

Annual Reviews in Ophthalmology

Trainee Checklist ST4 – ST6

As well as completing your enhanced Form R (access via synapse), you must ensure that you provide the following evidence on Eportfolio at your ARCP. Please note that the panel will be unable to review your progress if you fail to update Eportfolio appropriately, which will result in you receiving an unsatisfactory outcome. Please ensure that any document you wish to submit as evidence is assigned to an appropriate ARCP period.

Expected learning outcomes are listed below in parentheses.

FAQs on curriculum requirements can be found on RCOphth website: <u>https://www.rcophth.ac.uk/wp-content/uploads/2019/05/RCOphth-Curriculum-FAQs.pdf</u>

 \Box 2 x CRS1 History (CA1 – Take a focused clinical history)

□ CbD Case Based Discussion x10 (Assessor should be a consultant or senior trainer)

□ 2 x OSATS1 Cataract (SS4 – Perform cataract surgery)

□ 2 x OSATS1 Surgical Skills (SS1 – Demonstrate a wide range of surgical skills)

 \square MSF – 15 assessors must be approved by your Educational Supervisor, 11 respondents are required for the result to be released. Result of MSF must be discussed with ES with reflection on any adverse comments

These are minimum annual WBAs for each year ST4, ST5 and ST6. In addition, the WBAs below must all be completed by end ST6. <u>It is expected that you will complete</u> <u>a third of these each year between ST4 and ST6.</u> Which WBAs you do, depends on which firms you are attached to.

DOPs Drugs (PS3 – Administer periocular and intraocular drugs)

□ DOPs Diathermy (PS6 – Use diathermy appropriately and safely)

DOPs Paracentesis (PS9 – Perform anterior chamber paracentesis)

DOPs Punctal Occlusion (PS12 – Perform punctual occlusion)

DOPs Botox (PS15 – Administer periocular botulinum toxin injections)

□ DOPs Corneal Glue (PS16 – Apply corneal glue, one can be simulated)

Developing people for health and healthcare



DOPs Ocular Ultrasound (PS17 – Perform ocular Health Education South London ultrasound)

□ DOPs AC+ Vitreous Sampling (PS19 – Perform anterior chamber and vitreous sampling)

□ DOPs Forced Duction (PS24 – Perform forced duction tests)

□ DOPs Laser IOP (SS15 – Apply appropriate laser for the management of raised intraocular pressure)

□ DOPs Laser Retina (SS16 – Apply appropriate laser for the management of retinal problems)

□ DOPs Biometry Skills (PS25 – Need to complete one if CCT after August 2016, Need to complete 2 if started training in August 2016))

□ EPA Cataract surgery (Complete two)

□ OSATS1 Lid Surgery (SS7 – Undertake the surgical management of lid problems)

□ OSATS1 Temporal Artery Biopsy (SS11 – Biopsy the temporal artery)

□ OSATS1 Surgery raised IOP (SS5 – Undertake surgical measures to lower IOPthis cannot be outpatient laser procedure, but one can be diode laser)

□ OSATS1 Repair Trauma (SS6 – Perform surgical repair of ocular and adnexal tissues after trauma, one of which must be a globe repair)

□ OSATS1 Surgery for surface protection (SS8 – Undertake surgical measures for the protection of the ocular surface)

□ OSATS1 Lateral Canthotomy/Cantholysis (SS9 – Perform lateral canthotomy and cantholysis)

□ OSATS1 Biopsy (SS10 – Perform a biopsy of eyelids and the ocular surface)

□ OSATS1 Muscle Surgery (SS12 – Perform surgery on the extraocular muscles)

□ OSATS1 Removal of eye (SS13 –Remove the eye when indicated one must be evisceration and one enucleation. One of the two OSATS required in this category can be performed in a simulation setting but not both).

□ Educational Supervisors Report (a report to cover 6 months Aug 2017- Feb 2018 of this training year and a second report which covers Feb 2018– June 2018 of this year.)

The ES report should ensure the log of surgical procedures is completed for each six months of training and include the posterior capsule rupture rate for each six months. Percentage takeover is the number of PC ruptures which were taken over by your supervisor. At ST1-2 level it is expected that takeover would be 100% but that by ST7



trainees will manage their own PC ruptures and so the percentage takeover will be close to 0%

Health Education South London

□ Clinical Supervisors Report (one for a CS you have worked with to cover each patient directed session on your timetable i.e. each consultant/senior supervisor who supervises you in each clinic, theatre or casualty)

□ Logbook (on Eportfolio) with Cataract numbers – it is expected that in years ST4-ST6 you will complete on average 70 cataracts per year as you will have to complete 350 cataracts by ST7. Please upload the annual logbook summary for this year of training and the cumulative ESR logbook summary grid for all of your training with each document signed by your ES and by you.

□ A cataract complication log should be kept for cases from 2014 onwards. Where retrospective collection of outcomes are not possible there must be a reasonable explanation endorsed by your ES in their report. Template: <u>https://www.rcophth.ac.uk/wp-content/uploads/2018/04/Continuous-cataract-complications-audit-synopsis-template.pdf</u>

□ Outcome form(s) from last ARCP (remove any password), and PDP for this year which should incorporate any advice given by the ARCP panel. If you received more than one outcome form e.g. outcome 5 then upgraded to outcome 1 or outcome 2 later upgraded to outcome 1 you must upload all outcome forms and any interim review forms you have received.

□ SUI Reports/Complaints (anonymised) and a reflective piece on each incident and complaint

□ Evidence of exam sittings and results. You must pass FRCOphth part 2 (both parts) by the end of core training i.e. by end of ST6. Upload evidence of exam pass or if exam failed upload feedback received from RCOphth.

Also upload the following evidence:

□ Recent Interim Review

□ CCT Calculator. Only if you have needed to amended the date of CCT to allow for any OOP, sick leave, maternity leave or periods of LTFT training or additional time on outcome 3, please complete and upload in additional evidence (the form is available on the portal).

□ Up to date Personal Development Plan

□ Audit completed in current year (minimum of one per year is mandatory).

□ You must also complete a cataract audit of 50 consecutive cases in the last three years of training before CCT. Please refer to the requirements for cataract audit on RCOphth website in CCT section. Plan this carefully and upload when completed in the format required by the RCOphth.

 \Box Any publication in this training year



□ Certificate of completion of GCP

Health Education South London

□ Certificate of completion of Trust Mandatory training in protection of children and vulnerable adults

□ Two pieces of evidence relating to projects from Leadership curriculum for London trainees in each year of training, with reflection on learning

□ CPD Diary and evidence of courses attended during this training year

□ Any other evidence of performance (Thank you letters, reflective pieces, prizes, awards etc)

Developing people for health and healthcare

The Local Education and Training Board for South London www.southlondon.hee.nhs.uk info@southlondon.hee.nhs.uk