

## The Royal College of Ophthalmologists

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### To all trainees/Educational Supervisors/College Tutors/TPDs and Heads of School

Dear Colleagues

On Friday we were sent an Email from the GMC which reads:

*"I wrote to you all on 9 April to explain that our out of programme internet [guidance](#) had gone live. The feedback I have received so far is positive, and I hope that you have been able to pass this link to all interested parties. If you haven't already done so, it may be worth pointing TPD, Educational Supervisors, Postgraduate Deans and doctors in training to these pages.*

*This guidance makes clear that all training must be prospectively approved if it is to count towards the award of a CCT or CESR (CP) and this is a requirement of the EU Directive. As of Monday 28 April, we will withdraw any application where the out of programme post has already started, regardless of the reason for it being submitted retrospectively. We will not have a transitional period, and so we ask that before you submit or endorse an out of programme application, you make sure the post has not started. This will ensure that we meet our statutory obligation."*

Unfortunately the initial communication referred to in the Email does not seem to have reached the intended targets and as the GMC have decided not to have a transition period this guidance is now active and I advise you to look at the website. There is now no discretion to submit a late application for an Out of Programme activity and if a trainee starts such a period before it has been approved NONE of the time spent will count towards gaining a CCT. If their LETB then decided not to extend training they would have to apply to go onto the Specialist Register by the CESR route, remembering that this does not confer all of the rights of an entrant to the Specialist Register by the CCT route. It is therefore imperative that trainees submit early applications for OOPs so that they can be approved by your LETB, the College and then the GMC. Please remember that disorganisation on the part of a trainee does not constitute an emergency for any of these organisations.

The GMC have also advised that trainees who are Out of Programme should maintain their Registration and Licence to Practice even if they are spending time abroad.

'Acting up' (AUC) hasn't commonly been undertaken by ophthalmology trainees. However we have had a few requests for this recently and the Training Committee has decided that 3 months spent in AUC is reasonable provided that it is undertaken in the last year of training, that the trainee is on an outcome 1 or 6 and that the department in which the AUC is undertaken has an educational supervisor to whom the trainee can turn for advice and support if required. Curriculum outcomes HS4, HS5 and HS10 support this activity. If the AUC period is undertaken within the trainees LETB programme then an OOP application is not required neither is College approval.

The timing of this also gives me an opportunity to inform you about other Training Committee news particularly as we are now in the ARCP season. Last year saw the introduction of a national template for Clinical and Educational Supervisor reports. Thank you all for coping with their introduction; we are working on embedding these within the e-portfolio but progress has been slower than I had hoped. Hopefully by next year this may be possible. Whilst the completion of some of these reports has been excellent the quality is variable. As we move, albeit slowly, towards making many of the WpBAs formative and the CS and ES reports summative it is important that we have more consistency in quality. In particular more use could be made of the free text spaces available particularly in the end summary and as a reason below the 'tick' boxes for stating that the trainee is working above or below the average standard. I have asked Heads of School and Training Programme Directors to work this year at driving up the standard with the use of feedback forms for Educational and Clinical Supervisors and, if a report is significantly below the standard expected to return it to the individual concerned for further action.

As far as we are aware the new system for making an application for a recommendation of CCT is working well. I hope trainees are finding it more convenient to apply to the College as and when they are ready rather than having a last minute dash to apply by a set date. However a recommendation can only be made in a timely manner if trainee's e-portfolio is presented in proper manner and WpBAs have been completed appropriately. For example, we are still seeing examples of CbDs where the assessors are at a loss to understand what has been learnt because of the lack of information in the summary (free text) sections. The College also takes a dim view of trainees and their Educational Supervisors who make a declaration on the ES report that there has been no 'bunching' of WpBAs when an inspection of the e-portfolio clearly indicates that this has taken place. Now that the Training Committee and its subcommittees only meet three times a year a deferment of a CCT decision to the next QoA subcommittee because of such failings may result in a considerable delay to an application. I would remind all concerned of paragraph 71 of the GMC's Good Medical Practice:

*"You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading."*

- a. *You must take reasonable steps to check the information is correct.*
- b. *You must not deliberately leave out relevant information.”*

Earlier this year the GMC approved the reduction in the requirement for CbDs to 10 per year. This is effective in the curriculum and e-portfolio already (and is not a glitch!).

The Education and Training Department have been receiving a lot of queries from trainees where it turns out assessments have been completed on the wrong form, despite the stage requirements within the e-portfolio stating which form is required. The OSATS1 form is used to assess all surgical skills (the exceptions being the laser competencies, SS14, SS15 and SS16) and the DOPS is used to assess all practical skills. Please be aware that assessments cannot be changed so will have to be completed again. If in doubt about which is the correct assessment please refer to the curriculum <http://curriculum.rcophth.ac.uk>.

For some time we have allowed trainees who show sufficient aptitude to ‘accelerate’ their training by one year provided that this has been agreed by their ARCP Panel at least one year in advance of the new CCT date. We are also prepared to accelerate trainees by six months providing that this has been approved by their ARCP Panel at least six months prior to the new CCT date. Once a trainee has made a decision to accelerate their CCT and this has been approved both locally and by the College the application cannot be rescinded.

Many of you will be wondering what is happening with the ‘Shape of Training’ report. The answer is, at present, nothing. The report seems to be lying dormant on Minister’s/HEE’s desk. The OTG has produced an updated response and Council have agreed principles to be followed if and when the report is implemented. There will be an opportunity at the Annual Congress for trainees and trainers to listen to and give their views on how the College might take the proposals forward (8am Wednesday morning breakfast meeting). I look forward to seeing you there.

Yours sincerely



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**Vice President**  
**Chairman – Training Committee**