



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

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**To Heads of School, Training Programme Directors, Regional Advisors, College Tutors,
Educational Supervisors and all Ophthalmologists in Training**

Re: Research, study, teaching and audit (RSTA) sessions – clarification

In November 2017 I wrote to you all following discussion at the Training Committee with regards to the potential impact of the new Junior Doctor Contract (JDC) and the negative impact that changing rotas could have on training. I wrote that, to ensure training opportunities were protected, it may be acceptable to reduce an RSTA session in the timetable to maintain progress in training.

I am writing to you again to emphasise and clarify the guidance in the original letter, having received feedback from the Ophthalmologists in Training Group (OTG).

The original guidance stated that “This does not mean that all timetables should be changed to reduce the RSTA session automatically”, yet the OTG report that in some regions and programmes all trainees have had a blanket reduction in RSTA sessions. In such situations it is hard to see that the guidance that there should be “individualised review of timetables” has been followed.

The recommended individualisation means that each timetable should be reviewed with particular reference to the trainee who will be allocated to the timetable; their training needs, taking into account their e-Portfolio and Eye Logbook requirements and achievements so far; the sessions and training opportunities that will be lost by zero days or sessions due to the changes in their rota.

The guidance states that the aim of the reduction in RSTA would be acceptable to ensure that the timetable remained neutral at 7 clinical sessions within a week. Additional opportunities should be provided and assessed to ensure the timetable remains balanced. This is in keeping with the review of trainee’s timetables by the Educational Supervisor mandated in the new JDC. Training Programme Directors will, no doubt, have to work closely with Educational Supervisors to look for appropriate additional opportunities if there are concerns that some are reduced for a trainee due to their rota.

I have also been asked for guidance with regards to Less Than Full Time (LTFT) trainees. As their clinical timetables are reduced already, it is clear that careful attention should be paid to any

further loss of sessions. Otherwise the same need for a bespoke and flexible approach should be used, accepting that, as with all trainees, replacement sessions for any lost opportunities will not be covered by simply adding in the same additional clinic every week to the timetable.

It has been stated that it is vital for trainees to continue to acquire and develop their generic professional capabilities and therefore they should still engage in research, quality improvement and audit projects as well as taking up leadership and management opportunities in the time allocated. This is already mandated by our curriculum but is further emphasised by the introduction of the Generic Professional Capabilities (GPCs) Framework by the GMC. Therefore trainees should not routinely be timetabled to lose an RSTA session. Discussion on the individualisation of their timetable should include the need for acquiring professional capabilities and the trainee's plans for the utilisation of the RSTA sessions should be taken into account.

As zero days will need to be provided to balance on-call commitments, lost theatre and clinic sessions can be minimised through strategic timetabling, working around the mandated rest and zero days. More frequent rostering of split weekends is not a good solution due to its effects on work-life balance and the morale of our trainees, and should be avoided as a solution.

The Training Committee and I will continue to receive feedback on the implementation of this change from the Heads of School and TPDs, the OTG and from trainees to monitor the impact of the new contract on training and changes in RSTA sessions.

Yours sincerely

A handwritten signature in black ink that reads "Fiona Spencer". The signature is written in a cursive, flowing style.

Miss Fiona Spencer FRCS (Glas) FRCOphth
Chair – Training Committee