



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Basic Surgical Training in Ophthalmology

Trainee Guidebook 2019



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1. Welcome

Dear BST Trainee,

Congratulations on your appointment to Basic Surgical Training in Ophthalmology.

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. Successful progression through Basic Surgical Training gives trainees the opportunity to complete for Higher Surgical Training.

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.

The Basic Surgical Training programme is designed to be delivered over three years in accredited clinical posts. Trainees have a maximum of five years from their start date in which to complete the programme. Successful progression to higher surgical training is competitively determined by the scorecard collated by each trainee as they progress through BST. To ensure fairness, the components of the scorecard related to the acquirement of clinic and surgical skills may only be collated over the 36 consecutive months of training from the start date.

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 Edward Loane
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 3 modules in year 1 and 2 modules in year 2 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 and contribute to the scorecard. 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 and our partners. Each Trainee must have attended all obligatory courses in order to obtain their CCBST. Dates for all mandatory courses are circulated directly to you by email from the ICO.

Skills Courses & Study Days:

- Phacoemulsification Skills Bootcamp Course, SVUH
- Refraction Course
- Microsurgical Skills Course, RCSI
(Mandatory Year 1)
- Ocular Anaesthetics Course, RVEEH
(Mandatory during BST)
- Strabismus Paediatric Course, Waterford
(Mandatory during BST)
- Anatomy Course ONLINE
(available through the VLE & mandatory during BST)

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

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 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. A livestream is available for all of the lectures.

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
- 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) 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 pass the FRCOphth Part 1 exam, the Refraction exam and the Part 2 written & clinical.

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. It is possible to sit the exam in multiple locations in the UK and in Dublin further information is available from the RCOphth.

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).

Scheduling

The Refraction exam is scheduled once per year with a supplemental exam for those who were not successful at the first yearly sitting. The MRCSI Part 2 Written exam is also held once per year with a supplemental exam for those who were not successful at the first yearly sitting. The MRCSI Part 2 Clinical exam is held once per training year, the Part 2 written must be passed to be eligible to site the Part 2 Clinical.

To Apply

Please visit the RCSI website to search for the relevant exam and application information.

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 the RCSI website

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

**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

As well as clinical and surgical skills it is important to develop professional and behavioral competencies. All trainees are required to attend the Human Factors modules and to pass the end of year 1 & 2 OSCE. Each module is delivered over one day and each module is repeated.

Trainee must attend 3 modules in year 1 and 2 modules in year 2 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. 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.

Information on the dates of modules will be circulated by the ICO.

9. Audit

Trainees must complete a minimum of 4 audits during basic training. 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

Performance of audit contributes 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 is continuously reviewed.

11. Courses and Meetings

ICO Skills Courses & Study Days

- Phacoemulsification Skills Bootcamp Course, SVUH
- Refraction Course
(ICO contacts you directly regarding this course)
- Microsurgical Skills Course, RCSI
(ICO contacts you directly regarding this course)
- Ocular Anaesthetics Course, RVEEH
- Strabismus Course, Waterford
- Pathology Course, RVEEH
- Anatomy Course, ONLINE

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

12. Workplace-Based Assessments

Summary of WBAs for Year 1 Basic Surgical Training (BST) 2019

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> Yr1a (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 2019	<i>Deadline:</i> May 30th 2020

Clinical Assessment WBA	
<i>Rotation:</i> Yr1a 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 2019 (Y1a) or May 30th 2020 (Y1b).	

Procedural Assessment WBA	
<i>Rotation:</i> Yr1a or Yr1b but <i>not</i> both	
<i>Title:</i> Fundal Skills	<i>Title:</i> Glaucoma Skills
<i>Assessment Tool:</i> DOPs	<i>Assessment Tool:</i> DOPs
<i>Content:</i> Fundal Skills: Examination with fundal lenses – 90D, 78D, 60D, superfield lens, T-mirror examination and indirect ophthalmoscopy.	<i>Content:</i> Glaucoma Skills: Examination with Goldman applanation tonometry, calibration of GAT and gonioscopy.
<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 Procedural WBAs:</i> November 30th 2019 (Y1a) or May 30th 2020 (Yr1b).	

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) 2019

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:</i> Yr2a (third 6 months)	<i>Rotation:</i> Yr 2b (fourth 6 months)
<i>Title:</i> Complete Phacoemulsification	<i>Title:</i> Successive Phacoemulsification
<i>Assessment Tool:</i> the OSCAR	<i>Assessment Tool:</i> the OSCAR
<i>Content:</i> Complete Phacoemulsification: Assesses one complete procedure.	<i>Content:</i> Assesses 2 successive complete 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.	
<i>Deadline:</i> November 30th 2020	<i>Deadline:</i> May 30th 2021

Procedural Assessment WBA		
<i>Rotation:</i> 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>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.
<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 for Clinical WBAs:</i> November 30th 2020 (Yr2a) or May 30th 2021 (Yr2b) or December 20th 2021 (Yr3a)		

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.	
<i>Deadline for Clinical WBAs:</i> November 30th 2020 (Y2a) or May 30th 2021 (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 2019

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.
<i>Deadline:</i> December 20th 2022 (Y3a)

Clinical Assessment WBA
Y3a (fifth 6 months)
<i>Title:</i> Ocular Motility and Strabismus
<i>Assessment Tool:</i> mini-CEX
<i>Content:</i> Ocular motility and ocular misalignment: paralytic or non-paralytic strabismus. History taking, clinical assessment, investigations / treatment & 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:</i> December 20th 2022 (Y3a)

Procedural Assessment WBA
<i>Rotation:</i> 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.
<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: December 20th 2022 (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 Mandatory Skills Courses
- Participation in In-House Teaching
- Participation in National Postgraduate Teaching Programme (NPTG)

Award of the CCBST is an essential element to complete the requirements of completion of higher surgical training and eligibility for specialist registration as an Ophthalmic Surgeon.

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 semester. 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 (ISPTC). 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 ISPTC / 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. What happens if you do not complete BST within three years

The ICO recognises that for a variety of reasons a trainee may not complete the BST programme within three years.

If a Trainee does not complete the programme within three years of the start date an appropriate training plan must be put in place following discussions with the Dean.

The Training Agreement that the Trainee signs with the ICO must be updated to reflect the mutually agreed training plan.

If you are undertaking extended training time the ICO will endeavour to ensure you have access to a suitable training post but for reasons outside our control this may not always be possible

16. Leave

The requirement for both the clinical and mandatory training elements to be completed during defined stages of training means that training must occur in its entirety on training programme in Ireland. Completing a period of BST overseas is not permissible because such experience, even if in a training environment, will not allow the on-site appraisals or the off-site training content to be delivered

The ICO recognizes that for a variety of exceptional reasons a trainee may require time off the programme. If this situation arises please contact the ICO at the first available opportunity to discuss this in more detail. If a trainee takes leave an annotation to the training agreement may be required and this will be discussed and agreed with the Dean.

If you are returning from leave the ICO will endeavour to ensure you have access to a suitable training post but for reasons outside our control this may not always be possible

Maternity Leave

As Maternity Leave affects post allocation please inform the College of start and finish dates once confirmed. Trainees must also inform their employer as per their HSE contracts. If a trainee takes maternity leave an annotation to the training agreement may be required and this will be discussed and agreed with the Dean.

Return to training following a period of leave

The College meets with all trainees returning from leave to discuss and agree the training plan and to provide additional supports if required.

Communication while on leave

The College continues to circulate relevant information to trainees who are on leave however the trainee is under no obligation to reply.

17. Support Structures

The College recognises that trainees may face stressful situations during the programme which can impact on their performance and progress. Trainees may underperform and not achieve the desired performance requirements of the curriculum. There may be many reasons for this underperformance. Coping with the demands of a busy profession, maintaining skills and knowledge and balancing family and personal commitments can be difficult. The College is committed to provide support to trainees to assist them appropriately through difficult situations. Trainees can contact the College if they wish to discuss any aspects of their training with the Dean of Postgraduate Training and an appointment can be organised on their behalf.

For a variety of reasons a Trainee may be underperforming in their post. To help trainees, the ICO provides support so that Trainees can maximise their development and career progression.

The support escalations are outlined below:

1. Consultant Trainer.
2. Educational Supervisor
3. Dean of Postgraduate Surgical Education who may, in appropriate situations, bring any problems to the attention of the Training Committee.

All trainees are encouraged to use those resources available to them during their time on the programme should they encounter any problems during their training or wish to seek career advice.

18. Appeal

Trainee have a right to appeal a decision of the Dean and Training Committee that affects their progression through the programme. The appeals procedure is available from the ICO.

19. 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

Please refer to the HSE NDTP website for up to date information on the scheme and the application process.

20. 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.

21. 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/>

22. HSE Training Support Scheme

Additional Training Support Funding has been made available to NCHDs from July 2019 onwards. This scheme is in addition to existing financial supports such as the Clinical Course and Exam Refund Scheme and the Higher Specialist Training Fund. Funding is allocated based on Grade.

Further information is available at; <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

23. 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.

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/> .

24. 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.

25. Important Contacts

Irish College of Ophthalmologists

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Robert Tracey, Training Programme Manager

Email: rob.tracey@eyedoctors.ie

RCSI Human Factors

Simone Brennan

Email: simonebrennan@rcsi.ie

RCSI IT Dept

01 402 2273

RCSI Library

librarian@rcsi-mub.com

School for Surgeons

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