How to nearly (but not quite) get into ST1 ophthalmology training – some reflections

Ophthalmology is often considered to be an elite, highly competitive specialty, with little room for failure. Candidates and trainees tend to cultivate a certain urbane and confident style, and the bottleneck at ST1 can feel rather intense. The majority of candidates each year will fail. The following article contains some practical advice, experience and some reflections which I hope will be of interest to prospective candidates and anyone involved in the recruitment process. Ophthalmology is in many ways a beautiful specialty, from the subject matter to the daily practice. It's important to try and see beyond the crucible of ST1 application and keep your mind on why you want to be an ophthalmologist.

Case study

I applied to the ST1 2020 intake and received an 'appointable' score of 215.5/300. I was ranked 98th; there were 71 jobs available for that year. As the focal point of my career at that time dissipated into thin air I felt initially rather downcast. Whichever way you look at it, at that point you have 'missed the target', at least for the time being. Some words from the interview course I had attended became bitterly relevant at this point: 'an appointable score means nothing'. All was not lost though, and what follows may be of help to the prospective applicant in seeing where I fell short.

What worked well

1. Picking up 'easy' marks

There are parts of the application process which do not require luck, cunning or excellence, but rather only time and effort. It is up to the candidate to determine these marks and then aim to receive as many points as possible (Figure 1). For my year of intake these included the interest in specialty section, audits/QI, multisource feedback and portfolio layout. For example, anyone should be able to get on the surgical simulator and complete the required hours free of charge, not doing so will unnecessarily put you at a disadvantage.

2. Finding a mentor

I was coached through the process by a good friend who was at that time an ST1; he allowed me to see his portfolio layout and gave me some excellent strategic advice about where to invest my time (for example, interview preparation, as opposed to spending months revising for the Multi-Specialty Recruitment Assessment (MSRA). It's also very helpful to have a friend in training to get their thoughts and experiences about the actual job itself.

3. Finding a practise partner

Equally important is finding a prospective partner who is also going for ST1. I had two excellent practise partners, together we would spend quite a bit of time purely on interview simulation, preparing targeted scenarios for each other over skype or in person and giving each other time to practise. Although I didn't get in, both of them did, and I really felt it helped at interview.

4. Interview course

Not essential, and expensive, but I do think that it was reasonably useful. I attended the Northern ST1 course. The lectures were quite good and the interview circuits were very valuable.

What didn't work well

5. Publication, publication, publication

Although I expended a lot of time through FY1 and 2 trying to get published, and submitted six times, I was never successful. I think where I went wrong is twofold. Firstly, I should have started earlier. In hindsight there were lots of excellent opportunities to publish at my university – I did not take these at the time – if you are reading this at medical school, get involved now. Secondly, I was not strategic enough in who I tried to publish with. Unfortunately, academia is sometimes about being wise enough to choose the right time, place and especially person; candidates should keep this in mind. It's a lot of points lost and that is probably what decided it for me.

6. Communication

I did not do well on my communication skills station at interview, despite practising a lot. The scenario involved apologising to a patient in a clinic setting and dealing with several complicating issues. It is something I practised a lot; nevertheless, it's difficult to sincerely apologise in a hotel room in Bristol in front of two expressionless consultants, and the feedback did not give me much to go on. I went on to score full marks in the communication skills station at PACES, which has gone some way to heal the wound. One suspicion I have is that I over practised, perhaps becoming too formulaic and thinking too hard about 'saying the right thing', whereas during PACES I just acted as I naturally would have in clinical practice – I think this served me better.

Domain headings	Guidance
List of previous posts	Please include a list of all your previous posts (your most recent post first). If you are not currently working within a clinical post please specify.
Qualifications with certificates or letter of proof	CUMULATIVE SCORING (Maximum 4 points) 1 point – per qualification – Intercalated degree, MSc, BA (Any subject including Oxbridge), BSc (including Optom) 2 points – for an MD thesis 3 points – for a completed PhD or Dphil
Prizes / awards with proof	CUMULATIVE SCORING (Maximum 5 points) 1 point – 1st in undergraduate degree 1 point – for best paper or poster at a national meeting, successful research grant application 2 points – for best paper or presentation at international meeting, Crombe Medal (stood 1st in FRCOphth 1) National Undergraduate prize (in any specialty) e.g. The Duke Elder prize - 2 points for coming in top 10% of entrants - 1 point for being in the top 60% (or a pass in 2016 or earlier exam sittings)

Table 1: Evidence folder for ST1 application to Ophthalmology 2022 entry (https://severndeanery.nhs.uk/recruitment/vacancies/show/oph-st1-2022/evidence-folder-lib).	
Ophthalmology specialty links and commitment to date as a career	CUMULATIVE SCORING (Maximum 12 points) 1 point for each piece of evidence indicating commitment to speciality and non peer review research For example: elective ophthalmic project during undergraduate career, maintenance of links with speciality, e.g. attending eye casualty / dept regularly in free time, taster week in ophthalmology, microsurgical skills course undertaken, evidence of EyeSi assessments, published case reports or letters, any publications in nonpeer review journals, e.g. *British Undergraduate Journal of Ophthalmology*, presentations at undergraduate meetings 2 points: Refraction Certificate 3 points: FRCOphth part 1 4 points (max): Non peer reviewed publications and case reports (Only if first author otherwise no points awarded) 1 point (max): Ophthalmic elective / project 1 point (max): Taster week 3 points (max): Meetings attended – National / international ophthalmology courses or meetings attended: 2 points max (1 point per meeting / course) Regional ophthalmology meetings attended (0.5 point per meeting): 1 point max EyeSi assessments (minimum 4 hours): 1 point max Attending eye clinic and theatre sessions (minimum 10 sessions with dates and signed evidence): 1 point max
Multi-source feedback (MSF)	(Maximum score 5 points) The MSF should include feedback from a minimum of 5 respondents if in a general practice post or 7 respondents if in a hospital post. Your educational supervisor or equivalent supervisor should collate this information and summarise it in a report. The report should include the period the MSF covered. The report must be signed by the educational supervisor or department lead and stamped with a departmental stamp. If including a standard Team Assessment Behaviour Form (TAB) printed from E-portfolio it does not require a signature or departmental stamp. For candidates without access to an on-line portfolio or unfamiliar with the MSF process information can be accessed from the link below. Click for: Multi Source Feedback Guidance
Publications	(Maximum score 5 points) List of publications (preferably from a PubMed author search) with a photocopy of the first page (original articles or studies). No marks will be given without a copy of the first page of published paper or evidence of accepted paper. Please also complete a proforma for your publication(s). A sample of the proforma is below and the actual proforma to be used is available on the recruitment website. On the proforma list each journal, the citation of the journal and whether you were 1st, 2nd, 3rd or 4th or > author. Click for: Proforma
Quality improvement / Audit projects	(Maximum score 5 points) Copy of your best QI project or audit, performed within the last 3 years of the interview date, with a short summary of your role in the project / audit. The audit should have standards, outcomes, recommendations and signed by the supervising consultant. Notes: covering letter or certificate are necessary for proof of presentation
Presentations	CUMULATIVE SCORING (Maximum score 6 Points) List of presentations and copies of abstracts or posters, stating whether it is a poster presentation or oral presentation. Proof through abstract book or signed letter from supervisor For example: 1 Point – Regional presentations (signed by training organiser) SOC, SWOS 2 Points – National presentations (For example, British Oculoplastic Surgery Society, British and Eire Association of Vitreo Retinal Surgeons, or other specialty equivalents in the UK or national ophthalmology meetings of other countries or equivalent non-ophthalmology meetings) 3 Points – International meetings (For example, Association for Research in Vision and Ophthalmology, American Academy of Ophthalmology, RCOphth Congress etc or equivalent non-ophthalmology meetings) NB: The same paper presented at different meetings will only be counted once, e.g. the highest ranking meeting
Education and teaching	CUMULATIVE SCORING (Maximum Score 5 Points) For example: Designing an educational course or e-learning tool, completing a teaching the teachers course, formal role in examining undergraduates Writing a chapter in a textbook, writing a book, Higher teaching qualification such as a Diploma, Certificate or Masters in Medical education All must come with supporting evidence
Overall portfolio layout & quality	(Maximum Score 3 Points) Layout, organisation and quality of how it is presented will be assessed

Debrief

1. Necessary pragmatism

On the one hand, the prospective candidate should look at pragmatically and systematically tailoring their career towards ST1 application, knowing that it is a significant hurdle that, once overcome, will not have to be repeated. Strategy is key and, to an extent, one must accept that for a short period, there must be an intense devotion to collecting the portfolio evidence and honing your interview skills to the detriment of the rest of your life.

There is not a great deal of hard evidence to go on, but for what it's worth Das et al analysed 1350 candidates between 2012-18 and found that positive predictive factors in securing an ST1 post in ophthalmology include youth, decile performance at medical school, attending a highly ranked medical school, and passing the part 1 FRCOphth examination before applying [1]. Ethnicity doesn't appear to play a part, to the credit of the Royal College of Ophthalmologists, unlike at Foundation School application [2]. The influence of the Duke Elder examination on successful application seems to be more uncertain [3].

2. Think deeper, and relax

On the other hand, I would advise that the candidate thinks carefully about what they want to achieve from life, and tries not to get too swept up in the competitive tidal wave that is ST1 application. Bear in mind that you may be a consultant for 30 years, the longest and most stable stretch of your career, therefore you must select your specialty wisely.

The ophthalmology trainees I know that are doing best and thriving are the ones that genuinely have a love for the basic science or the daily practice of ophthalmology. They tell me about interesting cases they have seen or enjoyable interactions with patients. They also recount notable difficulties and downsides of the job – that's important too. It's an obvious truism but there are upsides and downsides to any job, no job is a safe haven of ease and enjoyment. Think carefully about what is important to you.

As for me, I did not immediately apply again, but took some time working in general medicine. I do not see this as time wasted; I have made some great friends, completed my MRCP and gained a lot of valuable medical knowledge and experience. The time has made me realise that I still love ophthalmology and would like to apply, but perhaps to the medical side. I hope that prospective candidates are able to find their path in life, and I wish everyone reading this success in their applications to ophthalmology or elsewhere.

References

1. Das A, Smith D, Mathew RG. Predictors of ophthalmology career success (POCS) study. *BMJ Open Ophthalmol* 2021;**6**:e000735.
2. Kumwenda B, Cleland JA, Prescott GJ, et al. Relationship between sociodemographic factors and selection into UK postgraduate medical training programmes: a national cohort study *BMJ Open* 2018;**8**:e021329.
3. Joshi L, Shanmuganathan V, Kneebone R, et al. Performance in the Duke-Elder ophthalmology undergraduate prize examination and future careers in ophthalmology. *Eye* 2011;**25**:1027-33.

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