



Irish College of
Ophthalmologists

Eye Doctors of Ireland

Protecting your Vision

Basic Surgical Training in Ophthalmology

Induction Manual 2018



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1. Welcome

Dear BST Trainee,

Congratulations on your appointment to Basic Surgical Training in Ophthalmology (BST 1-3).

Basic Surgical Training in Ophthalmology is delivered by the Irish College of Ophthalmologists (ICO). As a specialty, we continually review the training programme and identify areas we can improve upon. Equally, we aim to introduce new incentives that will contribute to the quality of training experience.

There are processes in place and these must be followed in order to ensure the smooth running of the training programme. Take time to read through this document as it will aid you in your development through each year of training.

If you require assistance, please speak with your Consultant Trainer, with the College or myself as necessary.

I hope that your experience of Basic Surgical Training in Ophthalmology will be a positive one and may I wish you the best in your surgical training career.

Yours sincerely,



Ms Yvonne Delaney
Dean of Postgraduate Education
Irish College of Ophthalmologists

2. Overview

The Basic Surgical Training programme is three years in duration and is the pathway to specialist training in surgical ophthalmology. The purpose of the basic surgical years is to provide a broad based initial training in ophthalmology with attainment of knowledge skills and professional behaviours relevant to the practice of ophthalmology in any specialist discipline. Following successful completion of Basic Surgical Training and depending on career preference and ability, candidates can compete to enter Higher Specialist Training in Surgical Ophthalmology.

The ICO is responsible for the delivery of the Basic Surgical Training programme. The responsibility for designing the curriculum and setting the curriculum standards rests with the Manpower and Education Committee of the ICO.

A maximum of one year of remediation will be offered during Basic Surgical Training if needed. The programme should be completed within 5 years of the start date. Should the completion date change to 5 years beyond the start date, then the trainee will be required to undertake the full three years from the beginning.

3. Accredited Training Post Hospitals

Hospital	Important Contacts
Cork University Hospital	Educational Supervisor: Mr Zubair Idrees
University College Hospital Galway	Educational Supervisor: Ms Deirdre Townley
Mater Misericordiae University Hospital Temple St Children's University Hospital	Dean of Postgrad Education: Ms Yvonne Delaney Educational Supervisor: Mr Ian Flitcroft
Royal Victoria Eye and Ear Hospital Our Lady's Children Hospital, Crumlin St. Vincent's University Hospital	Educational Supervisor: Mr Donal Brosnahan
Sligo University Hospital	Educational Supervisor: Ms Shauna Quinn
University Hospital Limerick	Educational Supervisor: Ms Marie Hickey Dwyer
University Hospital Waterford	Educational Supervisor: Mr John Stokes

4. BST Assessment – Mandatory Components

Trainees are assessed via Competence and Assessment of Performance Appraisal (CAPA). This is a review session with the Dean of Postgraduate Education where your progress in relation to fulfilling the mandatory components of assessment is discussed. CAPA assessment documentation for your first six-month rotation is required in December for review by the Dean. CAPA assessment documentation for your second six-month rotation is required in May ahead of the formal CAPA assessment session with the Dean in June. Below are the mandatory components of the BST assessment:

1.	Training Development Plan	
2.	Workplace Based Assessments (WBAs)	
3.	CAPA A Form (cumulative log summary)	e-Logbook
4.	Consultant Trainer Report	
5.	Human Factors	
6.	School for Surgeons (SFS) Online Teaching Programme	
7.	Examinations	
8.	ICO Skills Courses & Course Study Days	
9.	In-House Teaching	
10.	National Postgraduate Teaching Programme (NPTG)	

BST Training Development Plan

Trainees are required to fill this out at the start of their rotation with their Trainer(s), where both will agree (i) which WBA the Trainee will choose to do and (ii) which Trainer will evaluate the Trainee for each particular assessment. A signed hard copy of the plan should be sent to the Training Coordinator in the ICO within the first two months of each rotation.

BST Workplace Based Assessments (WBAs)

Workplace-based assessments encompass the assessment of skills, knowledge, behaviour and attitudes during day-to-day ophthalmic practice. Workplace based assessment have a significant impact on learning by providing feedback to trainees regarding the current level of their practice. They also inform the summative assessment at the completion of each 6 month rotation and contribute towards the documentation of the attainment of curricular outcomes which forms an important part of the CAPA process.

ST1a **1 Surgical WBA:** OSCAR (Modular Phaco 1)
1 Clinical WBA: Mini CEX (Cataract) or Mini CEX (PVD)
1 Procedural WBA: DOPS (Fundal) or DOPS (Gonio Glaucoma)

ST1b **1 Surgical WBA:** OSCAR (Modular Phaco 2)
1 Clinical WBA: Mini CEX (Cataract) or Mini CEX (PVD)
1 Procedural WBA: DOPS (Fundal) or DOPS (Gonio Glaucoma)

ST2a **1 Surgical WBA:** OSCAR (Complete Phaco)
1 Clinical WBA: Mini CEX (Microbial Keratitis) or Mini CEX (ARMD)

1 Procedural WBA: OSCAR (Strabismus) or DOPs (Ectropion) or OSCAR (Lateral Tarsal Strip Surgery) or DOPS (Laser pan-retinal photocoagulation PRP)

ST2b **1 Surgical WBA:** OSCAR (Successive Phaco)

1 Clinical WBA: Mini CEX (Microbial Keratitis) or Mini CEX (ARMD)

1 Procedural WBA: OSCAR (Strabismus) or DOPs (Ectropion) or OSCAR (Lateral Tarsal Strip Surgery) or DOPS (Laser pan-retinal photocoagulation PRP)

ST3a **1 Surgical WBA:** OSCAR (Successive 3 Phaco)

1 Clinical WBA: Mini CEX (Ocular Motility)

1 Procedural WBA: OSCAR (Strabismus) or DOPs (Ectropion) or OSCAR (Lateral Tarsal Strip Surgery) or DOPS (Laser pan-retinal photocoagulation PRP)

Please pay particular attention to the dates by which all WBAs must be completed. All of the relevant WBA forms are on the SFS website <https://vle.rcsi.ie/login/index.php>. Before you perform your WBAs please download the relevant forms from the SFS / VLE website. The forms on the website may undergo minor alterations from time to time so always make sure you download the forms as close to the WBA as possible. The online forms will always be the most up to date version. All WBAs will be scored and will contribute to the scorecard in order to compete to enter HST.

Further information is outlined in the *Workplace Based Assessments and Marking Guidelines to HST* sections of this document.

BST CAPA A Form

Trainees are required to complete the CAPA A form every six months which details the Trainee's timetable and is a cumulative log of their surgical procedures for each rotation from years 1 – 3. In particular take care to fill out clearly the following details in the timetable: Outpatients, Theatre Session and Consultant Trainer. You will find this document on the SFS website.

e-Logbook

The e-logbook is the Trainee's record of all procedures performed on patients. Trainees record their level of involvement in a procedure and the supervision received using the descriptors. A minimum number of index procedures / lasers / surgeries must be carried during each 6 months of basic training. Refractions should also be recorded: <https://client.elogbook.org/logon/>

BST Consultant Trainer Report

Trainees are required to have their Consultant Trainer complete this report on their progress at the end of each six months. You will find this document on the SFS website.

Human Factors

A programme of training in Human Factors in Patient Safety principles is a mandatory component of ophthalmology training for Trainees at junior and senior levels of training and is delivered by RCSI. Each module is designed to be delivered over a one day period and it is

mandatory for each Trainee to attend three modules per year and to pass the Human Factors OSCE examination in years 1 & 2.

Further information is outlined in the *Human Factors* section of this document.

School for Surgeons (SFS) & Interactive Classroom (IC)

School for Surgeons (SFS) and the Interactive Classroom (IC) are the online learning components of the training programme. Assignments are completed on SFS and feedback sessions based on these assignments are facilitated through the IC. Participation on SFS assignments, IC feedback sessions and the end of term MCQ are mandatory components of the BST programme. In each six-month rotation, a minimum of 60% of assignments are required to be completed and a minimum of 60% of ICs to be attended.

Further information is outlined in the *SFS & IC Online Teaching* section of this document.

Examinations - MRCSI (Ophth)

Trainees must pass the MRCSI (Ophth) exam to successfully complete Basic Training. To achieve the MRCSI (Ophth), Trainees must first pass the FRCOphth Part 1 exam and the Refraction exam. When you receive confirmation of passing any of the three exams, please submit copies of the confirmation to the college for your training file.

Further information is outlined in the *Examinations* section of this document.

ICO Skills Courses & Course Study Days

Throughout the academic year the below skills courses are delivered by the ICO. Each Trainee must attend at least one skills course and one course study day per year during their training and must have attended all obligatory courses in order to obtain their CCBST.

Skills Courses:

- Phacoemulsification Skills Bootcamp Course, SVUH (11th July)
- Microsurgical Skills Course, RCSI (3rd Sept)
- Ocular Anaesthetics Course, RVEEH (October)
- Refraction Course Year 1 (Intro), RVEEH (Sept)
- Refraction Course Year 2 (Exam Prep), RVEEH (April/May)

Course Study Days:

- Strabismus Paediatric Course, Waterford (Feb/March)
- Retinal Course, Adare Limerick (September)
- Pathology Course, RVEEH (January)
- Anatomy Course ONLINE

When you receive confirmation of completing any of the above courses, please submit copies of the confirmation to the college for your training file.

Further information is outlined in the *Courses & Meetings* section of this document.

The following courses are in research and development and will be added to the list of Course Study Days in the future:

- Ocular Trauma Anatomy Course
- Anterior Vitrectomy Course (BST Year 3)

In-House Teaching

A minimum of two hours per week of in-house teaching per week (during the academic year) takes place in each training unit. The content should be broadly based on the syllabus and should include case presentations, journal club, didactic lectures and audit. Each Consultant Trainer in the unit is expected to participate in the teaching and such participation by Trainers as well as attendance by Trainees should be documented by the Unit's Educational Supervisor. It is obligatory for Trainees to attend a minimum of 60% of postgraduate in-house teaching.

The National Postgraduate Teaching Programme (NPTG)

The National Ophthalmic Postgraduate Teaching Programme includes monthly case presentations and lectures given by national and international invited speakers, with each subspecialty being represented at least once in the academic year. The programme is run by the Royal Victoria Eye and Ear Hospital from September to March of each academic year, and subsequently by the Eye Department in the Mater University Hospital from March through to June of each academic year. The program is video-conferenced to training Units in Cork University Hospital, Limerick Regional Hospital, Waterford Regional Hospital, Galway University Hospital, Sligo General Hospital and Letterkenny Hospital. It is obligatory for Trainees to attend a minimum of 60% of the National Ophthalmic Postgraduate Teaching Programme.

Formal CAPA Assessment Session (June)

Trainees' formal CAPA assessment sessions take place in June of each training year with the Dean. At this session, the Dean will review all CAPA documentation with the Trainee: from the first six-months (must be submitted to the ICO in December) and from the second six-months (must be submitted to the college by May). Trainees will not pass their CAPA assessment if all relevant documentation is not submitted in time for review at the session.

Below are the documents each Trainee needs to submit per six month rotation to the college:

- Workplace Based Assessments (WBAs)
- CAPA A Form
- Consultant Trainer Report

During the assessment session, the Dean will fill out a cover form CAPA B which will be the record of the Trainee's participation and performance in the following mandatory areas:

- Human Factors
- School for Surgeons (SFS) Online Teaching Programme
- Examinations
(Please provide copies of confirmation of any passed exams)
- ICO Skills Courses & Course Study Days
(Please provide copies of confirmation of any courses attended)
- In-House Teaching
- National Postgraduate Teaching Programme (NPTG)

5. School for Surgeons & Interactive Classroom

Each Trainee is issued with a unique logon name and password to access the School for Surgeons website <https://vle.rcsi.ie/login/index.php>. The course content of SFS is a combination of case presentations, review of relevant Journal articles (Journal Watch), audio-video presentations of clinical and surgical content and end of term MCQs. Cases are presented which are relevant to Ophthalmic Specialist Trainees and are based on the syllabus, the case-mix encountered in the clinic as well as the MRCSI (Ophth) Examination. JournalWatch engages Trainees in appraising relevant articles and papers in peer reviewed Journals, all of which are available on the e-Journal Portal.

There are 4 assignments and an end of term MCQ per each six-month semester. Trainees are expected to submit their assignments online by the due date. Feedback is given in the form of Interactive Classrooms (ICs) after the assignment due date. In total over the training year, there are SFS 8 assignments, 2 MCQs and 8 ICs for the purposes of feedback. Each assignment is graded and Trainees are expected to score a minimum of 60% in order to pass each 6 month rotation of their 3 year training cycle. During training, Trainees are expected to host one assignment and host one Interactive Classroom per 6 month rotation. All SFS scores will contribute to the scorecard in order to compete to enter HST.

The ICO advises you to check that your username and password is functioning and active.

6. AAO – American Academy’s ONE Network Access

As a Trainee of the ICO, you have free access to the American Academy's Ophthalmic News & Education (ONE®) Network. The ONE Network is a comprehensive, online educational resource that brings together the most clinically relevant content, news and tools from a variety of trusted sources. The recent updates mean that when you log on to use the ONE Network, you will be able to access a greater extent of new content, such as a library of 3,500 free clinical images, basic skills courses, master class videos and self-assessments. The upgraded facility will also find content easily and quickly using a powerful new search engine and customise a visitors learning experience with the "My ONE Network" tool. The new version also allows you to view clinical content on any mobile device.

Important: Content from the ONE Network will be used in your School for Surgeons assignments and Interactive classroom feedback sessions. For this reason, the ICO advises you to check that your username and password is functioning and active.

The ICO has provided the setup details required to the ONE Network and you will be emailed directly with your login details. If your login details are not working or you need instructions on logging in to the ONE Network you can contact the ICO directly or email oneintl@aao.org.

7. Examinations

Trainees must pass the MRCSI (Ophth) exam to successfully complete Basic Training. The MRCSI (Ophth) is an internationally recognised examination that assesses competence in clinical ophthalmology and the relevant basic sciences. It focuses on the assessment of the key components of clinical competence; knowledge, clinical skills, communication, clinical reasoning ability and professionalism. Candidates are required to demonstrate competence in all of these areas to achieve success in the examination. To achieve the MRCSI (Ophth), Trainees must first pass the FRCOphth Part 1 exam and the Refraction exam.

FRCOphth Part 1 Exam

You must pass the FRCOphth Part 1 exam in order to be eligible to sit the MRCSI (Ophth) Part 2 exam. The Royal College of Ophthalmologists (RCOphth) UK are the training body that run the FRCOphth Part 1 exam. You can sit the exam in the UK or in Dublin, where it is hosted by the Irish College of Ophthalmologists. Four attempts are allowed for the FRCOphth Part 1 exam and it must be passed by the end of Year 2.

Scheduling

The dates for UK and Dublin are the same and are normally scheduled in October, January and April of each training year.

To Apply

Any candidates applying for the exam for the first time and not registered with the GMC have to make their first application offline (email or post) so that the RCOphth can manually validate eligibility. Please contact the exams office in the RCOphth to do this exams@rcophth.ac.uk. All subsequent applications are made via the RCOphth website: <https://www.rcophth.ac.uk/examinations/book-now/>.

There is information on demonstrating eligibility for those not registered with the GMC in the information pack on the RCOphth website <https://www.rcophth.ac.uk/examinations/part-1-fellowship/>. You can provide your IMC number in lieu of your PMQ.

Contact

For advice on completing your application, you can email exams@rcophth.ac.uk.

Closing Dates

It is essential that you pay close attention to the **closing dates** for each exam, as these can be as early as 2-3 months before the examination date.

Refraction Exam and MRCSI Part 2 Exam

The Refraction exam and the MRCSI Part 2 exam (Written and Clinical) are both hosted in Dublin by the Royal College of Surgeons in Ireland (RCSI). Four attempts are allowed for the MRCSI Part 2 exam.

Scheduling

The Refraction exam is normally scheduled in June of each training year with a supplemental exam run in September for those who were not successful at the June sitting. The MRCSI

Part 2 Written exam is normally scheduled in October of each training year with a supplemental exam run in January for those who were not successful at the October sitting. The MRCSI Part 2 Clinical exam is normally scheduled in February of each training year

To Apply

Please visit <https://postgradexams.rcsi.ie/public/openexams> to search for the relevant exam and to apply.

Contact

If you have any queries, you will see listed on the portal a contact person from the RCSI Exams office for each exam or you can contact the general exams email pgexams@rcsi.ie.

Regulations

For the Regulations and Eligibility Guidelines of the RCSI run components of the MRCSI Exam, please visit <http://www.rcsi.ie/ophmembersexams>.

Refraction Exam Exemption

You may apply for an exemption of the refraction component of the MRCSI exam if you can demonstrate registration as an optometrist with CORU Ireland or the General Optical Council (GOC) UK within 5 years of the refraction exam date. It is important you do this in plenty of time *before the date of registration* for the refraction exam in case your exemption is not valid and you need to sit the refraction exam. Please visit the ICO website for details on how to apply for this exemption.

Important

*The supplemental diets will only be made available to unsuccessful candidates from the first sitting of the exam. A first application cannot be made to the supplemental diets.

**Any successful candidates following the Written supplemental in January will be facilitated to submit a late application for the February Clinical exam. All other candidates must apply by the deadline.

Closing Dates

It is essential that you pay close attention to the **closing dates** for each exam, as these can be as early as 2-3 months before the examination date.

8. Human Factors

Acknowledged experts from the RCSI deliver the Human Factors programme. The program has ten modules, each of which contains four tutorials, and each module has precise learning objectives. Each module is designed to be delivered over a one day period and it is mandatory for each Trainee to attend three modules per year and to pass the Human Factors OSCE examination in years 1 and 2. The training is delivered by a combination of didactic teaching and practical work, which will involve role-playing and small group discussions. Audiovisual support is provided. Trainees are encouraged to find solutions to human factor problems for themselves and they are given assignments on which to work on between modules. There is emphasis on practical application in the work place and the assignments reflect the importance of work place application.

BST Human Factors Modules:

1. Team Work and Team Management
2. Medical Error and PS
3. Personality and Behaviour
4. Conflict resolution
5. Talking to patients
6. Crisis Management
7. Leadership
8. EI and SM
9. Disclosure of error
10. Clinical Dilemmas
11. Management of Critical Incidents

9. Audit

Each Trainee should carry out at least one complete audit per year of an aspect of their own or their training unit's practice. There is a minimum requirement of 4 audits per BST. The Consultant Trainer(s) will give guidance on an appropriate subject and methodology but it is the responsibility of the Trainee to initiate this within three weeks of starting each new training placement. The audit should include (with attached copies of relevant published literature):

- Discussion of the choice of audit subject
- Discussion of the choice of national / international standard against which current practice will be audited
- Outcome of initial audit of current practice and variance of results from chosen standard
- Measures taken to improve practice
- Final audit and closure of audit loop

All audits will contribute 4% to the scorecard in order to compete to enter HST. The HST Marking Guidelines are available to view further in this manual and on the ICO website.

10. Syllabus

The Basic Surgical Training Syllabus comprises the following components:

1. Oculoplastic, Adnexal and Lacrimal Procedures
2. Cornea & External Diseases
3. Cataract & Refraction
4. Glaucoma
5. Vitreoretinal Disorders incl Medical Retina
6. Neuro-ophthalmology
7. Paediatric Ophthalmology & Strabismus
8. Accident and Emergency Ophthalmology

More detailed information on the syllabus components can be found in Appendix A of the curriculum document on the ICO website. Please note that the curriculum document is currently under review and you should refer to this induction document for information on the mandatory components of BST assessment.

11. Courses and Meetings

ICO Skills Courses

- Phacoemulsification Skills Bootcamp Course, SVUH (July)
(ICO contacts you directly regarding this course)
- Microsurgical Skills Course, RCSI (September)
(ICO contacts you directly regarding this course)
- Ocular Anaesthetics Course, RVEEH (October)
- Refraction Course Year 1 (Intro), RVEEH (Sept)
- Refraction Course Year 2 (Exam Prep), RVEEH (April/May)

ICO Course Study Days

- Strabismus Course, Waterford (Feb/March)
- Adare Retinal Course (September)
- Pathology Course, RVEEH (January)
- Anatomy Course, Multiple contributors ONLINE

(Details on courses and information on how to register will be circulated by the ICO)

In Development

The following courses are in research and development and will be added to the list of Skills Courses and Course Study Days in the future:

- Ocular Trauma Anatomy Course
- Anterior Vitrectomy Course (BST Year 3)

Recommended National Courses and Meetings

Annual Peter Eustace Meeting, Mater	October
RAMI Winter Meeting	November/December

ICO Winter Meeting	
November/December Annual Montgomery Lecture	
November/December	
Peter Barry Memorial Lecture	December
RAMI Spring Meeting	March/April
ICO Annual Conference	May
Eithne Walls Research Meeting	June
New Frontiers Meeting, RVEEH	June

12. Workplace-Based Assessments

Summary of WBAs for Year 1 Basic Surgical Training (BST) 2018

The content of the new WBAs will be targeted towards important clinical induction skills (Yr 1) as well as procedural and surgical skills that are not currently assessed in the training program. The content is *relevant* to what the final practitioner will actually 'practice'. Forms for all WBAs are available on the SFS website.

Surgical Assessment WBA	
<i>Rotation:</i> Y1a (first 6 months)	<i>Rotation:</i> Yr 1b (second 6 months)
<i>Title:</i> Modular Phacoemulsification 1	<i>Title:</i> Modular Phacoemulsification 2
<i>Assessment Tool:</i> the OSCAR Modular 1	<i>Assessment Tool:</i> the OSCAR Modular 2
<i>Content:</i> Modular Phacoemulsification 1: Assesses wound construction and closure, aspiration of viscoelastic, IOL insertion.	<i>Content:</i> Modular Phacoemulsification 2: Assesses hydrodissection, anterior capsulorhexis, phaco grooving and cracking, segment removal, I/A of cortex.
<i>No. of attempts:</i> 3 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.	
<i>Deadline:</i> November 30th 2018	<i>Deadline:</i> May 30th 2019

Clinical Assessment WBA	
<i>Rotation:</i> Y1a or Yr1b but <i>not</i> both	
<i>Title:</i> Cataract	<i>Title:</i> PVD
<i>Assessment Tool:</i> mini-CEX	<i>Assessment Tool:</i> mini-CEX
<i>Content:</i> Cataract: History taking, clinical assessment, management plan and counselling for surgery.	<i>Content:</i> PVD: History taking, clinical assessment, management plan.
<i>No. of attempts:</i> 2 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.	
<i>Deadline for Clinical WBAs:</i> November 30th 2018 (Y1a) or May 30th 2019 (Y1b).	

Procedural Assessment WBA	
<i>Rotation: Y1a or Yr1b but not both</i>	
<i>Title: Fundal Skills</i>	<i>Title: Glaucoma Skills</i>
<i>Assessment Tool: DOPs</i>	<i>Assessment Tool: DOPs</i>
<i>Content: Fundal Skills: Examination with fundal lenses – 90D, 78D, 60D, superfield lens, T-mirror examination and indirect ophthalmoscopy.</i>	<i>Content: Glaucoma Skills: Examination with Goldman applanation tonometry, calibration of GAT and gonioscopy.</i>
<i>No. of attempts: 2 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.</i>	
Deadline for Procedural WBAs: November 30th 2018 (Y1a) or May 30th 2019 (Y1b).	

NB: One mini-CEX and one DOPs must be chosen from the above list and completed in each 6 month rotation. Once a mini-CEX or DOPs is chosen then that must be the *same* mini-CEX for each attempt in a given 6 month rotation. Whichever mini-CEX is *not* done in Yr 1a must be completed in Yr 1b. The decision to have a choice of content is to be practical in that some teams will be more suited to training some skills more than others. All these skills are basic skills that all trainees should acquire to a high standard in Yr 1 of training.

Summary of WBAs for Year 2 Basic Surgical Training (BST) 2018

The content of the WBAs for Yr 2 are targeted towards important clinical and procedural skills as well as surgical skills that are not currently assessed in the training program. Forms for all WBAs are available on the SFS website.

Phacoemulsification Assessment WBA	
<i>Rotation: Y2a (third 6 months)</i>	<i>Rotation: Yr 2b (fourth 6 months)</i>
<i>Title: Complete Phacoemulsification</i>	<i>Title: Successive Phacoemulsification</i>
<i>Assessment Tool: the OSCAR</i>	<i>Assessment Tool: the OSCAR</i>
<i>Content: Complete Phacoemulsification: Assesses one complete procedure.</i>	<i>Content: Assesses 2 successive complete phacoemulsification procedures.</i>
<i>No. of attempts: 3 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.</i>	
Deadline: November 30th 2018	Deadline: May 30th 2019

Procedural Assessment WBA		
<i>Rotation: Y2a and Yr2b: Choose two of the three competences below. Whichever procedure is not chosen for Yr 2 will be required to be performed in Yr 3a.</i>		
<i>Title: Strabismus Surgery</i>	<i>Title: Ectropion (wedge) or Lateral Tarsal Strip Surgery</i>	<i>Title: Laser pan-retinal photocoagulation (PRP)</i>
<i>Assessment Tool: OSCAR for Strabismus Surgery</i>	<i>Assessment Tool: DOPs for Ectropion or OSCAR for Lateral Tarsal Strip Surgery</i>	<i>Assessment Tool: DOPs</i>
<i>Content: Recess / resect muscle surgery</i>	<i>Content: Ectropion repair: Wedge or LTS Surgery</i>	<i>Content: Direct observation of technique of argon laser</i>

	application for pan-retinal photocoagulation.
<i>No. of attempts:</i> 3 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.	
Deadline for Clinical WBAs: November 30th 2019 (Y2a) or May 30th 2020 (Y2b) or December 20th 2021 (Y3a)	

Clinical Assessment WBA	
<i>Rotation:</i> Y2a or Yr2b but <i>not</i> both	
<i>Title:</i> Microbial Keratitis	<i>Title:</i> ARMD (wet)
<i>Assessment Tool:</i> mini-CEX	<i>Assessment Tool:</i> mini-CEX
<i>Content:</i> Microbial Keratitis: History taking, clinical assessment, investigations / treatment & management plan.	<i>Content:</i> ARMD: History taking, clinical assessment, investigations (FFA/OCT)/ treatment & RCT informed management plan.
<i>No. of attempts:</i> 2 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.	
Deadline for Clinical WBAs: November 30th 2019 (Y2a) or May 30th 2020 (Y2b)	

NB: Once a mini-CEX is chosen then that must be the *same* mini-CEX for each attempt in a given 6 month rotation. Whichever mini-CEX is *not* done in Yr 2a must be completed in Yr 2b. The decision to have a choice of content is to be practical in that some teams will be more suited to training some skills more than others.

Summary of WBAs for Year 3 BST National Training Program 2018

The content of the WBAs for Yr 3 are targeted towards important clinical and procedural skills as well as surgical skills that are not currently assessed in the training program. Forms for all WBAs are available on the SFS website.

Phacoemulsification Assessment WBA
Y3a (fifth 6 months)
<i>Title:</i> List of Phacoemulsification Cases
<i>Assessment Tool:</i> the OSCAR
<i>Content:</i> Phacoemulsification: Assesses one complete surgical list of 3 phacoemulsification procedures.
<i>No. of attempts:</i> 3 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.
Deadline: December 20th 2021 (Y3a)

Clinical Assessment WBA
Y3a (fifth 6 months)
<i>Title:</i> Ocular Motility and Strabismus
<i>Assessment Tool:</i> mini-CEX

Content: Ocular motility and ocular misalignment: paralytic or non-paralytic strabismus. History taking, clinical assessment, investigations / treatment & management plan.

No. of attempts: 2 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.

Deadline: **December 20th 2021** (Y3a)

Procedural Assessment WBA

Rotation: Y3a (fifth 6 months): Whichever procedure was not chosen in Yr 2 is performed in Yr 3a.

<i>Title:</i> Strabismus Surgery	<i>Title:</i> Ectropion (wedge) or Lateral Tarsal Strip Surgery	<i>Title:</i> Laser pan-retinal photocoagulation (PRP)
<i>Assessment Tool:</i> OSCAR for Strabismus Surgery	<i>Assessment Tool:</i> DOPs for Ectropion or OSCAR for Lateral Tarsal Strip Surgery	<i>Assessment Tool:</i> DOPs
<i>Content:</i> Recess / resect muscle surgery	<i>Content:</i> Ectropion repair: Wedge or LTS Surgery	<i>Content:</i> Direct observation of technique of argon laser application for pan-retinal photocoagulation.

No. of attempts: 3 attempts are allowed. All forms must be submitted to the College. The highest score will be entered in the scorecard.

Deadline for Clinical WBAs: **December 20th 2021** (Y3a)

NB: Please note that some DOPs procedures may be difficult to acquire in some units. Please look at your 3-year BST rotation and discuss with your Trainer (and the Dean if necessary) which DOPs are best suited to each rotation.

13. Certificate of Completion of Basic Surgical Training (CCBST)

It is essential that Trainees achieve the surgical and clinical, personal and professional competences defined in the surgical curriculum, fulfil the mandatory assessment requirements, pass the MRCSI Examination to be awarded CCBST. At the final CAPA assessment session, it is confirmed if the following mandatory components of the training programme have been successfully attained:

- Workplace Based Assessments (WBAs)
- CAPA A Form (cumulative log summary)
- BST e-Logbook
- Consultant Trainer Reports x 6
- Human Factors: Modules and OSCEs
- School for Surgeons (SFS): Assignments and IC Attendance
- Exams: FRCOphth Part 1, Refraction Exam and MRCSI Part 2 (Written and Clinical)
- ICO Skills Courses
- ICO Course Study Days
- Participation in In-House Teaching

- Participation in National Postgraduate Teaching Programme (NPTG)

Award of the CCBST will allow the Basic Surgical Trainee to be eligible to apply for Higher Surgical Training in Ophthalmology.

14. Marking Scheme for Entry to HST

A. Basic Surgical Training 65% (650 marks)

Clinical Performance

Workplace Based Assessments: (15%)

Each candidate is required to submit Workplace Based Assessment (WBA) forms over the first five semesters of Basic Surgical Training (ST1A, ST1B, ST2A, ST2B, ST3A). These WBA forms and their scoring allocation are outlined below. A minimum score of 50% must be achieved on each individual WBA.

Phaco (5%)

(1% per assessment)

ST1A Phaco 1

ST1B Phaco 2

ST2A Complete Phaco

ST2B Successive Phaco 2

ST3A Successive Phaco 3

DOPS Sx (3%)

(1% per assessment)

1 Strabismus

2 LTS (Lateral Tarsal Strip Surgery) or ECT (Ectropion)

3 PRP (Laser pan-retinal photocoagulation)

DOPS Clinical (2%)

(1% per WBA)

1 Gonio / GAT Glaucoma Skills

2 Fundal Skills

Mini-Cex (5%)

(1% per WBA)

1 PVD (Posterior Vitreous Detachment)

2 Cataract

3 ARMD (wet)

4 MK (Microbial Keratitis)

5 EOM (Ocular Motility)

It will be the responsibility of the candidate to ensure that all WBA forms are submitted to the Training Manager and Dean of the ICO by the deadline in each semester.

Audit (4%)

Audits must be described as open, closed or pilot, with clear details of the relevant intervention and the international / national standard or benchmark where appropriate. 0.5% is awarded for each individual part of an audit cycle, up to a maximum of 4%. If an audit has been published, candidates must ensure to include the audit in both the audit section and the publication section. Marks will not be awarded for an audit if it is only listed in the publications section of the application form. There is a minimum requirement of 4 audits.

School for Surgeons (5%)

Cumulative scores for completed school for surgeons completed assignments / MCQs are assigned per semester up to a maximum of 5% e.g. 100% school for surgeons score awarded in semester ST1A gets 1%, 50% score is awarded 0.5% etc. A minimum score of 60% must be achieved in each simestre. Any submitted assignment may be subsequently utilised for discussion during a candidate's interview at the Decision Making in Surgery station.

(1% per semester)

ST1A Assignments and MCQ
ST1B Assignments and MCQ
ST2A Assignments and MCQ
ST2B Assignments and MCQ
ST3A Assignments and MCQ

Human Factors (10%)

Cumulative scores for attendance at Human Factors modules and completion of yearly OSCE should be assigned per training year (ST1 and ST2) up to a maximum of 10%. A minimum pass score (usually 50% but set each year by RCSI) must be achieved at the ST1 and ST2 OSCE.

(5% per training year)

ST1 Attendance & OSCE
ST2 Attendance & OSCE

Consolidated Logbook (15%)

Candidates will be required to submit a validated consolidated logbook. Candidates should note that submission of false or misleading information on their consolidated logbook sheet will lead to automatic disqualification from the ST selection process. Within each specialty, two nominated persons will assess and score all of the submitted consolidated logbooks and will compile a report for the shortlisting committee.

The 15% allocated for the consolidated logbook is made up of two parts:

10%	Phaco Surgery	5% for Min. 100 Phacos 5% for 100-200 Phacos with marks stratified
5%	Other Surgery	Min. 5 Major lids, Strabismus, Lasers Min. of 30 Minor Procedures No minimum of other Intraocular/ Ant Segment

5. MRCSI (15%)

Marks for the MRCSI Exam are awarded based on performance of the Part A Written exam and the Part B Clinical exam as below:

2.5% Part A Written
12.5% Part B Clinical

A minimum score of 50% must be achieved in the written and the clinical.

*For Part A Written - The allocated marks for each part of the exam may alter slightly from year to year. Candidates will be informed in advance.

Prizes and Grants for Research (1%)

The maximum score under this section is 1%. A mark of 0.5% to 1% may be awarded for international research prizes or grants depending on nature of prize. A mark of 0.25% to 0.5% may be awarded for national research prizes or grants depending on nature of prize. A mark of 0.125% may be awarded for School for Surgeons prizes.

SFS 0.125%
Nat: 0.25% – 0.5% (depending on nature of prize)
Intl: 0.5% – 1.0% (depending on nature of prize)

Marks for research grants will only be given for grants awarded by a recognised research funding body to actually conduct research (eg Health Research Board grants) and will not be awarded for travelling fellowships (unless such fellowships specifically include funding to conduct research abroad) or for industry sponsored grants.

Marks in this section may be cumulative, up to a maximum of 1%. Candidates must provide details about the prize/award to be eligible for marks.

B. Pre-scoring of Commitment to Academic Advancement & Life-long Learning - Academic Section 5% (50 marks)

A maximum of 5% may be awarded in this section. It is theoretically possible for candidates to accumulate more than 5% based on thesis, publications and presentations but the maximum mark which may be awarded stands at 5%.

The cut-off date for the award of marks in this section will be the date of shortlisting. Under no circumstances will marks be given after that date based on accepted thesis, publications or presentations.

Marks are only awarded for degrees or diplomas which are awarded by universities or educational establishments recognised by the Irish Medical Council or by the Royal College of Surgeons in Ireland. Marks are not awarded for any degree which is obtained prior to commencement of undergraduate medical school. Likewise, marks are not awarded for any degree obtained as a matter of course during medical school or prior to commencement of

Basic Surgical Training. Therefore higher degrees will only be accepted if they were carried out during Basic Surgical Training i.e. After the official date of entry into Basic Training in Surgical Ophthalmology.

Marks in this section are not cumulative, and candidates will only be credited for the highest scoring degree. For example, if a candidate has an MD degree (3.25%) and also a surgically relevant MSc degree (2%) their total score in this section will be 3.25%.

Higher Degree by Thesis

Awarded:

PhD 3.75%

MD 3.25%

Mch 2.25%

MMedSc / other Masters 2%

Online Masters (theory only): 1.5%

Submitted with verification: 1.25%

Candidates who have completed a Thesis must submit a summary of the Thesis with the application process. Candidates who have been awarded a Higher Degree by Thesis through a non-Irish University must produce sufficient documentation to satisfy the Shortlisting

Committee that their Thesis is equivalent to a Thesis which would be submitted to an Irish University.

Relevant Diplomas

A mark of up to 0.50% may be awarded for surgically relevant diplomas.

Marks are only awarded for diplomas which are awarded by universities or educational establishments recognised by the Irish Medical Council or by the Royal College of Surgeons in Ireland. Marks are not awarded for any diploma which is obtained prior to commencement of undergraduate medical school. Likewise, marks are not awarded for any diploma obtained as a matter of course during medical school or prior to commencement of Basic Surgical Training.

Marks in this section are not cumulative, and candidates will only be credited for the highest scoring degree. For example, if a candidate has an MD degree (3.25%) and also a surgically relevant MSc degree (2%) their total score in this section will be 3.25%.

Publications

Publications and presentations will only be accepted if they were carried out during Basic Surgical Training i.e. After the official date of entry into Basic Training in Surgical Ophthalmology.

A candidate may submit any number of publications for consideration for scoring. However, the maximum mark of 5% for this entire section stands. Only publications in peer reviewed scientific journals will be considered. The marks allocated will be based on the impact factor of the journal as follows:

Impact factor < 1 = 0.25
Impact factor ≥ 1 = 0.5
Impact factor > 2 = 1.0
Impact factor > 3 = 1.5
Impact factor > 5 = 2.0

The full mark described above will be awarded for first author or senior author; one half of that mark will be awarded for second author. All publications for consideration must have a PMID number submitted with the application. If the publication is not yet on PubMed, there must be a letter of acceptance from the editor of the journal submitted with the application.

Book Chapters:	0.5%-1% depending on the publication - First Author (Must include ISBN number of book)
Invited Review Articles:	0.5%-1% depending on the journal
Case Reports:	0.25% (Irrespective of the impact factor of the journal)

Candidates may not be rewarded twice for a presentation which is published automatically because it has been presented at a surgical meeting. No points will be awarded for abstracts.

Presentations

A candidate may submit any number of presentations for consideration for scoring. However, the maximum mark of 5% for this entire section stands. Presentation at a national meeting will receive a mark of 0.25% and presentation at an international meeting will receive a mark of 0.50% - irrespective of whether it is a Poster or Case Report. Marks are only awarded if the candidate has actually made the presentation at the meeting. No marks are awarded for being a co-author of a presentation.

C. Interview 30% (300 marks)

The interview is the final stage of the selection process for Specialty Training. The interview will follow a Multiple Mini Interview (MMI) format. The overall purpose of the interview is to assess the general suitability of each candidate for progression to Specialty Training. The interview process is designed to capture elements of suitability, which have not previously been assessed in performance during Basic Surgical Training or in the MRCS examination.

The MMI format will be used to give a comprehensive assessment of a wider range of general suitability characteristics. A minimum score of 60% must be achieved.

Interviews will be conducted by a properly constituted interview panel, according to the Irish Surgical Postgraduate Training Committee (ISTPC). The interview panel may only award marks for the interview and may not under any circumstances change marks already allocated to other sections at the shortlisting meeting. All documents relating to the selection process will remain in the possession of ISTPC / RCSI. A maximum global mark of 30% may be awarded at interview.

The interview will cover a broad range of areas related to suitability for Specialty Training. These can be grouped under five principal headings:

1. Quality and Safety in Surgical Healthcare (70 Marks)

Purpose: The purpose of this station is to assess the candidate's awareness and commitment to quality and safety issues in the provision of surgical care.

Indicative Content: Audit. Incident reporting systems. Risk registers / risk management systems. Medical and surgical error. Clinical governance. Continuous Quality Improvement. MDT meetings. Surgical "handovers".

2. Commitment to Academic Advancement and Lifelong Learning

(20 Marks + 50 Marks from Pre-Scoring)

Purpose: The purpose of this station is to assess the candidate's commitment to maintaining up to date knowledge and professional competence.

Indicative Content: Review of surgical portfolio. Attendance at relevant meetings and courses. Presentations and publications. Teaching activities. Involvement in clinical research.

3. Knowledge of Current Issues Relevant to Surgical Practice 70 Marks

Purpose: The purpose of this station is to assess the candidate's knowledge and awareness of issues (other than surgical knowledge and technical skill) which may impact on delivery of good surgical care.

Indicative Content: The Clinical Programmes (Acute Surgery Programme / Elective Surgery Programme). Hospital networks. Universal Health Insurance. European Working Time Directive / shift working.

4. Decision Making in Surgery 70 Marks

Purpose: The purpose of this station is to assess the candidate's ability to utilise knowledge and skills in making sound clinical judgements for patient management relevant to the specialty in question.

Indicative Content: 2/3 Clinical Scenarios, 3-4 minutes each.

5. Professionalism and Probity in Surgical Practice 70 Marks

Purpose: The purpose of this station is to assess the candidate's awareness and commitment to professional and ethical behaviour in surgical practice.

Indicative Content: Regulation of the medical profession (Medical Council / Fitness to Practice process). Ethical behaviour for doctors. Patient advocacy. Disclosure of error. Clinical research ethics. Introduction of new technology to surgical practice. Data protection.

Each interviewer will mark each candidate at the end of each interview by silent voting. The mark sheets for each candidate will then be collected and the marks awarded by each interviewer will be displayed at the end of the interview process. Any significant discrepancies in marking will be discussed by the Chairman. A list of suggested questions for the various topics of the interview will be presented to the interview panel. However, these questions are

simply for assistance to interviewers and are not mandatory questions. Interviewers are free to ask any questions they like related to the headings to be marked.

At the end of the selection process, the marks obtained in each section will be added together to give the total mark in the selection process. Candidates will then be ranked and will be appointed according to their rank and the number of positions available.

A second chance option is available for candidates who do not proceed to HST on their first attempt.

15. Out of Programme Experience (OOPE)

Out of Programme Experience (OOPE) are considered by the ICO in exceptional circumstances only and for a maximum of one year. There is a formal application process in place if a Trainee wishes to apply for recognition of prior experience, and this is outlined below.

1. Discuss your Intention for OOPE

Discuss your plan for Out of Programme Experience with the Dean of Postgraduate Education. You may wish to seek advice also from Research Supervisors and Educational Supervisors. If your OOPE plans are supported by the Dean, you can notify the ICO.

2. Notify the Training Body

Notifications to the training body must be made no later than 6 months prior to your intention to leave on OOPE. You will need to confirm the details below in writing to the Training Coordinator in the ICO:

- Reason for OOPE
- The exact dates of the OOPE
- Content of the planned OOPE

The Dean and Training Committee will review the submission and will determine a provisional agreement with respect to the OOPE including the requirements that the trainee must meet during the time away to satisfy the subsequent review of experience, with a view to deciding the appropriate training recognition.

To satisfy the time component of BST, an extended period of OOPE will have an impact on the CCBST date.

If you are employed outside the Irish hospital service and you cease to pursue, for any reason, the research or other activity which has been agreed, you must inform the Dean promptly with the ICO Training Coordinator in copy. It will then be decided, in consultation with the ICO Manpower, Education & Research Committee, whether it is appropriate for you to remain within the training programme.

If you are employed outside the Irish hospital service and wish to begin or return to the Training Programme, you must accept a reasonable offer of a suitable training post. Offers of training posts will, as far as possible, take into account your training need.

16. Leave

11.1 Maternity Leave

As Maternity Leave affects the CCBST date, Trainees will be required to inform the Dean of Postgraduate Education and the College of their Maternity leave start and finish dates when they have them. Trainees must also inform their employer as per their HSE contracts.

17. HSE National Flexible Training Scheme

The HSE National Flexible Training Scheme is a national scheme managed and funded by the Health Service Executives National Doctors Training and Planning (NDTP) Unit. The scheme provides for a limited number of supernumerary places to facilitate doctors from **Year 2 of Basic Surgical Training** level to continue their training in a flexible manner for a set period.

The HSE NDTP Guidance Document sets out the current details of the National Flexible Training Scheme and provides information for trainees about the programme and the application process. Applications generally open at the beginning of August and close in December for the training year commencing the following July. Applicants will then be notified of the outcome of their application for the scheme by the end of January each year. To view the HSE NDTP Guidance Document and access the Application Form, please visit:

<http://www.eyedoctors.ie/trainees/Basic-Training-in-Surgical-Ophthalmology.asp>

The application process for the National Supernumerary Flexible Training Scheme is a two-step process:

Application Stage 1: Expression of Interest

This stage is to allow the trainee to formally register their interest and to provide information to NDTP which will enable the HSE to make an initial assessment of the application. All applicants are strongly advised to speak with their current trainer or the Programme Director so that training requirements and career development will be considered. In order to allow the timely management of the allocation of trainees to clinical sites, and to minimise any potential service implications if an application for flexible training is successful, all applicants must give as much notice as possible to both NDTP and their respective training body.

Application Stage 2 – Detailed Application Form

If an applicant is advised by NDTP that they may proceed to Stage Two of the application process, the applicant must complete and submit to NDTP the Detailed Application Form. This stage provides NDTP with both the training details and the employment details of the proposed flexible training post. The Detailed Application Form must be signed by:

1. The applicant
2. The relevant training body representative (Dean/National Speciality Director) and
3. The employer (HR Manager/ Medical Manpower Manager/ Hospital Manager)

It is the responsibility of the applicant to ensure that the necessary approval is obtained from both the training body and the employer in a timely manner. A deadline for submission of the Stage 2 application form may be applied by NDTP in order to secure the flexible training post.

Approval is obtained from the training body and the employer by way of collaborative discussion with the trainee, starting from when the trainee was notified about securing a post by the NDTP. In particular the training body will discuss the following with the trainee to ensure the training period will be satisfactory:

- Training post and unit
- Proposed % of full-time working
- Proposed clinical work pattern
- Proposed on-call commitment
- Subspecialty exposure

**Important*

Please note that flexible training options are currently under review with the HSE NDTP. Any resulting changes to flexible training will be communicated to you but you may also wish to check the HSE NDTP Flexible Training webpage for updates <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/flex/>

18. HSE National Coaching Service

The HSE offers a National Coaching Service to all its employees in recognition that coaching aims to help people when they feel stuck and want to bring about personal change in their lives and work, to shift their perspective, reflect on their choices and realise their individual potential. The National Coaching Service offers 4-6 one to one sessions over the phone with each session lasting 1-hour max.

To find out more about the coaching service please visit <https://www.hse.ie/eng/staff/leadership-education-development/coaching.html>.

You can apply for a coach confidentially by contacting National Human Resources Division, Workplace Relations Unit, Staff Development Section by email hr.staffdevelopment@hse.ie.

19. NCHD Clinical Courses & Examination Refund Scheme

A contribution towards HSE approved clinical courses and examinations is available to Non-Consultant Hospital Doctors (NCHDs) from HSE – National Doctors Training & Planning (NDTP). The list of HSE approved clinical courses and examinations is provided in the Clinical Course & Examination Refund Scheme guidance document.

The amount available is a maximum of €450 per clinical course / examination per NCHD for examinations undertaken within the Republic of Ireland. If the actual cost of the clinical course or examination is less than €450, the amount refunded by the HSE will be equal to the actual cost incurred by the NCHD.

For those examinations, approved by the HSE, and only available outside of Ireland, the amount available is a maximum of €650 per examination per NCHD. If the actual cost of the examination is less than €650, the amount refunded by the HSE will be equal to the actual cost incurred by the NCHD.

To access the Clinical Courses & Exams Fund Guidance Document and Application Form, please visit: <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

20. HSE National Doctors Training & Planning



The Irish College of Ophthalmologists wish to acknowledge the support provided by the HSE National Doctors Training & Planning and its contribution to the development of postgraduate medical training in Ireland in an evolving health service.

21. Data Protection

Data Protection is an increasingly important issue for all organisations. Like all organisations that hold and use personal data, the ICO must meet certain obligations relating to the manner in which it collects, stores, uses and disseminates personal data of individuals.

The ICO is committed to meeting its obligations under the Data Protection Acts 1988 and 2003 and the General Data Protection Regulation 2018. ICO needs to collect personal data, as defined by the Acts, for a variety of purposes, in order to conduct its business as a professional and post graduate training body. ICO collects data relating to trainees who come into contact with the college in the course of its activities. Personal data is collected, managed and used for a variety of purposes including, but not limited to, the admission, assessment and examination of trainees and their clinical performance.

ICO is committed to compliance with the eight principles of data protection as set out in the Acts:

1. To obtain and process personal data fairly

ICO will obtain and process personal data fairly in accordance its legal obligations.

2. To keep it only for one or more specified and lawful purposes

ICO will keep data for purposes that are specific, lawful and clearly stated and the data will only be processed in a manner compatible with these purposes.

3. To use and disclose it only in ways compatible with the stated purpose(s)

ICO will only use and disclose personal data in ways that are necessary for the purpose/s or compatible with the purpose/s for which it collects and keeps the data.

4. To keep it safe and secure

ICO will take appropriate technical and organisational security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against their accidental loss or destruction.

5. To keep it accurate, complete and up-to-date

ICO will take appropriate measures to ensure high levels of data accuracy and completeness and to ensure that personal data is kept up to date.

6. To ensure that it is adequate, relevant and not excessive

Personal data held by the College will be adequate, relevant and not excessive in relation to the purpose/s for which they are kept.

7. To retain it for no longer than is necessary for the purpose for which it was collected

ICO will have a defined retention period policy for personal data and appropriate procedures in place to implement such a policy.

8. To give a copy of his/her personal data to an individual, upon request.

ICO has procedures in place to ensure that data subjects can access a copy of his/her data held by ICO, in compliance with sections 3 & 4 of the Data Protection Acts.

The ICO does not share personally identifying data with third parties unless requested to do so for a specific regulatory purpose by the HSE or the Medical Council.

22. Important Contacts

Irish College of Ophthalmologists

Tel: 01 402 2777

www.eyedoctors.ie

Siobhan Kelly, CEO

Email: siobhan.kelly@eyedoctors.ie

Niamh Coen, Business Process Improvement (*Mat Leave*)

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Rebecca Martin, Training Coordinator

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Marian Scully, PCS Administrator

Email: marian.scully@eyedoctors.ie

RCSI Human Factors

Simone Brennan

Email: simonebrennan@rcsi.ie

RCSI Reception

121 Stephens Green

01 402 2422

123 Stephens Green

01 402 2263

RCSI IT Dept

01 402 2273

RCSI SARA Office

01 402 2222

ssqsara@rcsi.ie

RCSI Library

librarian@rcsi-mub.com


School for Surgeons

<https://vle.rcsi.ie/login/index.php>


23. Event Calendar

July 18	August 18	September 18	October 18
 <p>Phaco Bootcamp Course, SVUH Human Factors Modules Sign Up</p>	 <p>Uveitis Meeting, RVEEH</p>	 <p>Microsurgical Skills Course, RCSI Refraction Course Year 1, RVEEH Refraction Exam (Repeat) Adare Retina Meeting</p>	 <p>Ocular Anaesthetic Course, RVEEH FRCOphth Part 1 MRCSI Ophth Part 2 Written BIPOSA Annual Peter Eustace Meeting, Mater Fighting Blindness Retina Conference</p>
November 18	December 18	January 19	February 19
 <p>Millin Meeting Munster Ophthalmic Meeting ICO Winter Meeting, RAMI Annual Montgomery Lecture</p>	 <p>Peter Barry Memorial Lecture</p>	 <p>Pathology Course, RVEEH FRCOphth Part 1 MRCSI Ophth Part 2 Written (Repeat)</p>	 <p>Charter Day, RCSI Strabismus Course, Waterford MRCSI Ophth Part 2 Clinical</p>
March 19	April 19	May 19	June 19
 <p>Sylvester O'Halloran Scientific Symposium</p>	 <p>FRCOphth Part 1 Refraction Course Year 2, RVEEH</p>	 <p>ICO Annual Conference</p>	 <p>Refraction Exam Eithne Walls Research Meeting New Frontiers Meeting</p>

*** Courses currently in development:**

 Anterior Vitrectomy Course BST Year 3

**** Course currently being researched due to current unavailability in Ireland:**

 Ocular Trauma Course