Irish College of Ophthalmologists
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IRISH COLLEGE OF OPHTHALMOLOGISTS

CRITERIA & STANDARDS FOR THE ACCREDITATION OF OPHTHALMIC TRAINING POSTS

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Acknowledgements

Higher Specialist training in Ophthalmic surgery is delivered through a collaborative relationship between the Irish College of Ophthalmologists (ICO) and the Royal College of Surgeons in Ireland (RCSI).

The ICO wishes to acknowledge the contribution that the RCSI has made in the development of the accreditation process and the standards required for Ophthalmic surgery, from which the ICO has built upon to develop the ICO accreditation process and standards for Ophthalmology.

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Irish College of Ophthalmologists' Mission

Established in 1992, the Irish College of Ophthalmologists (ICO) is the recognised training and professional body for medical and surgical eye doctors in Ireland.

The Irish College of Ophthalmologists is responsible for postgraduate specialist medical education and training in the specialty of Ophthalmology. The ICO is the Medical Council's accredited body to deliver the National Training Programme in Medical Ophthalmology and in conjunction with the RCSI, Surgical Ophthalmology. The ICO provides the governance, structure and standards for postgraduate education, training and assessment.

The ICO is committed to the ongoing development and evolution of the training pathways to ensure we are producing specialists who can meet the current and future eye care needs in our population.

Vision

Our trainees are supported and guided, through the specialist-training pathway, to ensure the highest standards of essential clinical and non-clinical skills.

In order to deliver excellence in Ophthalmic Education and Training, the ICO has developed this set of standards for Basic and Higher Training Posts. This set of standards are not all encompassing, but they do reflect a minimum set of standards that all training sites must meet and complement the Medical Council criteria for evaluation of training sites, which support the delivery of specialist training. These standards will form the basis for training post inspections and audit for all Basic and Higher Ophthalmic Training posts.

This document reflects the hard work and input from a wide range of stakeholders across the ophthalmic community to whom we owe significant gratitude.

Introduction to the Ophthalmic Training Post Standards

These quality standards form part of a continuum of quality standards associated with the specialist training pathway from basic to higher training. This document focuses on Ophthalmic training post standards. The auditing of ophthalmic training posts will feed into subsequent reports. The accreditation of training posts shall be underpinned by the Quality Indicators (QIs) as referenced in this document.

Training Post Accreditation

Trainees are postgraduate medical doctors undergoing specialist education and training, as well as employees of the health services. Each of these roles is important for a successful outcome of training.

Trainees work in a broad range of clinical environments, each of which should provide a rich learning experience, which is aligned to their training programme. Trainees make a significant contribution to the healthcare of patients and receive significant help in their training from the Consultant Trainers and the other staff with whom they work with on a daily basis in the clinical sites.

This document details the training post requirements necessary to educate and train ophthalmologists. It aims to clarify, for those who undertake and provide such training, the standards and criteria for each post. The underlying principle of the accreditation process is to ensure that education and training sites provide training posts and learning environments that facilitate the training of safe and competent ophthalmologists.

Standards for Ophthalmic Training

The following sections outline the standards associated with the medical and surgical training programmes including:

1. Minimum Generic Standards for Ophthalmology
2. Minimum Standards for Basic Surgical Training (BST)
3. Minimum Standards for Basic Medical Training (BMT)
4. Minimum Standards for Higher Surgical Training (HST)
5. Minimum Standards Higher Medical Training (HMT)

Section 1: Minimum Generic Standards for Ophthalmic Training Posts

QI 1	Trainees should be allocated to ICO approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less-than-full-time trainees). Due consideration should be given to individual training requirements to minimise competition for educational and training opportunities.
QI 2	Trainees should be assigned to at least one Consultant Trainer. Additionally, each training unit must have an assigned Educational Supervisor. **All consultant trainers must meet the eligibility criteria as outlined in the ICO Code for Ophthalmic Trainers.*
QI 3	On commencement of each post, a Personal Development Plan should be agreed and put in place between the trainer and the trainee which clearly outlines the goals, expectations and training commitments of that rotation. The Development Plan should be submitted to the ICO and will be reviewed against progress at the end of rotation CAPA. Trainers should monitor a trainee's progress throughout their rotation and provide appropriate feedback.
QI 4	Each scheduled session should provide explicit training opportunities with trainees undertaking ophthalmic work which is appropriate to their level of training. They should not be required to undertake duties normally performed by interns.
QI 5	There should be enough clinical work in the unit to support the number of trainees working there and provide experience in a broad range of conditions and procedures.
QI 6	Trainees should have exposure to an appropriate caseload and case mix to meet the needs of their programme curriculum.
QI 7	Trainees should have the opportunity to perform the prescribed procedures to a specified level as defined by their programme curriculum.
QI 8	Trainees should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include protected time to allow for this (RSTA).
QI 9	Trainees should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training.
QI 10	Trainees should not miss training opportunities due to providing cover for absent colleagues or filling rota gaps.
QI 11	There should be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of all on-call activity in the unit.
QI 12	At least 2 hours of facilitated formal on-site teaching should take place each week.

QI 13	Trainees should have the opportunity to give formal teaching sessions/tutorials (e.g. to medical students, interns, nurses etc) and actively participate in administrative activity (e.g. arranging rotas, theatre lists, dictating GP letters, discharge summaries). Appropriate support and feedback should be given from consultant trainers.
QI 14	Trainees should have a protected RSTA session once per week to support study, audit and research. Trainees should attend and participate in 4-monthly audit meetings.
QI 15	There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council.
QI 16	The site will promote good professional practice by all staff, which is centered on patient safety and quality of care.
QI 17	There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level.

Section 2: Minimum Standards for Basic Surgical Training (BST)

QI 18	Trainees should have a timetable in keeping with the criteria as laid out in the Curriculum. This should include at least 2 theatre sessions, at least two consultant-led specialty clinics, at least one consultant-led general clinic and at least one EED session, per week. They should have a dedicated 'minor ops' and laser list under appropriate supervision (Consultant or HST) at least alternate weeks and at least one injection list per month.
QI 19	Trainees must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their curriculum, with an appropriate degree of reflection and feedback.
QI 20	During their allocated theatre sessions, trainees should receive appropriate tuition on surgical techniques from the consultant trainer/SpR during every attended theatre session. They should have the opportunity to perform procedures / part procedures under supervision and receive structured feedback on surgical performance.
QI 21	During their allocated theatre sessions, trainees should write operative notes on their own cases and receive proximate feedback from their consultant trainer on their operative notes.
QI 22	During their OPD and EED sessions, trainees should see an appropriate caseload (6-10 pts per session) and an appropriate case mix of "new" patients and "return" patients.
QI 23	Trainees should have appropriately supervised responsibility for the assessment for both elective and emergency patients.
QI 24	Trainees should have the opportunity to "follow through" (i.e. go to theatre) on emergency surgery patients.
QI 25	At least 2 hours of facilitated formal on-site teaching should take place each week and trainees should attend and participate in onsite teaching at least once per week.

QI 26	Trainees should present cases at weekly teaching at least two times in each six month rotation and receive proximate structured feedback from the consultant trainer on cases presented.
QI 27	Trainees should have the opportunity to perform at least 4 audits throughout BST.
QI 28	Trainees should attend and participate in 4-monthly Audit meetings.
QI 29	Trainees should attend and actively participate in multi-disciplinary team (MDT) and specialist meetings.
QI 30	Trainees should have the opportunity & encouragement to participate in clinical research projects.
QI 31	Trainees should receive feedback from the Consultant Trainer on clinical research projects
QI 32	Trainees should write up and publish results of clinical research projects.
QI 33	Trainees should participate in the departmental Journal Club.

Section 3: Minimum **Standards for Basic Medical Training (BMT)**

QI 34	Trainees should have a timetable in keeping with the criteria as laid out in the Curriculum. This should include at least two consultant-led specialty clinics, at least 2 consultant-led general clinics, an EED session, a dedicated 'minor ops' and a dedicated laser list under appropriate supervision (Consultant or HST) once per week, and at least one injection list per month.
QI 35	During their OPD and EED sessions, trainees should see an appropriate caseload (6-10 pts per session) and an appropriate case mix of "new" patients and "return" patients.
QI 36	Trainees should have appropriately supervised responsibility for the assessment for both elective and emergency patients.
QI 37	Trainees should write clinical notes on their own clinical / minor ops / procedural cases and receive proximate feedback from their consultant trainer on their notes.
QI 38	Trainees must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their curriculum, with an appropriate degree of reflection and feedback.
QI 39	Trainees must have the opportunity to complete the Clinical Casebook required by their curriculum, with an appropriate degree of reflection and feedback.
QI 40	At least 2 hours of facilitated formal on-site teaching should take place each week and trainees should attend and participate in onsite teaching at least once per week.
QI 41	Trainees should present cases at weekly teaching at least two times in each six month rotation and receive proximate structured feedback from the consultant trainer on cases presented.
QI 42	Trainees should attend and participate in 4-monthly Audit meetings.
QI 43	Trainees should have the opportunity to perform at least 4 audits throughout BMT.
QI 44	Trainees should attend and actively participate in multi-disciplinary team (MDT) and specialist meetings.

QI 45	Trainees should have the opportunity and encouragement to participate in clinical research projects.
QI 46	Trainees should receive feedback from the Consultant Trainer on clinical research projects.
QI 47	Trainees should write up and publish results of clinical research projects.
QI 48	Trainees should participate in the departmental Journal Club.

Section 4: Minimum Standards for Higher Surgical Training (HST)

QI 49	Trainees should have the opportunity to complete the required subspecialties per year, with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training and is laid out in the Curriculum.
QI 50	Trainees should have an allocated timetable in keeping with the recommended ICO guidelines for higher training: 1 RSTA session, 2-4 theatre sessions, 1 laser, minor operation or injection session, 1 EED session, 4-5 subspecialty clinical sessions with a good subspecialty case mix and a caseload of 10-12 patients per trainee per session. On-call activities in keeping with the European Working Time Directive (EWTD), with access to a second-on-call senior colleague.
QI 51	In theatre, trainees should have the opportunity to operate, under supervision, on the range of elective and emergency conditions as defined by the curriculum including the subspecialist areas.
QI 52	In OPD and EED, trainees should see an appropriate caseload of 10-12 patients per trainee per session and case mix of “new” patients and “return” patients.
QI 53	All trainees should have the opportunity to manage patients presenting as an emergency under supervision and appropriate to their level of training, and have appropriate facilities to allow them to assess patients out of normal working hours (i.e. slit lamp etc.)
QI 54	Trainees should be expected to discuss all emergency cases which they take to theatre with their on-call consultant.
QI 55	All trainees should have a nominated consultant supervisor when on call and/or working out of hours. That supervisor should be a substantively appointed consultant, or a locum consultant who has a Certificate of Completion of training or equivalent.
QI 56	No trainee should be in a position whereby they could be performing emergency work beyond their competence without access to immediate advice and direct supervision from the consultant on call.
QI 57	Trainees should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs).
QI 58	Trainees should present cases at weekly teaching at least two times in each six month rotation and receive proximate structured feedback from the consultant trainer on cases presented.

QI 59	Trainees should have the opportunity and study time to complete and present one audit project in every twelve months.
QI 60	Trainees are encouraged and supported to mentor and train more junior trainees.

Section 5: Minimum Standards for Higher Medical Training (HMT)

QI 61	Trainees should have the opportunity to complete the required subspecialties per year, with a suitable intensity of training in each subspecialty & an appropriate degree of reflection & feedback, the mix of which will depend upon their specialty & level of training.
QI 62	Trainees should have an allocated timetable in keeping with the recommended ICO guidelines for higher training: 4 subspecialty sessions, 1 laser session, 1 virtual / minor ops, alternate intravitreal injection list, 2 general sessions (eye casualty, RAC, gap specific*), 1 RSTA. Second on-call activities excluding surgical trauma.
QI 63	Trainees allocated a timetable as part of the Medical Retina Module should have an allocated timetable in keeping with the recommended ICO guidelines for higher training in MR: Diabetic retinopathy clinic x 1, retinal laser session x 1, medical retina clinic x 2 with a good case mix and a caseload of 10-12 patients per trainee per session, intra-vitreal injection list (IVTx) x 1, FFA /OCT session x 1(incorp), eye casualty session x 2, RSTA x 1, other* x 1. Second-on-call activities excluding surgical trauma.
QI 64	Trainees allocated a timetable as part of the Glaucoma Module should have an allocated timetable in keeping with the recommended ICO guidelines for higher training in Glaucoma: Glaucoma specialty clinics x 3 with a good case mix and a caseload of 10-12 patients per trainee per session, virtual clinic x 1, YAG Laser / SLT Laser x 1, General clinic x 1, RSTA x1, A/E session x 2, other* x 1. Second-on-call activities excluding surgical trauma.
QI 65	Trainees allocated a timetable as part of the Paediatric Module should have an allocated timetable in keeping with the recommended ICO guidelines for higher training in Paediatric Ophthalmology: Paediatric Clinic x 4 with a good case mix and a caseload of 10-12 patients per trainee per session, minor ops/EUA session x 1, A/E session x 2, ROP session x 1, RSTA x 1, other* x 1. Second-on-call activities excluding surgical trauma. *Can be minor ops, PAC clinic, pre-operative clinic, ROP screening, virtual clinic, neuro-ophthalmology clinic, consultation clinic, paediatric clinic etc. It cannot be another A/E session.
QI 66	Training sessions should have the opportunity to be allocated to Integrated Eye-Care Team (IECT) sites provided adequate specialty training opportunities in keeping with the Curriculum are available and supported by adequate clinical equipment, adequate learning & training resources as well as a shared networked IT system.
QI 67	Trainees should have the opportunity to train in IECT sites (in line with the establishment of the IEC Teams) with emphasis on specialty training, virtual or telemedicine, population-based approaches to healthcare delivery and non-clinical teaching opportunities, with an

	appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
QI 68	In OPD and EED sessions, trainees should see an appropriate mix of “new” patients and “return” patients.
QI 69	All trainees should have the opportunity to manage patients presenting as an emergency, under supervision and appropriate to their level of training, and have appropriate facilities to allow them to assess patients out of normal working hours (i.e. slit lamp etc.)
QI 70	Trainees should have the opportunity to manage, under supervision, the range of elective and emergency conditions as defined by the curriculum including the subspecialist areas.
QI 71	All trainees should have a nominated consultant supervisor when on call and/or working out of hours. That supervisor should be a substantively appointed consultant, or a locum consultant who has a Certificate of Completion of training or equivalent.
QI 72	No trainee should be in a position whereby they could be performing emergency work beyond their competence without access to immediate advice and direct supervision from the consultant on call.
QI 73	Trainees should be expected to discuss all emergency cases which have been admitted or taken to theatre with their on call consultant.
QI 74	Trainees must have the opportunity to have adequate time with their Consultant Trainer to complete the Workplace Based Assessments (WBAs) required by their curriculum, with an appropriate degree of reflection and feedback.
QI 75	Trainees must have the opportunity to complete the Clinical Casebook with an appropriate degree of reflection and feedback.
QI 76	Trainees should have the opportunity and study time to complete and present one relevant audit project every twelve months.
QI 77	Trainees should have the opportunity and study time to complete and present one relevant care pathway project once during HMT.
QI 78	Trainees should have at least 2 hours of facilitated formal teaching each week in keeping with the HMT Teaching and Learning Framework for each subspecialty rotation with adequate facilitated preparation for each subspecialty SOE assessment.
QI 79	Trainees are encouraged and supported to mentor and train more junior trainees.