



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Proposed new OST Curriculum

Stakeholder consultation

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The Royal College of Ophthalmologists is a registered charity in England and Wales (299872) and in Scotland (SC045652)

Contents

Section	page
1 Executive Summary	3
2 Introduction	3
3 Analysis	4
4 Actions	6
5 Conclusion	8

1 Executive Summary

- Consultation with stakeholders was a two-stage process. The proposed OST Curriculum was developed by the RCOphth Curriculum Sub-committee with input from the RCOphth Training Committee, professional bodies (specialist societies), an educationalist and other internal and external stakeholders. Committee representation included ophthalmologists in training, trainers and patients.
- Participation during the stages of the consultation process was good and shaped the direction of the curriculum development.
- The curriculum, in draft format, was the subject of a public consultation; participation at webinar events was good, with a more moderate response regarding the online feedback form. Comments about the curriculum content were overall positive and were particularly valuable to inform the future implementation plan.
- The division into 4 Levels of competence, arranging domains around the [Generic Professional Capabilities \(GPCs\)](#) framework, and the description of the expectations underpinning each high-level learning outcome have been positively received.
- The incorporation of Level 4 training with a curriculum for each clinical special interest area (SIA) was broadly welcomed by trainees, trainers, employers and particularly lay representatives.
- Continuing effort will be required to communicate clearly the objectives of the proposed 4-level curriculum structure.
- It will be key to work closely with the Training Committee, chiefly Heads of School and TPDs, in developing a detailed 'Delivering Training' document and undertaking a full evidence mapping exercise to ensure easy transfer of trainees from the current to the new curriculum.

2 Introduction

The curriculum is being re-written to include the GPC framework and meet the [GMC standards](#) of curricular design to make training more flexible for doctors and more responsive to patient and health service needs.

The new curriculum represents a move from multiple learning outcomes, used to describe each constituent part of a capability, to overarching learning outcomes that describe the capability itself.

The key objective of the proposed new curriculum is to accelerate progression to consultant posts and ensure national standardisation of high-level special interest area training.

The initial consultation took place in various forms, including presentation to an employer reference group on curricula design (NHS Employers), membership of additional trainee representatives on the Curriculum Sub-committee, as well as a Lay Advisory Group (LAG) representative, and regular workshops with Heads of School and Training Programme Directors (TPDs) via the Training Committee.

The proposed curriculum has been developed with input from professional bodies (specialist societies), academics and an educationalist. After a thorough consultation process with

subject experts to refine content, the curriculum has been published in draft format and promoted to all trainees, trainers, the wider College membership and other groups. An online feedback form was made available during the public consultation, and trainees and trainers were invited to join two webinars to learn more about the changes and take part in a Q&A session.

The current OST Curriculum describes the requirements all ophthalmologists in training need to meet to complete the seven-year postgraduate training. It is divided into three broad themes and 13 domains of clinical practice. The domains are divided into 180 learning outcomes, describing the constituent parts of that competence.

The proposed new curriculum moves away from this granular method of describing and assessing what an ophthalmologist does. There are 7 domains of clinical practice and high-level descriptions of what an ophthalmologist is expected to do. The curriculum is divided into the 'Levels' of competence ophthalmologists will be expected to achieve at different stages of training.

The 7 domains used in the new curriculum are framed around the GPCs. One of these domains, Patient Management, is divided into 12 clinical SIAs.

3 Analysis

The RCOphth approached a wide range of stakeholders, as listed further below, to get their views on the proposed new curriculum through a process of formal consultation, which remained opened for a 5-week period between April and May 2021.

- Ophthalmologists in training
- Heads of School
- TPDs
- Trainers (Educational and Clinical Supervisors, College Tutors, Regional Education Advisers, Regional Representatives, assessors)
- SAS doctors
- All membership
- LAG members representing patients
- Members of the public
- Other Royal Colleges

Participants were asked to review the proposed new curriculum and fill out an online feedback form. It was clarified that the layout was for consultation-purposes only and that the new curriculum would be presented in web-based format, after regulatory approval, to allow users to switch easily between levels, domains and syllabi.

In addition, trainees and trainers were invited to join two webinars. Comments made by those who completed the online feedback form may be broadly divided in two categories:

- delivery of the curriculum
- changes to the training programme

Theme 1 (curriculum content and framework)

Curriculum content

Feedback was received that content appeared complete. One specific example was given of missing content from the Paediatrics syllabus (Patient Management domain).

Concern was expressed that there seemed to be a lack of emphasis on surgery in the curriculum, noting that minimum surgical numbers were not widely used.

Learning outcome-based approach

This approach received positive feedback.

Indicative length of Level 4 training

There was acknowledgment that a seven-year training programme should include Level 4 training in SIAs, as the current OST Curriculum does not address the fact that this is the way consultant ophthalmologists now work in the UK.

There was, however, misunderstanding about Level 4 training – with some participants assuming that the introduction of Level 4 training would result in post-CCT fellowships being no longer essential for almost all trainees, that the RCOphth were suggesting that fellowships would never be necessary and might, in fact, be ‘banned’ in the UK.

This led to feedback that insufficient time had been allowed for delivery of some Level 4 SIAs, particularly Vitreo-retinal Surgery and Cornea and Ocular Surface Surgery and Oculoplastic Surgery. It is acknowledged that this point had probably not been presented with sufficient clarity.

Theme 2 (deliverability)

Delivery of Level 1 training

A suggestion was made to consider a Level 1 ‘training academy’ as seen in other specialties e.g. radiology. This could incorporate intensive surgical simulation training.

Delivery of level 2 training

Concern was raised about the breadth of SIAs that need to be covered by the end of the third year of training.

Delivery of level 3 training

Concern was raised about how Level 3 training could be delivered in each of the 12 clinical SIAs (Patient Management domain). This was based on an assumption that training posts would be unchanged.

Delivery of Level 4 training

Concern was raised about the feasibility of delivering all Level 4 SIAs in every region and, if this was not possible, ensuring equity of access to these training opportunities.

Feedback was received that enabling movement to other regions for Level 4 training could be advantageous in widening exposure to different skills, and might reduce further the tendency for trainees to undertake post-CCT fellowships.

Questions were raised about how training in two special interest areas might be delivered (for example, could they be delivered in parallel?). It was also asked whether a single training rotation post could have sessions in more than one centre.

There were multiple questions about the possibility of undertaking more than two special interest areas at Level 4.

Requirement for Training the Trainers

It was noted that the high-level nature of the learning outcomes and widely applied concept of 'entrustable professional activities' required trainers to be well trained. This would be particularly important where trainees were not progressing at accepted rates.

Mapping of the current curriculum to the new one

It was noted that it is currently unclear how completion of learning outcomes in the current OST Curriculum will easily map to the new curriculum. It was felt this was compounded by the pandemic, which has meant that many trainees have progressed in training only as a result of derogations.

Concern about transfer of evidence from the current to a new e-Portfolio was also expressed.

Theme 3 (Issues of inequity for protected characteristics)

Level 3 training

Concern was expressed that, with coverage of additional Patient Management areas not present in the current OST Curriculum (e.g. Community Ophthalmology and Urgent Eye care), those with other responsibilities, e.g. childcare, would be disadvantaged.

Level 4 training

Concern was expressed about unfairness introduced if trainees are required to move from some regions to achieve some SIA Level 4 training.

Theme 4 (academic trainees)

Concern was raised about the impact of transition from one curriculum to another on academic trainees. The timing of an Out of Programme Research (OOPR) was deemed to be particularly problematic.

4 Actions

The RCOphth will use this information to help to structure educational and support packages for the new curriculum, as well as to perfect its communication and implementation plans. The multi-faced strategy will require continuing to work in close collaboration with the Training Committee to develop a detailed 'Delivering Training' document (making simulation a mandatory part of training) so as to cascade it in conjunction with the curriculum launch.

Actions in response to specific themes

Curriculum content

The Paediatrics syllabus (Patient Management domain) has been reviewed to add content as suggested by more subject experts during the public consultation.

As the learning outcomes are based on competence, the curriculum does not need to record the numbers of surgical procedures, which some participants have requested in consultation. Assessment tools will have suggested indicative numbers required to assess competence, and trainers and trainees will be taught on how to use these tools.

Indicative length of Level 4 training

Further consultation with the professional bodies indicated that the agreed indicative 18 months for Vireo-retinal and Cornea and Ocular Surface was sufficient to deliver the Level 4 curricula content. It is acknowledged by all that further post-CCT fellowship will be required to gain higher specialist skills in some SIAs, and this will be widely communicated.

Consultation with the professional body following feedback about the Oculoplastic Level 4 training resulted in increasing the indicative length of training in this SIA from 12 months to 18 months.

The curriculum helping trainees navigate through training

Having noted the relatively high number of trainees who answered that the curriculum would not help them navigate through training, this question was explored in detail with trainee representatives. It was felt that the form of the curriculum used for the consultation (a long and unwieldy pdf document) was the basis of this answer. The curriculum, once approved, will be developed on an electronic platform with drops down menus and links to the different syllabi, making it easier to navigate. In addition, the e-Portfolio will be developed so the evidence required for the Annual Review of Competency Progression (ARCP) is clear, something the trainees are currently used to.

Delivery of Level 1 training

A 'training academy' is not currently under consideration, given the already complex task of implementing the proposed new curriculum; however, it will be borne in mind for discussion at future Training Committee meetings.

Delivery of level 2 training

Delivery of training in all domains will be described in a 'Delivery of the New OST Curriculum' document. Workshops with Heads of School (together with trainee representatives) are already underway, where Heads of School and TPDs will be asked to map the new curriculum to posts. A single Entrustable Professional Activities (EPA) tool for Level 2, and an amalgamated syllabus, demonstrate that Level 2 learning outcomes can be achieved without trainees having undertaken a 'rotation' in each SIA before the end of ST3.

Delivery of level 3 training

Delivery of training in all domains will be described in a 'Delivery of the New OST Curriculum' document. Workshops with Heads of School (together with trainee representatives) are already underway, where Heads of School and TPDs will be asked to map the new curriculum to posts (e.g. ST2 posts may map to some Level 3 capabilities) and consider the options of shorter or combined special interest area rotations.

Delivery of Level 4 training

Further communication is required about Level 4 training to both trainers and trainees. A communication strategy is being developed in advance of the implementation of the new curriculum in 2024.

Delivery of training in all domains will be described in a ‘Delivery of the New OST Curriculum’ document. Workshops with Heads of School (together with trainee representatives) are already underway.

Most regions will be able to deliver Level 4 training in most SIAs; however, this will not be universal. It is acknowledged that there may be an advantage to moving to a different region to undertake Level 4 training, and this may reduce the tendency to undertake post-CCT fellowships.

Different models of delivering Level 4 training are under consideration, including reciprocal arrangements between regions and a national matching scheme.

Future newsletters will clarify that, although the 4-level structure is intended to remove the necessity for post-CCT fellowships for all ophthalmologists, it is not the RCOphth’s intention to remove them from UK hospitals altogether or prevent doctors to undertake them, should they wish to do so.

Requirement for Training the Trainers

The RCOphth already has an established Training the Trainers programme, which facilitates the cascading of new training initiatives. The Training the Trainers Sub-committee will construct a programme – working together with the Training Committee and Curriculum Sub-committee – to develop a detailed plan to ensure this can be cascaded in advance of the implementation of the new curriculum by August 2024 (a one-year pilot will start in August 2023).

Mapping of the current curriculum to the new one

A project is underway to produce a clear mapping of collected e-Portfolio evidence and prior ARCP outcomes to the new curriculum. It is planned that each trainee transitioning to the new curriculum will have a one-to-one ‘Curriculum Transition’ meeting with their Educational Supervisor. This will result in clarity about the high-level learning outcomes that have already been achieved on the new curriculum and a ‘gap analysis’ for those still to be achieved. It is anticipated that the outcome of the ‘Curriculum Transition’ meeting will be confirmed at the next ARCP panel.

A new e-Portfolio will be developed to support the new curriculum. This will be piloted by a group of early adopters in 2023 to ensure that any required adjustments can be made prior to full implementation in 2024.

5 Conclusion

Feedback received about the new curriculum content and framework has been acted upon.

Much of the feedback received in the recent consultation was about the perceived implementation challenges. None of this suggested that a change was required to the proposed new curriculum but indicates that, as it was to be expected, the RCOphth will need

to work with Heads of Schools and TPDs to ensure training programmes are adapted to implement the new curriculum.

The RCOphth will also need to ensure that trainees and trainers are familiar with the new curriculum and the programme of assessment before it is implemented. A communication strategy and programme of Training the Trainers is under development.