

The Royal College of Ophthalmologists

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FROM THE EDUCATION AND TRAINING DEPARTMENT

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JMH/sg

17 October 2012

Dear Trainee

GUIDANCE FOR TRAINEES OCTOBER 2012

This letter is to inform you of important changes to the way the College requires information to be presented in e-Portfolios and to give clarification to issues regarding WpBAs. Please read this information carefully. This letter will be available on the RCOphth website.

Following this year's round of ARCPs the Training Committee has had the chance to review the reports of our External Advisors (to the ARCP process) and in particular the use of the e-Portfolio by trainees. One of the main comments, echoed by members of our CCT subcommittee, is that many aspects of the educational record are not at present being placed in the e-portfolio and if they are it is in a manner which makes them difficult to find. Currently this makes an assessment of progression using the e-portfolio alone impossible.

It is important that all ARCP Panel members can contribute to the assessment and this includes the ability to prepare in advance. In order to facilitate this the Training Committee have agreed that all ARCPs in 2013 should be a paperless exercise and will rely on the e-Portfolio alone. For this to happen the e-Portfolio must be used to its full extent to ensure that it captures all aspects of the training experience. The Training Committee have

agreed the following changes although many of these are merely a re-emphasis of guidance that is currently in existence.

From 1 January 2013 all Educational and Clinical Supervisor reports must be completed using a national form which will be available on the College website. It is mandatory that all of these reports are uploaded by you on to your e-Portfolio in the following manner:

- Scan each document as a PDF file. Do NOT scan each page as a separate PDF file.
- Label the file according to the instructions given below (the date is given as an example only to show the format that is required).
- Go to the personal resource section on the e-portfolio. On the resource tab upload the document as a personal resource.
- Assign the document to your next ARCP. (Items in the personal resource section cannot be seen externally unless they have been assigned to an ARCP).

Reports that do not conform to this labelling or are incorrectly placed in a different section of the portfolio are likely not to be considered by the ARCP Panel who will then have the right to issue an Outcome 5.

Educational Supervisor Reports: The file must be labelled as an ES report with the date it was completed using the following format: e.g. an ES report completed on 26 March 2012 should be labelled ESreport120326. The national ES report form will contain space for two Educational Supervisors to write reports if you have had a change of Educational Supervisor during the year. It is your responsibility to complete the factual content of this report; this will be checked by your Educational Supervisor prior to sign off.

Clinical Supervisor reports: These should be completed on the new national CS report form and labelled CSreport120326. You must have at least two clinical supervisor reports for each placement in addition to the educational supervisor's report i.e. if you have been in two different six month placements either within the same department or different departments you should have at least 4 Clinical Supervisor reports for your ARCP. You must agree with your Educational Supervisor the names of the consultants who will be completing these reports.

The following documents must also be uploaded into the personal resources section in a similar manner using the labelling shown and assigned to an ARCP. This applies to the new training year so it will be necessary to upload any relevant documents that must be presented at your next ARCP.

Examination Results: Once you receive a letter from the RCOphth about an exam you have passed or failed you must upload that letter onto the resources section of the e-Portfolio and assign it to your next ARCP. The following labelling of documents should be used:

Exam120326Part1fail
Exam120326Part1pass
Exam120326Refractfail
Exam120326Refractpass
Exam120326DOpass
Exam120326DOfail
Exam120326Part2fail
Exam120326Part2pass

We will develop a mechanism to pull exam information from College records straight to your e-Portfolio, but it is unlikely this will be ready for 2013 ARCPs.

The **Feedback (Discussion) form** from your last ARCP panel should be labelled in the same way, uploaded and assigned to the next years ARCP as: ARCP120326discussion

The e-Portfolio **Personal Development Plan** must be completed. Action points from the ARCP discussion should be included and all PDPs should be agreed with your Educational Supervisor at the start of each year of training and should be updated throughout the year.

A summary of **audits and publication** abstracts should be uploaded in a similar manner and labelled Audit120326xxxxxx, and either paper120326xxxxxx or poster120326xxxxxx

where xxxxxx is an abbreviation of the title and the date when the paper or poster was accepted for publication/display.

Serious Incidents and Complaints: If you are involved in a Serious Incident investigation then you should complete a piece of reflective writing concerning the nature of the SI, your involvement in the course of events and what you learnt from the SI both clinically and from the point of view of being involved in a SI. The PDF should be labelled Seriousincident120326. The same pertains to complaints which should be labelled complaint120326.

Thank you letters from patients or other sources should be labelled as: Thanks120326

Pieces of reflective writing: If you wish to complete a piece of reflective writing about any other event from which you have gained experience/learning then please use the CPD section of the e-Portfolio and assign it to the next ARCP.

Other items can still be placed in the personal resources section of your e-portfolio but please do not label them in a manner which might be confused with any of the above.

Workplace Based assessments: All WpBA assessors must have undergone training in assessing WpBAs and should be approved by the local College Tutor. There should be a list available to trainees showing those in the department who are approved for assessing WpBAs. In some circumstances an Educational Supervisor may mandate that a certain person(s) assess an individual trainee's CbDs and/or other WpBAs.

Please open an ARCP early in the year and ensure that each and every WpBA, once it is approved, is assigned to the relevant ARCP. WpBAs which are “bunched” (i.e. either performed or uploaded in batches near the date of your ARCP) will not be accepted.

Case Based Discussions: The majority of these should be assessed by a consultant supervisor and in years 6 & 7 all must be assessed by a consultant supervisor. They should be spaced out evenly approximately one per month throughout the training

placement. CbDs must cover a broad range of the curriculum and must involve a discussion of a patient with whose management you have personally been involved. Please note that presenting a case to a regional training meeting can only be counted as a CbD if the Consultant completing the CbD form is present and has asked you questions about the case.

DOPS: Direct observation of a practical skill is exactly that. It is not acceptable for a DOPS assessment to be completed by an assessor who did not observe you performing the particular procedure.

CRS: Where a CRS has more than one element to a competency all elements must be assessed before the CRS is complete. For example CRS10: examination of the fundus. There are four elements to this competency. It has been noted that some trainees are signed off after assessment of one of the examination techniques only. All 4 techniques must be assessed before this WpBA is complete.

Multi-source feedback: Please note that at present this is performed once annually unless you are on an ARCP Outcome 2 or 3 in which case you may be asked to repeat the MSF for an interim ARCP. The list of assessors for your MSF must be approved by your Educational Supervisor who has the right to ask you to change your selected respondents. http://curriculum.rcophth.ac.uk/assessments/multisource_feedback

Please ensure that you organise multi-source feedback at least eight weeks before the date for submission of ARCP paperwork. Your Educational Supervisor is also sent the result of your MSF; please ensure that you discuss the result with him/her.

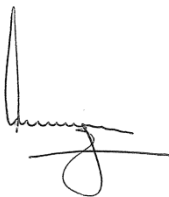
Eyelogbook: Please ensure that you use the correct classification for cases – this can be found within the logbook. The College has specifically been asked how to record a case of cataract surgery where an anterior vitrectomy has been required. Two entries should be recorded, the first as Phaco/IOL with the correct classification P/PS/A/SJ followed by a second entry for the anterior vitrectomy, again showing the correct operator classification.

The College is requesting from the GMC a clarification to DMCRJ3 concerning Cataract Audit. This element of the curriculum and the proposed changes are appended to this letter. Trainees will be informed when the GMC has made a decision about the proposed changes.

The e-portfolio has a 'Help' section on the right-hand side of the e-portfolio page. In addition there are user manuals that can be accessed using the Help tab. Before contacting the College, look through the Help section, pressing on the relevant icon which may help to solve your problem. If you are still unsure please contact the Education and Training Department at the Royal College of Ophthalmologists directly (portfolio@rcophth.ac.uk).

I apologise for having to write in this rather didactic style but, in a paperless era, it is important for your progression of training that Educational Supervisors and both Deanery and College ARCP assessors are able to navigate through your e-portfolio in an efficient manner. We are being tasked by the GMC to Quality Assure our training records and we will be looking at ways in which e-portfolios, Educational and Clinical Supervisor Reports and ARCP outcomes can be subjected to a QA process.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Hayward', with a stylized flourish at the end.

Mr Michael Hayward FRCS FRCOphth
Vice President
Chairman – Training Committee

Cc: Heads of Schools, TPDs and College Tutors. **Would College Tutors please forward this letter to all Educational and Clinical Supervisors in their Unit.**

Continued overleaf.....

ITEM	LABEL
Educational Supervisor Report	ESreport120326
Clinical Supervisor Report	CSreport120326
Exam Results Part 1	Exam120326Part1fail
	Exam120326Part1pass
Refraction certificate	Exam120326Refractfail
	Exam120326Refractpass
Diploma	Exam120326DOpass
	Exam120326DOfail
Part 2	Exam120326Part2fail
	Exam120326Part2pass
ARCP Discussion (Feedback) Form	ARCP120326discussion
Abstract of paper on topic xxxxxx	Paper120326xxxx
Abstract of poster on topic xxxxxx	Poster120326xxxxxxx
Summary of Audit on topic xxxxxx	Audit120326xxxxxxx
Report on a Serious Incident	Seriousincident120326
Report of a complaint	Complaint120326
Thank you letters	Thanks120326

Remember to place these in the Personal Resource section of your e-Portfolio AND to assign them to an ARCP

The Royal College of Ophthalmologists

Ophthalmic Specialist Training Curriculum

2012

Amendments are highlighted below

DMCRJ3

How the Ophthalmologist approaches their practice	
With appropriate decision making skills, clinical reasoning and judgement	
Learning Outcome	Participate in personal audit and understand its value of in improving practice
Code	DMCRJ3
Description	All trainees must participate in personal audit. They must understand how audit can contribute to improvement in their own clinical practice. They must maintain appropriate audits according to national policy.
Assessment	Portfolio Part 2 FRCOphth
Target Year of Achievement	Year 7
Related Learning Outcomes	SS4
Other Links	Study Guide Link

[DMCRJ3](#) - Participate in personal audit and understand its value in improving practice

Audit of your own clinical practice is an important part of annual appraisal and will provide evidence of good medical practice for revalidation. Paragraph 14 of Good Medical Practice (2006) includes guidance on maintaining and improving performance that includes audit. You are expected to maintain a logbook of surgical practice that contains details of the results and complications of your performance with cataract surgery.

Throughout your training, you MUST perform a continuous ongoing audit of any of your cataract surgery cases in which significant complications occur. This must be recorded using the on-line RCOphth electronic logbook, and an updated synopsis must appear in your e-portfolio for each ARCP. The synopsis must include details of the final outcome of these cases, including the final visual acuity and (where available) refraction, and details of any further complications which arise.

In addition, by the end of training your e-portfolio MUST contain an audit of at least 50 consecutive cataract surgery cases performed during or after ST4. This must include information on risk factors (see www.nature.com/eye/journal/v26/n6/fig_tab/eye201251t1.html) and complications (see http://www.nature.com/eye/journal/v23/n1/fig_tab/6703015t7.html), along with outcome data which must include final visual acuities and should (where possible) also include the refractive outcome.

Think:

- Which parts of your clinical practice would you like to review?
- Are there any standards that you can use or will you have to agree your own standards with your clinical supervisor?
- How will you plan the audit so that the results are easily obtained, reliable and relevant?
- How will you respond if the audit identifies areas of your practice that need to be improved?
- How may my own poor performance have an impact on patient care and on the service as a whole?

Activity:

- Identify an area of your clinical practice that you can review.
- Track down or agree your own standards.
- Get advice from your clinical audit department or clinical audit lead.
- Plan and write an audit protocol.

How might you be assessed on this learning outcome?

Your e-portfolio should contain at least an audit of your cataract surgery (a minimum of 50 consecutive cases) to satisfy the ARCP panel before you can be recommended for CCT.

The complication rate of ALL your cataract surgery must be available for the ARCP panel.

The structured viva part of the part 2 FRCOphth examination will assess your understanding and experience of audit.

Resources:

- Clinical audit support centre: <http://www.clinicalauditsupport.com/>
- Audit and clinical effectiveness information for ophthalmologists: <http://www.rcophth.ac.uk/docs/profstands/ophthalmic-services/AuditandClinicalEffectivenessApril2008.pdf>
- NICE guidance on audit:
- http://www.nice.org.uk/usingguidance/implementationtools/auditadvice/audit_advice.jsp
- Good Medical Practice: http://www.gmc-uk.org/guidance/good_medical_practice/index.asp