

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD  
(JRCPTB)**

**Annual Specialty Report for Medical Ophthalmology to  
The Postgraduate Medical Training Board (PMETB)  
for August 2007 to July 2008**

**1. Establishing Schools**

Medical Ophthalmology would be expected to be included within postgraduate schools of medical specialties within deaneries

**2. Triggered Visits**

The specialty has not been involved in PMETB “triggered visits”. However the unit at NHS Grampian in Aberdeenshire was visited as part of the general PMETB visit and the outcome was satisfactory

**3. Effect of changes to the specialty**

Medical Ophthalmology is an ideal specialty for changes to the delivery of service, particularly since there are many new treatable ophthalmological diseases relating to retinal medical problems. For this reason recruitment to the specialty should be encouraged.

**4. Key concerns for the future of the specialty**

The speciality of Medical Ophthalmology remains small. One of the difficulties that Medical Ophthalmology faces is that it sits alongside specialty training in Ophthalmology and has the additional requirement of MRCP as its entry qualification into the specialty. Accordingly the level of awareness of Medical Ophthalmology as a specialty is not high amongst trainees. Attempts to rectify this have been made by highlighting the specialty on the web site and by the Royal College of Ophthalmologists making potential trainees aware of the specialty.

The current batch of trainees are progressing well through their programmes. There continues to be interest in the establishment of new programmes throughout the country. There may however continue to be a perception that there is a difficulty in preparing a business case for new consultants in Medical Ophthalmology. A stronger case has to be made to NHS Trusts of the value and place of Medical Ophthalmology, for instance in treating the rising numbers of patients with age related macular degeneration, diabetic retinopathy and ocular inflammatory disease.

The main concerns in the immediate and longer term with regard to Medical Ophthalmology are outlined above in the perceived difficulty of establishing consultant posts which would be available to trainees on completion of their training. At the present time this is probably the main deterrent to the expansion of the specialty which is needed in terms of the level of disease burden nationally.

**5. RITAs/ARCPs.** The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs. We have received no reports of adverse RITA decisions for the 4 trainees enrolled in Medical Ophthalmology.

**6. European Working Time Directive (EWTD):** The following includes the responses we have received from the Heads of Specialist Training for this specialty

We have received no specialty specific information.

### **7. Training Programme Director Report information**

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports.

### **8. Examinations**

We do not have examination data available for this reporting period.

### **9. Assessments**

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilot further workplace based assessments.

### **10. e-portfolio**

Pilots for the specialty e-portfolios have been completed and the e-portfolio for Medical Ophthalmology will be available for use by enrolled StRs later in 2009. During the transition period trainees have been advised to complete paper records or to continue to use their CMT e-portfolio.