



Kent, Surrey and Sussex Ophthalmology Network Survey and Audit into Trainee and Deanery Temporal Artery Biopsy Practice

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Abbreviations

TAB: Temporal Artery Biopsy; CCT: Certificate of Completed Training; KSS: Kent, Surrey, Sussex

As part of the Curriculum of Ophthalmic Specialist Training all ophthalmology trainees must perform a minimum of two Temporal Artery Biopsies (TABs), learning outcome SS11 TAB, in order to achieve a certificate of completed training (CCT) by the end of their seventh year. However, ophthalmology is not the only speciality that perform TABs with general surgeons, plastic surgeons and vascular surgeons with the skill set [1]. Our aim was to explore whether trainees found it difficult to attain the learning outcome sign off for temporal artery biopsy with the competition between specialities and to conduct an audit of TAB practice within the Kent, Surrey and Sussex (KSS) deanery.

A KSS deanery survey was designed to explore trainee habits for TAB. A total of 32 (response rate 91%) trainees past and present responded from grade ST1 to post CCT. In total 31% had been signed off for learning outcome SS11. Just under a half (46.9%) had performed zero TABs with 18.8% performing one, 9.4% performing two and 24.9% three or more. Overall, 31.3% stated that they have struggled to get SS11 TAB signed off, 25% have not struggled and 43.7% stated it was too early in training to comment.

Consequently, a KSS deanery audit was undertaken to examine practices and local guidelines for TAB. Data was collected from eight hospital trusts for the year 2019. A total of 341 TABs were performed. A breakdown by specialty showed: Ophthalmology 40 (11.7%), Maxillofacial 134 (39.3%), Vascular Surgery 125 (36.7%), General Surgery 9 (2.6%) and Emergency Department 33 (9.7%) performed TABs. In four out of the eight trusts no TABs were performed by Ophthalmology. Two trusts had local policy that all TABs are referred to Vascular Surgeons and one trust referred to Maxillofacial the other four trusts had no local policy on who did TABs.

Our study found that roughly only 11.7% of TABs in KSS are done by Ophthalmology and this may explain why a third of trainees struggle to get SS11 TAB learning outcome signed off. Those trainees, in particular if in the later stages of training, who have not signed off TABs should be mindful as they rotate through the hospitals that four of the KSS hospital trusts do not perform TABs. Our data, shows that there is also a large variability between trusts on policy as to who performs the TABs. Nationally, there is no guideline on which specialty should perform TABs but ophthalmology does have this as a curriculum sign off and trainees should be mindful of this.

Conflicts of Interest

The authors declare no conflicts of interest.

Bibliography

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