Mitigating the impact of COVID-19 on Ophthalmology Training

Background

The COVID-19 pandemic has had significant adverse effects on the training programme and learning opportunities for ophthalmologist in training both in terms of experiences and in assessments[1-3]. The Royal College of Ophthalmologists (RCOphth) appreciates the continued difficulties in which ophthalmology training is delivered throughout from trainees to trainers, training programme directors (TPDs), postgraduate deans and everyone involved in education.

The RCOphth Training Committee COVID recovery team conducted the first 'Effects of COVID-19 on training' trainee survey in late August 2020, to measure the impact on training and to help future work with the GMC and Statutory Education Bodies (SEBs) to look at how the RCOphth can support all trainees to acquire the competencies they need; ophthalmologists in training have been asked to participate and answer questions about their experience in 2020. The survey highlighted 72% (81 out of 113 responses) of trainees felt their learning objectives were not met from February 2020 to August 2020.

This document highlights the major difficulties ophthalmologists in training continue to face and the recommendations needed for trainees and trainers to mitigate the significant potential adverse impacts on ophthalmology training. These recommendations require commitment from key stakeholders including the RCOphth Training Committee, TPDs and the Ophthalmologists in Training Group (OTG). The evidence was collated from the survey to build upon and update the excellent recommendations set by the OTG[4] in June 2020.

Recommendations to support, protect and reduce impact on training

1. Redeployment

As ophthalmologists our top priority is to protect routine, emergency and sight-saving services for patients. RCOphth acknowledge the important contribution that ophthalmologists in training provide to maintain these services through casualty clinics, intravitreal injections, out-of-hours services, etc. This must not be overlooked. Ophthalmology leads and staff must be provided with the support needed to ensure local units continue to deliver emergency and sight-saving services for patients.

Trainers:

- The relevant Postgraduate Dean and TPDs should be informed of plans to redeploy trainees of any grade as outlined in the four statutory education bodies document[5].
- If redeployment is required of trainees, there must be a demonstrable operational requirement and a clear de-escalation process so as not to compromise training

- Arrangements for redeployed trainees should be reviewed weekly and updates provided to the relevant Postgraduate Dean and TPDs on a weekly basis to ensure that trainees are adequately supervised in the host environment/specialty, and that they continue to work within the limits of their competence appropriate to their stage of training.
- Where training is interrupted and learning outcomes are not achieved due to a major incidence response, these issues will be taken into account at the trainee's next Annual Review of Competence Progression (ARCP) which will inform future requirements and placement planning.

Trainees*:*

- Trainees deployed to a different clinical area must have appropriate induction and be informed of who they are reporting to and who is providing supervision with details how to contact them.
- Trainees must not be asked to undertake any activity beyond their level of competence and must be advised they should seek senior workplace guidance if that arises, as per the latest BMA Advice.

2. Mental Health and Wellbeing

During these difficult times the survey has highlighted that trainees are anxious about training and learning opportunities (15% responders never, 30% responders rarely and 30% responders sometimes feel relaxed about getting competencies).

Trainers:

- Ensure open communication in a safe space between trainees, with active involvement of trainee mentors, buddy systems, local Deanery and OTG representatives.
- A regular forum must exist for trainees to raise queries or concerns with Heads of School and TPDs eg a regular virtual Q&A session. These sessions can also be used to disseminate and discuss regular training updates and in the height of COVID could be undertaken weekly.
- Trainers should offer support for shielding trainees, including the introduction of flexible timetables and personalised support with workplace-based assessments (WpBAs) and curriculum competencies to maximise training needs (ie Surgical training) and reduce anxiety associated with training.

Trainees*:*

- Trainees should protect their own wellbeing by taking adequate rest from work, including annual leave, despite the COVID-19 pandemic.
- Trainees should be signposted to local wellbeing hubs such as yoga, gym, meditation and professional support units including Deanery psychologists and the hospital health and wellbeing teams.

3. Scheduling of timetable

Training has been adversely affected with 72% of trainees surveyed indicating that they were not able to achieve all training objectives during their placement and with 29% feeling they need another placement to complete curriculum objectives.

Trainers:

- Surgical simulation is recommended prior to returning to operating (see 'Simulation and Surgery' section), but similar support may be required for clinical practice as well. It is important that outpatient clinics are appropriately booked with sufficient senior support. Educational and Clinical Supervisors should discuss the individual's needs and try to prioritise WpBAs and curriculum requirements.
- Trainee Selected Components (TSCs) may still commence as planned. Some TSCs will be impacted more than others by changes to new work patterns of the special interest (sub-specialty) chosen. Although the volume of work may be reduced, there may still be adequate training in clinic and theatre, ie quality not quantity. With an overall emphasis on senior surgeons operating during this difficult time, open, constructive dialogue with the TSC Supervisor and TPD is vital, to maximise training needs.

Trainees:

- Prioritise portfolio management – get competencies signed off.
- It may not be possible to use clinical sessions as previously designed, but trainees should proactively seek out other resources such as simulation and webinars (see 'Simulation and Surgery' section) to make the most of the learning opportunities available, until planned activities resume.

4. Simulation and Surgery

Surgery was postponed during the initial acute phase so it is vital to make the most of opportunities where elective surgery is restarting or continuing. The trainee survey found 55% of trainees felt there was enough surgery provided to achieve objectives of placements. Changes in practice and patient flow and appropriate Personal Protective Equipment (PPE) should facilitate this.

NHS England & Improvement (NHSEI), Health Education England (HEE), the Independent Healthcare Providers Network (IHPN) and the Confederation of Postgraduate Schools of Surgery (CoPSS) have proposed a framework for supporting training in elective surgery and diagnostic activities in the independent sector. The RCOphth is highly supportive of this in order to supplement training that traditionally takes place in secondary care eye departments. Bernie Chang, President, Fiona Spencer, Chair of Training and the RCOphth Executive set out a proposal that outlines the benefits of independent sector providers offering alternative training sites and the mechanism to implement this[6].

Trainers:

- Consultants and trainers should include dedicated time to support simulation training.
- Access to simulation is still difficult in some regions and proactive steps should be taken locally to prioritise access for all trainees in the region.
- Innovative simulation training should be adopted during this period to help with training particularly for procedures or special interest areas where elective surgery numbers are still low, eg oculoplastic wet-labs.
- Empty theatres can be set up with a rolling rota of trainees to undergo anterior vitrectomy training in plastic eyes. This would have a number of potential benefits: (a) to ensure junior trainees were familiar with the steps required and should be more likely to be able to manage their complications; and (b) to give senior

trainees the opportunity to demonstrate that they can manage such complications, particularly as the rate of vitreous loss is normally lower for more experienced trainees, so they may have little opportunity to demonstrate this.

Trainees:

- EyeSi simulators are available in every Deanery, as well as wet-lab and dry-lab facilities in many units. Trainees can set specific goals with their Clinical Supervisors and EyeSi sessions could be timetabled by the Regional Simulation Lead.
- There are several UK-wide online teaching resources, which trainees should be encouraged to access and participate in, including the Ocular Trauma course, Cataract Surgery Complications course and C-19 Eyeducation Zoom lectures.
- The Simulation Gallery is part of the Simulated Ocular Surgery website. The aim of the Gallery is to showcase a range of different simulation techniques, both low and high-tech, in a variety of special interest areas. The focus of this section will be to highlight how surgical skills can be maintained and new ones developed during the COVID pandemic. Video contributions from trainees are encouraged.
- Various models are available on the market for laser simulation and it is also possible to make some of these practice models at home. There is also a Virtual PASCAL Simulator available on the AAO website for trainees to trial.

5. Remote Teaching

Postgraduate teaching was suspended in many regions but there still is an abundance of web-based meetings which were well received.

Trainers:

- Local and regional teaching should continue to be delivered using remote conferencing facilities.
- Teaching units should consider investing in a licensed conferencing account to allow:
  - Unlimited meeting duration
  - Adequate capacity for attendees to join regionally or nationally
  - Password protection to enhance security and reduce risk of hacking
  - Cloud recording facilities for trainees redeployed on other rotas
  - Administrative controls (eg mute all attendees, except the speaker)
  - Webinar format for delivering teaching to a large audience
- Attendance should be recorded at remote teaching events and attendance certificates given, which can be uploaded to the e-Portfolio.
- Precautions must be taken on any virtual teaching platform to ensure the necessary information governance is in place and patient identifiable information is not shared.

Trainees:

- Buddying schemes where senior trainees provide support to the most junior trainees, for example, by familiarising them with the rotation, may be particularly advantageous in the current environment.
- Senior trainees can also be paired with junior trainees to undergo remote one-to-one teaching or small group teaching. This can be used for certain WpBAs such as

case-based discussions (CBDs). Discussions around online video-based surgical techniques are also useful and can take place informally over virtual platforms.

- Formative assessments can take place remotely for certain directly observed procedures (DOPs) such as visual acuity testing. These assessments should be followed up by assessments on real patients when available.

6. Progression of training

Training has been adversely affected with many survey responders stating that shielding and redeployment as a major factors for affecting progression.

Trainers:

- Opportunities for training must be incorporated in the recovery planning for routine theatre lists, including cataract surgery and squint surgery.

Trainees:

- Trainees should continue to reflect on both positive and negative experiences in training, including redeployment. Educational Supervisors should support reflective practice, which can be used as evidence of leadership and management competencies. The Academy of Medical Royal Colleges (AoMRC) have published a Reflective Practice Toolkit which provides templates for reflection.
- Trainees needs to assess their own training needs and identify rotations/competencies which needs to be completed. This needs to be co-ordinated with TPD and trainers so that arrangements can be made ensure there is no training deficits.

7. Out of programme (OOP) training

69% of out of programme trainees were unable to achieve all their research training objectives, with 60% changing their objectives. The main contributing reason being returning to clinical practice (42%).

Trainers:

- The RCOphth will be supportive of Trainees on OOP applying to their Postgraduate Deans to extend their OOP period to compensate for the loss of experience during the disruption as per the RCOphth Guidance for ARCPs. For those in research, this may also be dependent on their grant-awarding body agreeing to extend their period of funding.
- Academic trainees on OOPR should continue with research and be redeployed if not possible as per COMED, Academic dean and Health Education England guidance.

Trainees:

- Academic trainees and their academic supervisors should proactively communicate with Postgraduate Deans, TPDs and their funders to develop plans for resumption and reconfiguration, if required, of their research and training as per RCOphth academic subcommittee COVID guidance document.
- Academic trainees on fellowships who have volunteered or been asked to defer academic work and return to clinical duties should have prior agreement from their funders and academic supervisors. Honorary contracts with the NHS Trust

should be in place and trainees should be working within their level of competencies, as per the latest BMA Advice.

Conclusion

The RCOphth continues to work in partnership with key health policy and eye care sector organisations to reduce the impact by the pandemic on the workforce and patients. Guidance and recommendations are made in recognition of the value and contribution that ophthalmologists in training make to the hospital eye service and to support informed decision-making to keep routine and emergency sight-saving services open.

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November 2020

Additional Resources

Guidance on COVID-19:
Latest RCOphth Guidance
COVID-19 and Academic Ophthalmology and Ophthalmic Research
COMED, Academic dean Guidance – Addressing the challenges of COVID-19 second wave or another pandemic
Health Education England Guidance – Volunteering to return to clinical service during a COVID-19 second wave
Ensuring Education and Training in the Independent sector – HEE/NHSEI Joint position statement

Reflective practice:
AoMRC/CoPMED Reflective Practice Toolkit

Sources of support:
British Psychological Society
NHS Practitioner Help
Wellbeing Resource Library

Work scheduling:
BMA Rota Checker & Riddell Calculator
HEE SuppoRTT
RCOphth Guide to OST

Simulation:
AAO Laser Simulation
EyeSi Cleaning Instructions
Model Eyes: Aurolab, Phillips Studio
RCOphth Simulation: Introduction, Training Guide

References

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4. The Royal College of Ophthalmologists: OTG COVID-19 Recommendations available: https://www.rcophth.ac.uk/wp-content/uploads/2020/06/OTG-COVID-19-Recommendations-Final-1.pdf
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6. The Royal College of Ophthalmologists: Supporting access to cataract surgical training for ophthalmologists in training available: http://www.rcophth.ac.uk/2020/10/supporting-access-to-cataract-surgical-training-for-ophthalmologists-in-training/