

# A trainee's guide on how to prepare for the digital age of ophthalmology

**A**s the pandemic rolls on, the past year has left many ophthalmic departments in disarray with ever-lengthening patient waiting-lists and increasing challenges in service delivery. Areas such as virtual clinics, telephone / video consultations have had to mature rapidly to try and keep up with this demand.

From a training perspective, it is imperative to stay ahead of the curve and prepare for these upcoming challenges. A recent advertisement by Moorfields, for a consultant post in 'Adnexal and Digital Medicine' has been considered groundbreaking, and is an indicator towards how ophthalmic services will be re-organised in the not-so-distant future.

Sadly, there are no Direct Observation of Procedural Skills (DOPS) assessments on the old E-Portfolio to demonstrate these competencies at interview. Therefore, they have to be sought out opportunistically. Attending virtual clinics would be a good starting point to understand how they are organised, and understanding their benefits and drawbacks. Are certain subspecialties not being adequately served by virtual clinics in your department? If not, can you help set one up?

Acute referral / eye casualty clinics, lend themselves well towards quality improvement projects in digital medicine for trainees. Simple changes, such as filling in an electronic referral pro-forma with non-negotiable information (visual acuity, timeframe), immediately improves referral quality (not to mention poorly handwritten

information on referral forms!) Specialties such as dermatology have embraced the use of photos being shared securely between patients and clinicians during the pandemic, to minimise patient contact and hospital traffic, yet there is still a paucity of visual information that is attached to ophthalmic referrals. Can colour images be attached to these referrals or sent via email? These simple adjustments can massively improve referral quality and triaging. Brainstorming with your departmental lead can help identify projects to get involved in. Check out the Eyecare Digital Playbook on nhsx.nhs.uk for more ideas.

For the more digitally adventurous, numerous free resources exist to dip into the world of digital medicine, such as Coursera, EdX, Udemy and YouTube. Although it is unrealistic to try and master Python during your research, study, teaching and audit (RSTA) sessions, learning a little bit about data science, machine learning, artificial intelligence etc., can help drive innovative solutions to clinical problems by being able to collaborate better with experts in these areas.

Consider applying for the Topol Digital Fellowship, which is aimed at providing training and support for digital innovation within the NHS and already has a strong pedigree of ophthalmology trainees.

Applications tend to open in September.

Another avenue would be to look within your own deanery for bursaries to fund postgraduate studies in digital science. Finally, look for hackathons, such as NHS

**Table 1: An extract from the job description and person specification for a consultant post in Adnexal and Digital Medicine in February 2021.**

The successful candidate will ensure seamless integration of telemedicine with the current existing patient pathways and will mentor and audit the newly implemented telemedicine services. The successful candidate is also expected to ensure appropriate information governance processes are being followed for telemedicine pathways, contribute to clinical safety reporting for digital platforms, and manage and lead development of digital solutions within the Digital Medicine department.

Hack Day, in your area where you can collaborate with others to rapidly prototype your digital healthcare project.

Hopefully, covering some of these bases during training will not only help future-proof your job application but also help deliver better patient care.

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