Helpful hints for Less-Than-Full-Time (LTFT) trainees in ophthalmology:

The delivery and organisation of Less Than Full Time training (LTFT) is the responsibility of the individual Local Education and Training Board (LETB)/Deanery training programme so you must find out their recommendations and expectations.

However, LTFT trainees are often a minority and so we hope that the following advice is helpful in making the most of your training and avoiding common pitfalls particularly when you first start. Training LTFT in ophthalmology brings with it a different set of challenges that require you to be more personally organised to achieve your training.

Applying for LTFT training:

- It is your responsibility to apply to the **LETB/Deanery for LTFT eligibility** in the first instance and you cannot proceed until this has been granted. There is usually an Associate Postgraduate Dean with responsibility for LTFT training and you should make an appointment to discuss your situation with them.
- Full details of reasons for eligibility can be found on the medical careers website further below.
- Once your LETB / Deanery has approved that you are eligible for LTFT then further approvals are required from your Training Programme Director **(TPD) and your employer** (Trust or Health Board).
- The final decision about LTFT training depends on education approval (LETB/Deanery), service approval (department) and funding approval (department, hospital or Trust). This ensures that the reduction in hours will permit adequate training for each LTFT needs, that this can be accommodated to cover the service needs (out of hours included) and it can be afforded (LTFT trainee funding is complex and may be more expensive for the employer).
- You may be required to complete/negotiate paperwork signed by your employing trust and the LETB/Deanery to confirm funding arrangements.
- You should also inform the College about your change in status and update it on your e-Portfolio.
- As a result your **CCT date** will be affected and should be recalculated and changed by the **LETB/Deanery**, who will then inform the RCOphth.

Organising your timetable:

- It is **not** recommended that you work less than 60% as there are just not enough sessions to keep both your clinical and surgical skills up with allowance for teaching and study sessions. However some LETBs may insist on job sharing arrangements (50%) if funding LTFT placements is an issue.
- Academic trainees are recommended to work 5 clinical sessions.
- Full days are usually more efficient than working half days and mean that on-calls are more easily covered but you may need to compromise and be flexible to get the best training timetable.
- Be careful with alternating week timetables as you may find that doing a certain session, particularly surgery twice a month (sometimes less with

leave!) is insufficient to actually become competent in that skill over the rotation period.

- Your timetable should reflect the full time equivalent depending on what percentage of time you work: therefore at 50% you should be doing 1 -1.5 theatre session per week, 2-2.5 clinics, 0.5 regional teaching sessions and 1-1.5 research audit sessions (to make 5 sessions per week). In other words all sessions are pro rata depending on your % of full time working.
- As it is not possible to entirely pro rata a 5 day timetable to 50+%, you will most likely have periods where you focus more on certain elements than others. There is a temptation to try and cram a whole week in to fewer days which may leave you missing out on study sessions and theatre. It is important to remember (and to remind those whom you are working with) that you have much longer to complete your training.

    - A typical timetable for 60% (6 sessions) would be:
        - 1 subspecialty clinic
        - 1 subspecialty theatre
        - 1 General clinic / alternate casualty
        - 1 cataract surgical list/ alternating laser
        - 0.5-1 Regional teaching
        - 1-1.5 Research / Admin / Study

    - A typical 80% timetable 8 sessions:
        - 1 general clinic
        - 1 cataract theatre list
        - 1 subspecialty clinic
        - 1 subspecialty theatre
        - 1 general clinic / casualty
        - 1 laser/injection/MOPs list alternating with Research/Admin/Study
        - 1-2 Research / Admin / Study
        - 1 regional teaching

- Try and negotiate your timetable so that you work with as few consultants as possible for adequate supervision but be aware that this may limit your training exposure.
- Some specialties such as glaucoma/plastics/VR/cornea require you to see patients on day 1 post-operatively. Make sure you work on these 2 consecutive days.
- Your timetable should include a regular on call commitment. In some cases this may be eye casualty within hours but at some stage in training it should also include out of hours experience.
- The TPD should approve your timetable.

Research and Audit:

- LTFT training can be an advantage as you have longer to set up more significant long-term projects; so do make use of this opportunity. However you will struggle with fewer study sessions to complete work so you must learn to be very efficient with your time on site.

At ARCP:

- The **Gold guide** states that all trainees including LTFT trainees should have annual ARCPs. In some LETBs/Deaneries these may be termed interim ARCPs.
- Problems arise for LTFT trainees, as they are not sure what is expected of them. As a general rule you will be asked to have completed a proportion of your WpBAs/CBDs/OSATs/DOPS/audits in keeping with the proportion of the time completed in that year of training as well as an annual MSF. However, it is advisable to discuss with the training programme director in advance (preferably in writing) clarifying what specific paperwork would be required from you. It could make the difference between and outcome 1 (satisfactory progress) and an outcome 5 (insufficient evidence to support progression)!
- Whilst OST training is competency based, it is still required by the GMC to demonstrate sufficient time in clinical training. If you are considering requesting completion of training before your allocated CCT date then you must discuss this at the earliest opportunity with your training programme director and certainly by end of ST5 have gained most competencies and passed the fellowship exam.
- Any absence of 14 days or more in a 12-month period has to be reviewed at the next ARCP to ensure the CCT date does not need to be extended. GMC position statement on time out of training.

Common Problems:

- Many LTFT trainees are carers for others. It is important that you have robust arrangements for your dependents, as whilst colleagues may understand in exceptional circumstances, you must be able to fulfil your regular clinical commitments reliably.
- Maintaining core skills such as **cataract surgery** whilst developing new subspecialty surgical skills is very difficult if you only have one theatre per week. Anticipate this problem and make the most of the wet lab /simulators available to you to maximise your cataract surgery. Be aware that some subspecialties such as oculoplastics, cornea and VR are light on cataracts and you may need to use your admin session alternate weeks to keep your cataracts going (after discussion with your educational supervisor). Whilst a medical retina attachment may be good opportunity to get your cataract numbers up. So, when considering rotations, factor this in and recognise that there may be lean cataract time but over the course of training you still need to meet cataract numbers and become proficient.
- **Rotations.** On the whole, it is more educationally effective to stay in one hospital longer (1-2 years) than it is to move every year. Additionally it is more beneficial to stay in a rotation for longer i.e. 6-12 months to consolidate your knowledge and skills than to repeat it at a later date in

training. So try and negotiate this when possible. However do remember that the TPD has many other trainees to accommodate.

- **Time out of programme.** Be aware that any time out of training will rust your clinical and surgical skills. Returning to clinical work LTFT can be challenging as without the intensity of full time training it will take a while to get back up to speed and you may lose confidence. Options include making the most of back to work days in maternity leave, keeping on 1 day clinical if doing research and making the most of e-learning and surgical simulation. See academy booklet for more information in useful resources.
- **Communicate well and early**. As a LTFT trainee you need to identify appropriate means of hand over for days when you don't work early on. If you run into difficulties speak to your educational supervisor early and regularly. Highlight potential pitfalls in advance so that steps can be taken to negate problems.
- **Manage your time well**. Be aware that your clinical time is precious when you are LTFT trainee and any additional commitments such as committees/educational roles that you might have held when full time that take you away from clinical work may not be sustainable whilst LTFT.

Useful resources:

- There is general information on eligibility for less than full time training in points 6.57 – 6.88 of the Gold Guide (sixth edition, February 2016).
- For practical advice about how to apply visit your Local Education and Training Board (LETB) website.
- Further information can be found on the NHS Employers and the Health Careers NHS websites.
- BMA members can access here for further information on LTFT.
- RCOphth guide to delivery of OST
- Advice on Returning to work academy booklet

Obviously your first point of call for help is your educational supervisor, college tutor and training programme director. However if you require any further advice on LTFT then please do not hesitate to contact your OTG rep as listed on the RCOphth website, by email in the first instance. They are more than willing to offer advice or chat with you if required. We wish you all the best for your training.

The OTG
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