



Royal College of Ophthalmologists: National Survey of ST1 Supervision

Christopher King¹ · Alex Tytko² · Anne Fiona Spencer^{2,3,4} · Anna Mead⁵

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Ophthalmology trainees often have minimal ophthalmology experience before starting ST1. Balancing adequate trainee supervision with service provision is challenging for hospital trusts and with the rising demand on acute ophthalmic services this is an increasing problem [1]. At the time of the survey in 2017 there was no national guideline for the level of supervision required for ST1s in acute and emergency settings.

We set out to identify the practices of ST1 supervision in acute and emergency settings across all ophthalmic units in the UK, assess how the differing levels of supervision are perceived by trainees and by college tutors, and to determine the level of oversight of heads of schools.

The authors wrote three surveys, approved by the RCOphth Chair of Training: one directed to ST1 and ST2 trainees to answer on the basis of their ST1 experience, a second to college tutors and a third to heads of schools. The surveys were circulated by the college with an e-mail link to Survey Monkey in January 2017 and were re-circulated to non-responders. Ninety nine responses were received from trainees; 53 ST1s and 46 ST2s were representing 64 trusts across 20 deaneries. Sixty three responses were received from college tutors from 57 trusts across 21 deaneries. Fourteen responses were received from heads of schools.

Chart 1 Compares the trainee-reported supervision levels in Eye Casualty and out-of-hours (OOH) at the beginning of ST1. Forty percent of trainees reported having felt unsupported in Eye Casualty or OOH.

Table 1A compares the mean scores given by trainees and college tutors to their perceived level of safety in both Eye Casualty and OOH with 1 being extremely dangerous and 10 being completely safe. Table 1B compares the mean scores given by trainees and college tutors to their perceived adaptation of supervision in both Eye Casualty and OOH with 1 being no adaptation and 10 being specifically tailored to individuals.

Forty one percent of trainees reported working OOH from the start of ST1. Where OOH working was delayed this varied between 2 weeks to 1 year. Heads of schools had no clear consensus on expected levels of supervision in Eye Casualty or on-call. Many heads of School were not confident in knowing the ST1 supervision in arrangements of their units with 36% reporting to know the exact arrangements for Eye Casualty and 29% for OOH.

Table 1 (A) Scores for perceived safety; (B) scores for perceived adaptation of supervision

	Eye casualty	Out-of-hours	<i>p</i> -value
<i>A: Safety scores</i>			
Trainees	Mean 7.763 SD 1.902	Mean 6.827 SD 1.649	0.0007
College tutors	Mean 8.512 SD 1.099	Mean 7.971 SD 1.317	0.0516
<i>p</i> -value	0.0177	0.0004	
<i>B: Adaptation of supervision</i>			
Trainees	Mean 6.559 SD 2.776	Mean 6.000 SD 2.711	0.1822
College tutors	Mean 7.465 SD 2.594	Mean 7.400 SD 2.681	0.9193
<i>p</i> -value	0.0732	0.0117	

✉ Christopher King
cjking@cantab.net

¹ Oxford Eye Hospital, John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust, Oxford, UK

² Royal College of Ophthalmologists, London, UK

³ Manchester Royal Eye Hospital, Manchester University NHS Foundation Trust, Manchester, UK

⁴ Faculty of Biology, Medicine and Health, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK

⁵ Buckinghamshire Healthcare NHS Foundation Trust, Aylesbury, UK



Chart 1 Comparison of supervision levels

Trainees report significantly lower safety scores in Eye Casualty and OOH than college tutors and a significant and more marked difference in the safety of OOH supervision. Trainees also report lower adaptation of supervision to individuals, especially OOH. There is marked variation between units and heads of schools in levels of ST1 supervision and often limited oversight from heads of schools in local arrangements.

Following this survey, the college has produced new guidelines on Acute Services Training [2], which provides guidance for units on managing acute services with junior trainees.

Compliance with ethical standards

Conflict of interest AFS has received honoraria for delivering lectures/teaching/patient information videos and received sponsorship for travel

and accommodation for scientific meetings from Alcon, Allergan, Thea and Santen; has been a member of an Advisory Board for Visupharma; and has recently been a co-investigator receiving research funding from the College of Optometrists. The remaining authors declare that they have no conflict of interest.

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References

1. The Way Forward: Emergency Eye Care. Royal College of Ophthalmologists, 2015. <https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-Emergency-Eye-Care-300117.pdf>.
2. Resources and Support for Trainees: Acute Services Training. Royal College of Ophthalmologists, 2017. <https://www.rcophth.ac.uk/wp-content/uploads/2017/11/Acute-Services-Training.pdf>.