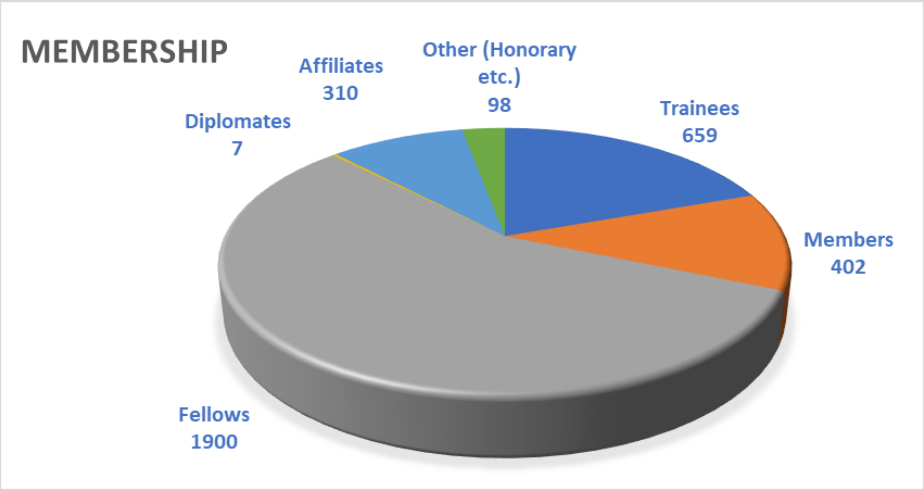
We considered if we retain recruitment at a higher level than ST1, whether this should remain a separate process. Alternatively, it could be incorporated into the main recruitment process to allow scoring of all candidates against the same criteria, e.g. communication skills, critical analysis; yet facilitate the addition of more stage-appropriate probing questions on the clinical scenarios. This should ensure the same competition ratios and cost per candidate. Interviewer bias would be reduced by using the same overall team.

3 Methodology

The College in its wish to be open and transparent and to seek the views from as many members as possible opened the survey to all UK members.

The survey method used was an online survey. Five questions were created and the survey was sent out to the entire UK membership. This survey was sent to 3376 members. The recipients of the survey were asked to answer these questions and provide feedback.

They consisted of the following:



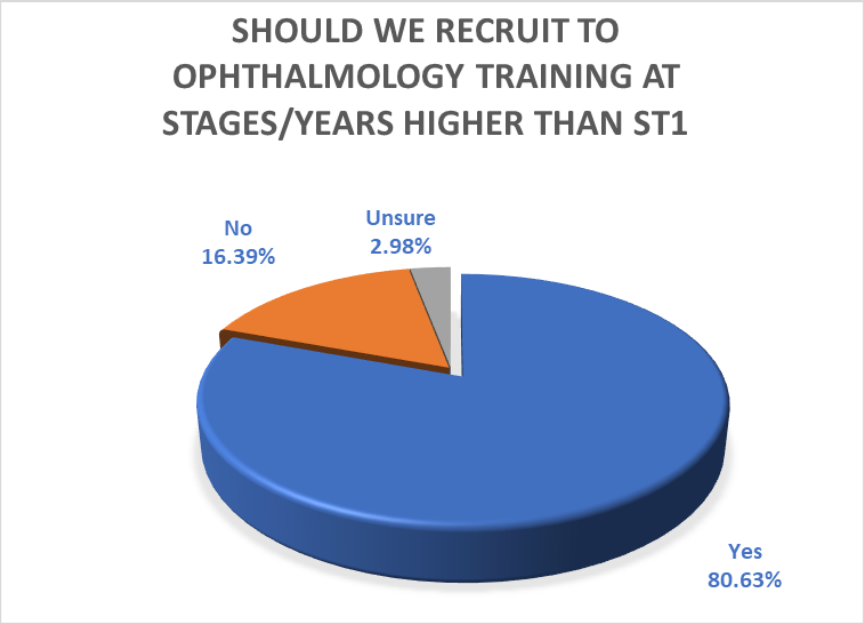
Participants were given four weeks to complete the survey with one reminder just before the closing date.

4 Results

There were 537 responses overall. There were over 180 individual comments.

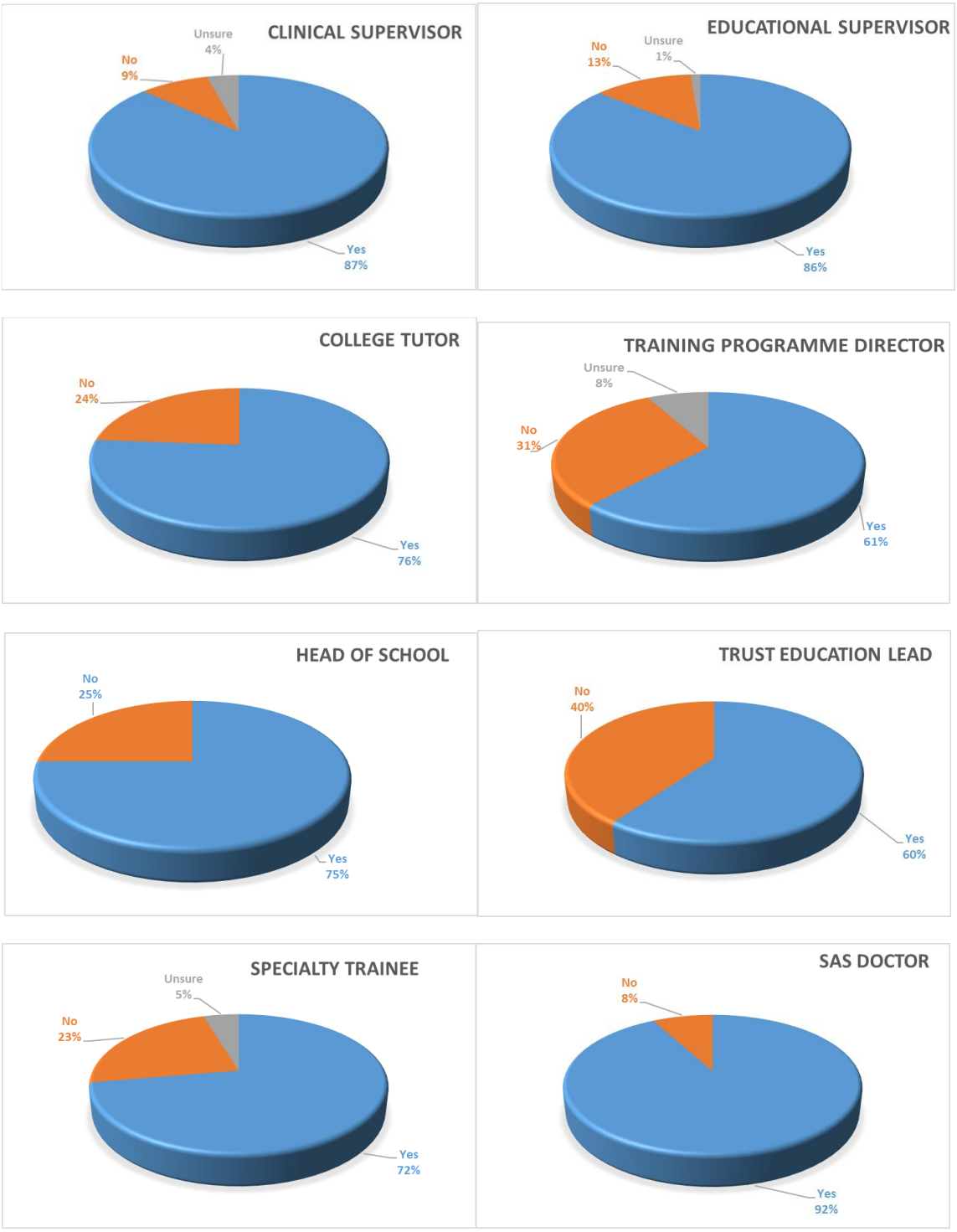
The results are broken down by category and listed by question.

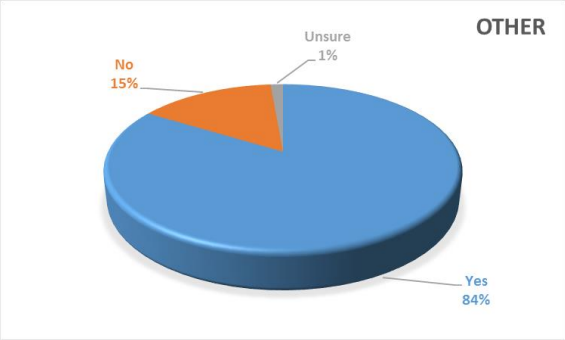
Question 1



The pie charts below show how different groups responded to the question whether recruitment should be to a higher stage/year than ST1.

The category of "other" includes: Consultants, Clinical Fellows, Fellows, ex TPDs, ex College Tutors, Regional Education Advisers, LAS, LATs, Trust Doctors, Clinical Leads and post-CCT Fellows.





General Responses received

The comments, that are reiterated throughout the survey, highlight the importance of flexibility, in line with the GMC and AoMRC agenda, along with the introduction of a new curriculum to incorporate and highlight the Professional Capabilities Framework.

- Training should be flexible. **(Specialty Trainee)**
- More flexibility is required by trainees who may wish to travel, work abroad, do research. **(College Tutor)**
- Moving regions would be enabled/facilitated and would enhance training due to widened exposure to subspecialists. **(College Tutor)**
- Trainees are not competitive enough once they have their training position. **(College Tutor)**
- Ophthalmology is so specialised I think starting at ST1 is essential. **(Head of School)**
- The training should be flexible. **(Clinical Supervisor)**
- There should be flexibility and it is illogical to exclude people who are considered to have too much experience to apply for a training post. **(Educational Supervisor)**
- … allowing some step-on step-off possibility. **(Educational Supervisor)**

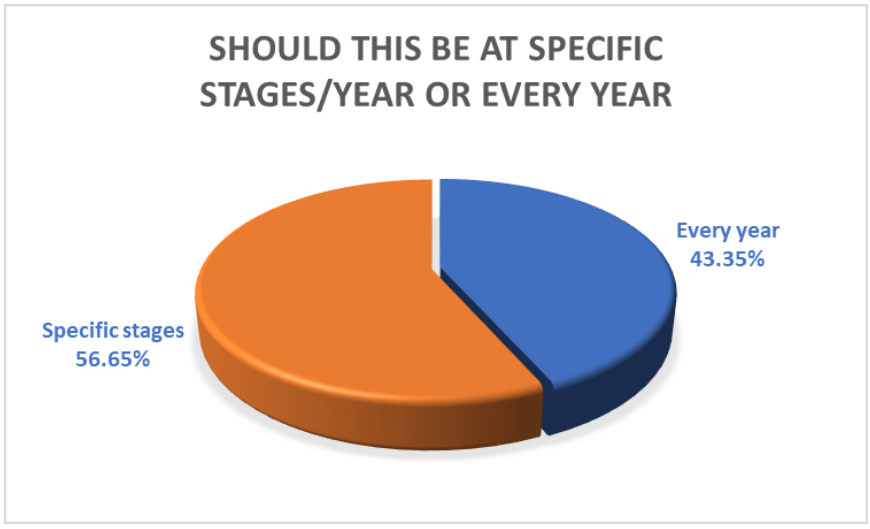
The current recruitment process is far fairer and better quality assured than it used to be because of the pooling of resources into a single event. (**Trust Education Lead)**

There is a CESR route to achieve competencies for a few of these who wish to progress to consultant grades. (**Training Programme Director**)

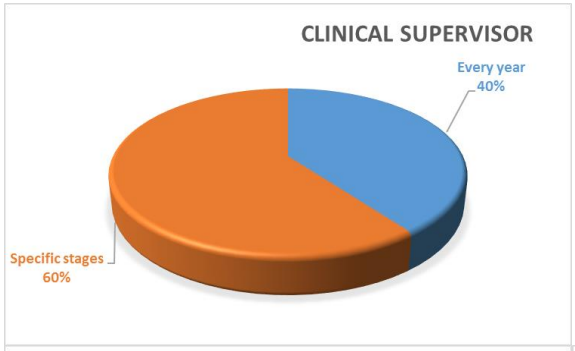
There should always be a recognised route for doctors with previous appropriate and verifiable ophthalmology experience to enter OST at level. (**College Tutor**)

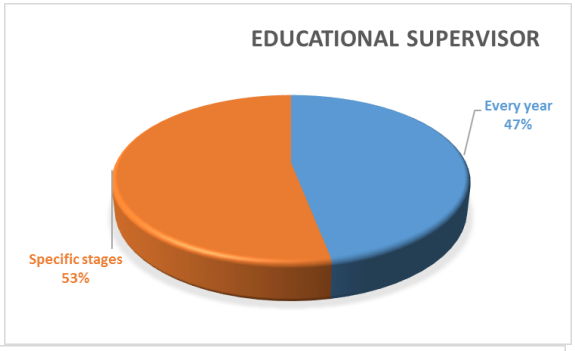
We have a national shortage of trained ophthalmologists and to 'shut the door' on entry at a higher level than ST1 seems counter intuitive**. (Specialty Trainee)**

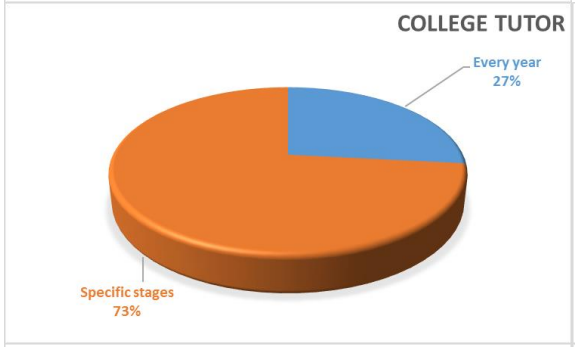
Question 2

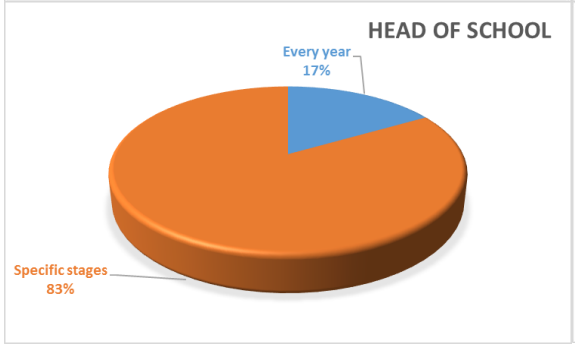


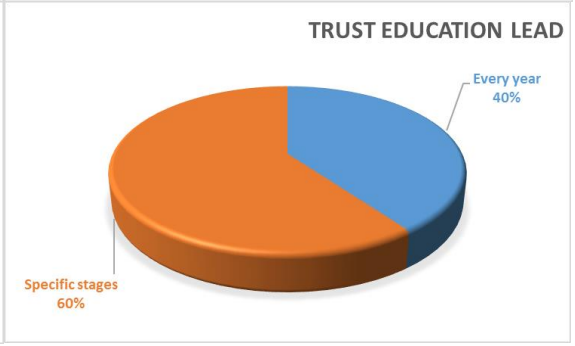
The following pie charts show the response from the different groups as to whether recruitment should be at specific stages of training or every year.

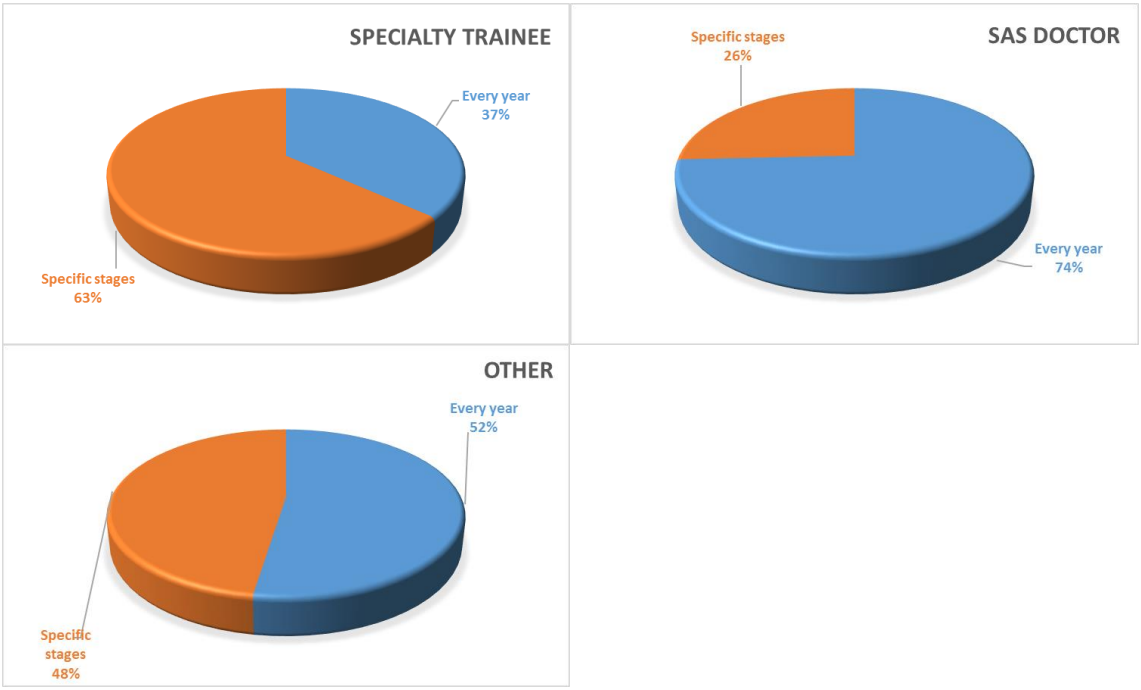












General Responses

- It is best to consider this in the context of workforce planning. **(Clinical Supervisor)**
- It should be guided by the vacancies and matching with level of candidates' experience. **(Educational Supervisor)**
- Interview all for ST1 and adjust and allow 'accelerated training' depending on experience and competence. **(Education Supervisor)**

To recruit to every stage would introduce unnecessary complexity, whereas specific stages allows a careful assessment of requirements for each admission level (ST1 minimal ophthalmology knowledge, ST3 good core knowledge, and basic exam skills, ST5 competent cataract surgeon, excellent clinical skills, but further development in diagnosis / management required). **(Specialty Trainee)**

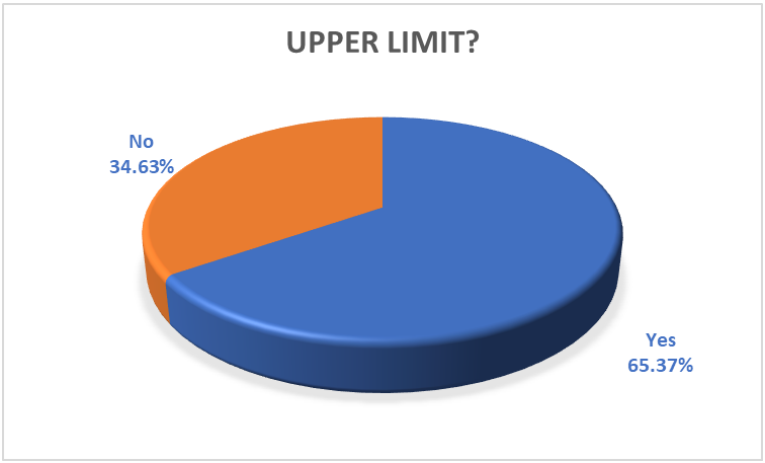
It will allow those SAS doctors / fellows who may have many years of ophthalmology experience to get benefit from a few more years of structured training and help them towards becoming future consultants. **(Educational Supervisor)**

Candidates should enter at the stage best fitted to their competencies. **(Specialty Trainee)**

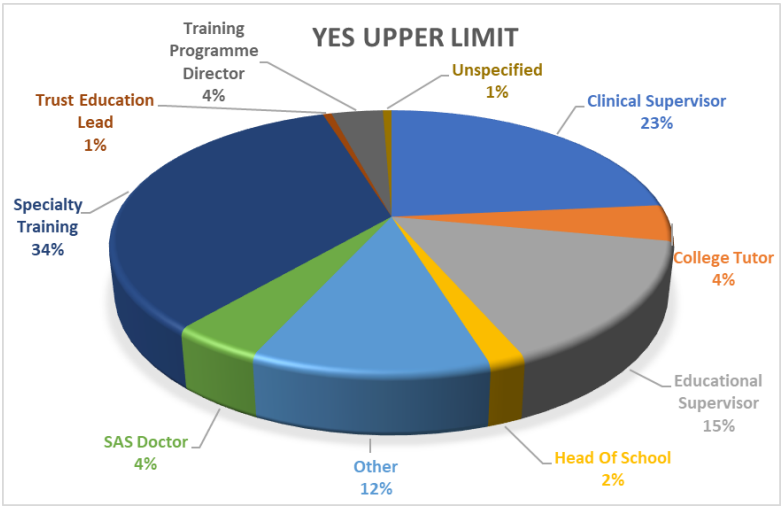
SAS doctors felt differently from the other groups demonstrating they wish to be able to enter training at any time point. The more senior the Trainer the more they felt this should be at specific stages.

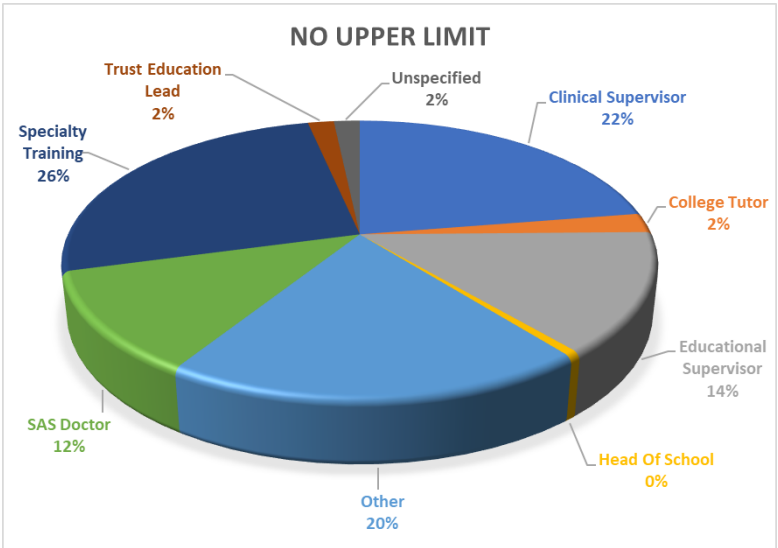
Question 3

This asked should there be an upper limit to the stage of training we recruit to. If so what should it be?



The results show that the more senior Trainers feel there should be an upper limit. The potential applicants in SAS doctors felt there should not be one.





General Responses:

- ST3. To ensure there is time for trainee to have exposure to a structured and well supervised training programme. **(Clinical Supervisor)**

- ST 3/4 to allow 3-4 years of structured training for those with some experience to join the training programme. **(Clinical Supervisor)**
- Stage 3 upper limit. To allow flexible recruitment within run-through to compensate for people stepping out of training e.g. for research, mat leave, out of programme experience, etc. **(Clinical Supervisor)**
- Year 3. Allows trainees a chance to experience differing practice whilst giving some element of stability in the medium term. **(Educational Supervisor)**
- ST3 as need to ensure same quality and rigour of assessment and training as those appointed at ST1. **(Clinical Supervisor)**
- I believe that all entrants should start at ST1 level and work-up and this will ensure comprehensive clinical and surgical skills are achieved. **(Specialty Trainee)**

Recruiting at ST3 should be the upper limit. Ophthalmology is a competitive specialty and often trainees will have a year or two clinical experience in junior clinical fellow roles prior to gaining entry into ST1. Offering recruitment at ST3 will provide another opportunity for those with ample ophthalmology experience to become trainees. **(Specialty Trainee)**

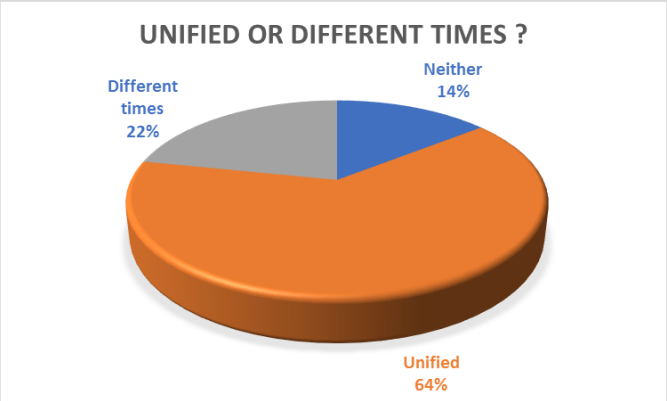
ST3. Any higher does not allow sufficient time to assess trainee and ensure adequate training. **(Specialty Trainee)**

If we decouple the training, then ST3 would be other entry point. **(Training Programme Director)**

ST4 would allow more varied training before this level and with appropriate competencies/exams would allow flexibility for trainees to move in and out of training in the first four years. **(Educational Supervisor)**

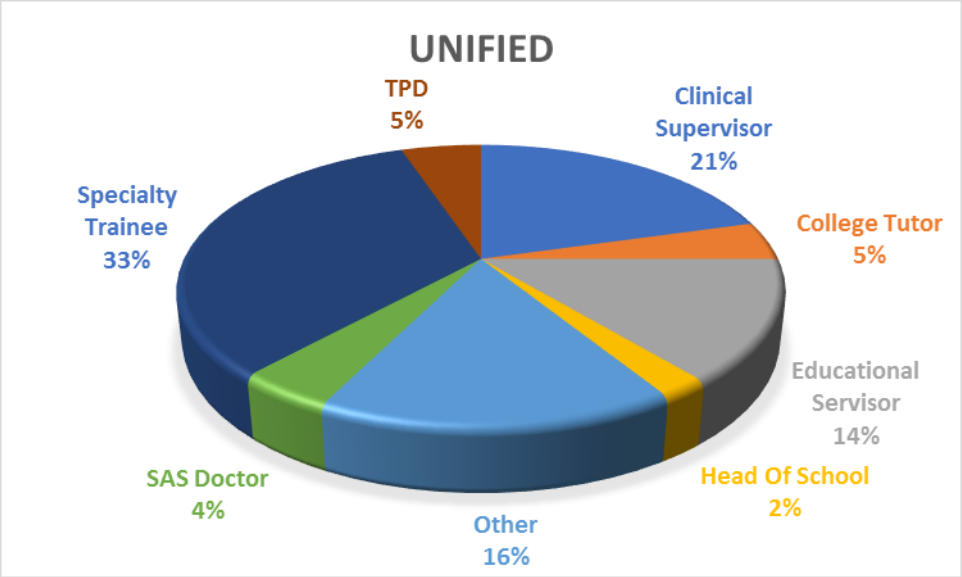
Question 4

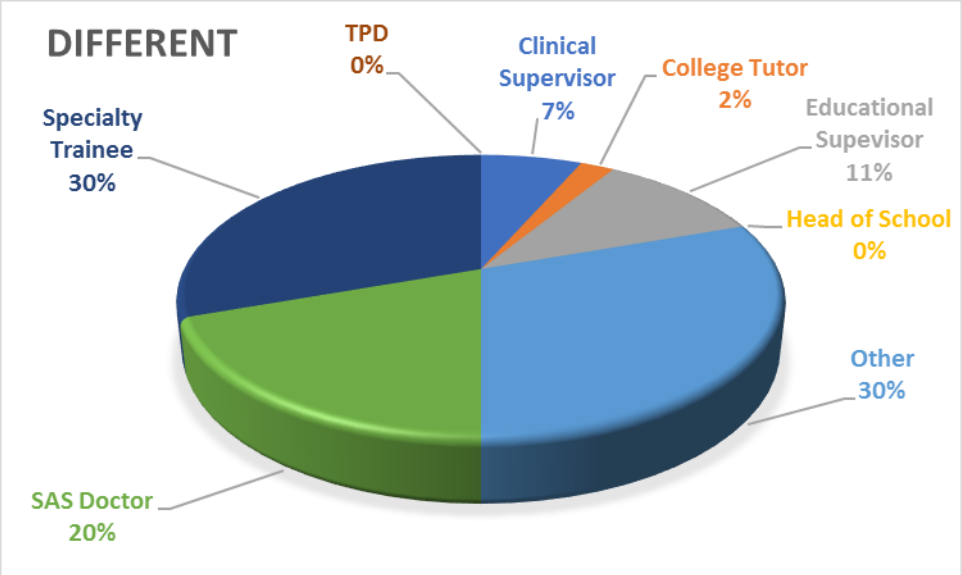
218 comments were made to this question. Should the recruitment process be unified or at different times? There was a little confusion as we also asked to answer the question with 'yes' or 'no'. For the purpose of this report we are only recording the unified, different times and in the table below have noted that there was 14% of responses that did not choose either option.



The tables below show who felt a unified process would be more appropriate and those who thought this should be at different times.

Notably no Heads of School or Training Programme Directors thought it should be at different times. The more senior Trainers thought it would be a fairer process if unified. The SAS doctors, specialty trainees and "others" felt it should be a separate process.





Question 5

The final question in our survey gave the opportunity for respondents to add in any further comments. Some of these are highlighted below.

A broad approach to consultant workforce recruitment is beneficial. **(Clinical Supervisor)**

It is important to continue to create the opportunity for the trainees to enter training at the later stage than ST1. Even though there is a much smaller number of these applicants they are skilful, capable and determined to pursue career in Ophthalmology. **(Specialty Trainee)**

We should be encouraging a process that allows candidates step-on step-off training, before ST3, filling any gaps with exchange training at an affiliated institute. ST3-7 should be a fairly

closed training, but should allow flexibility of job-share for trainees wanting to train part-time. **(Clinical Supervisor)**

There is shortage of a highly qualified consultants in the UK and the Royal College should take an action to accommodate the demands. There are hundreds of highly qualified and experienced ophthalmologists in this country waiting for an easy and straight forward pathway to get their valuable experiences recognized. **(SAS Doctor)**

Unify CESR and further entry into training programme so there is a structure to CESR application. This will make CESR application robust for the consultant position. Also helps to fill gaps in the training programme generated due to 'Out of Programme' activity by trainees. **(College Tutor)**

A broad approach to consultant workforce recruitment is beneficial. **(Clinical Supervisor)**

The less rigid the better but needs some degree of regulation for oversight. **(Education Supervisor)**

Is there any merit in a system where a threshold level of performance judged by ARCP at ST2 could force competitive reapplication for ST3? **(Head of School)**

A unified application process with varying questions depending on years of previous experience may be the fairest way to recruit to run-through training. **(Specialty Trainee)**

Considering there is no recruiting at higher stages, career grade doctors do not get an opportunity to enter a training post if they wish to as they are overqualified to enter at ST1 level. This does not seem to be fair. **(SAS Doctor)**

Competency not time based. Ophthalmology would be enhanced if we encouraged transfer from other disciplines e.g. neurology or diabetes this would have the additional advantage of allowing trainees time to decide on their career path. Not all trainees know what they want to do at end of the foundation years. **(Trust Education Lead)**

5 Conclusions and recommendations

Conclusion

There is general agreement that we should continue to recruit at a stage of training higher than ST1. There was general support for encouraging flexibility where possible at entry to ophthalmology.

It is also clear that a unified process is welcome to meet the highest quality standard we have set for ST1.

Although SAS doctors and others who may be applying for higher stages of recruitment believe it should be separate, there was general agreement across senior trainers that this would be fair and meet the required quality standard.

The consultation also confirmed there should be an upper limit to the stage of entry to allow senior training leads to ensure the correct opportunities and progression are demonstrated. This should happen at clear “way points” in the curriculum and not exceed entry at ST4.

The new curriculum to be presented to the GMC in late 2020 will have to have clearly defined “way points” so the recruitment strategy should be mindful of this and assist in any transition phase.

As the new curriculum will also include special interest (sub-specialty) training then late entry above ST4 will not be feasible for trainees to be assessed adequately and obtain all the required competencies.

There seems to be some suggestion in the responses received that by having later entry we will enable more doctors to complete training to become consultants. This would have limited impact and the overall numbers of trainees we are allowed are currently limited. Senior doctors with more experience will be able to continue to apply through the CESR route.

Recommendations

- One recruitment round is undertaken annually, appointing to appropriate levels ST1, ST3 (Trainees with significant competencies acquired may be considered as ST4 when appointed).

- The applicants will need to demonstrate the level they are applying for in their portfolio. The majority of the current recruitment process will not be different but there will be increasing complexity in the clinical scenarios posed to those with more experience applying for higher entry stages.

- The process of the gap analysis will be confirmed by the current flexibility and transferability of competencies being undertaken by the GMC currently.

- Those entering above ST1 will then not be eligible to apply for acceleration of training.

- All candidates will be offered posts according to their ranking from the scores, as currently undertaken.

Fiona Spencer – Chair Training Committee
Sarah Maling – Chair Recruitment Sub-committee
Alex Tytko – Head of Education and Training

Appendix A: Survey Text

Please comment as fully as possible. Thank you for your co-operation.

1. Should we recruit to ophthalmology training at stages/years higher than ST1?

Yes ☐
No ☐
Unsure ☐

Comments

2. If you have answered 'Yes' to Q1, should this be at any stage/year of training or only specific stages/years?

Every year ☐
Specific stages ☐

Comments

3. Should there be an upper limit to the stage/year of training we recruit? If so what should it be and why?

Yes ☐
No ☐
State upper limit ☐

Comments

4. If there is recruitment to more than one entry point should this be a unified process or at different time points?

Yes ☐
No ☐
N/A (if answered 'No' to Q1) ☐

5. Any further comments or options that you would like to make.
