

## Real-life story - Dr Richard Gale

Dr Richard Gale is a consultant in medical ophthalmology, working at York Teaching Hospital NHS Foundation Trust. He is the Chair for the Specialist Advisory Committee on medical ophthalmology for the Joint Royal College of Physicians Training Board (JRCPTB).



Dr Richard Gale Consultant in medical ophthalmology  
**Employer or university** York Teaching Hospital NHS Foundation Trust  
**Salary range** Over £65K

### Choosing medical ophthalmology as a career

#### How did you get into the specialty?

I studied at Leeds Medical School and intercalated in chemical pathology. During my medical training I spent time in Cheltenham, Cambridge and then came back to Yorkshire where I was the first person in the area to train in medical ophthalmology. I also spent a year as a clinical fellow in London at Moorfields Eye Hospital and the Medical Eye Unit at St Thomas. Eventually I became involved in setting up the Yorkshire medical ophthalmology training programme.

#### Why would you recommend anyone to consider this specialty?

Medical Ophthalmology has a good balance between general medicine and being a specialist in eye disease. It is a fascinating specialty as many diseases affect the eye; diseases such as rheumatoid arthritis and bowel disease. What I like about it is that it's easy to see the pathology, for example you can see inflammation in the blood vessels of the eye. Treatments are at the fore front of medicine with the use of biologic agents and the technology for imaging and laser is very progressive. The work is often quite predictable in its nature with a limited amount of out of hours work.

## **What are the skills and attributes required to succeed in this specialty?**

You need to be able think in a 'physicianly' way and be quite meticulous. In addition you need to be quite determined to complete the training programme and it is ideal to obtain a broad experience in teaching and research in addition to clinical experience. Medical ophthalmologists have traditionally often had an academic interest but this is less so the case now. Research papers can help make you an attractive candidate for this specialty. There are several general ophthalmologist journals in which you can get published.

Management skills can also be important as some medical ophthalmologist may have a management role such as managing a high volume AMD or diabetic retinopathy screening service.

You do not currently need a PhD/MD to become a consultant.

## **Is it competitive to get into?**

At present there are opportunities to take up a consultant post. Due to the need to improve the quality of the management of inflammatory eye disease and the increase in AMD and DR cases there has been a greater need for consultant positions, and new consultant positions have been created. Some positions are open to application from both medical ophthalmologists and traditionally trained ophthalmologists.

## **Is there anything you wish you could change about this specialty?**

Not really. I would however like to see more doctors in this field as there are currently a low number of consultants and trainees.

## **If you had to do it all over again would you choose this specialty? Why or why not?**

I would absolutely. Ophthalmology is a fascinating area and although it is a niche specialty, in addition there is a general medical feel to the role. Medical Ophthalmology is also at the forefront of technology in terms of the new techniques and laser technology and advances in medicines. You also have a good level of life/work balance. I would thoroughly recommend the specialty.

# **Examinations**

## **What exams do you need to pass, and when do you need to take them?**

As it states in the 2010 curriculum: 'The small size of the specialty means that it is not feasible to run a full specialty certificate examination to assess knowledge. The specialty is currently planning to pilot a formative knowledge-based assessment method and, if successful, it is intended this method will be used in the future.'

The work/life balance in this specialty is very good overall and often the envy of colleagues in other specialities!

# **Typical work pattern**

## **What is a typical day like as a consultant in medical ophthalmology?**

I have consultant meetings/ research meetings often first thing in the day. I attend two teaching sessions over

lunchtime per week. Typically I will have a clinic in the morning and then a supporting session (where I catch up with paperwork) or a second clinic in the afternoon. Some clinics are specific e.g. in the Medical ophthalmology clinic I may have 20-25 patients with uveitis, scleritis of neuro-ophthalmological conditions to be seen by my team of three people. I also have a clinic where patients often have the same disease e.g. AMD; here my team would see up to 50 patients and I would oversee the work of six optometrists and a Clinical Fellow or Trainee. I would have responsibility for the overall supervision of the team and supervise the most challenging cases.

### **How do you balance your career with other aspects of your life?**

There are no acute on-calls for my role and the hours are predictable. I can balance family life (I have young children) and also enjoy sport. I am a member of a running club and the regular hours mean that I can attend this weekly.

Some medical ophthalmology posts do offer some on-call duties, and some do not. I will only occasionally get an out of hours? phone call.

## **Hot topics and challenges**

### **What are some of the hot topics or challenges for those working in this specialty?**

One hot topic is the management of severe forms of inflammation of the eye such as uveitis, which if necessary can be treated with conventional immunosuppression or biological medication which is at the forefront of immunological medicine. A second hot topic is working out how we will cater for the large volumes of common diseases such as age-related macular degeneration (AMD) or diabetic retinopathy (DR). The challenges are coping with the volume of patients ? this is partly due to the aging population and also due to the increase in diabetes.

## **Opportunities**

### **What will the future hold in terms of opportunity in this specialty?**

The JRCPTB, the Royal College of Ophthalmologist and the Medical Ophthalmology Society UK have all agreed that the number of consultants in the specialty should ultimately increase to 100 (from 12). We have recently been in discussion with representatives from Health Education England (HEE) and the Department of Health and they are in agreement that numbers should increase. We are expecting for 10 new ST3 training posts to be approved for the Feb 2014 round of national recruitment and for 10 more posts for the following two years. We hope that there will be a new curriculum change, due to be ratified later this year, which will allow trainees two routes by which to enter the specialty. One is the current route (via CMT) and the second route would be via the Ophthalmology (surgery) route. The training programmes would differ for the first few years but would converge for the final three years. We are hoping that this will be ratified by the GMC later this year.

### **What are the opportunities for private practice?**

There are opportunities for private practice, especially in the areas of macular degeneration and diabetes. There are also opportunities in managing inflammatory eye disease but to a lesser extent.

### **Are there many opportunities to travel?**

I travel nationally for College work, research conferences and lectures. I have also travelled overseas, for

example I have delivered presentations in the USA at the American Academy of Ophthalmologists meeting and at the Euretina Conference which is the European equivalent.

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