TRAINING DURING COVID-19

Recommendations from the OTG

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As the COVID-19 pandemic continues, it is increasingly clear that a return to normal training may not be possible in the foreseeable future. Despite an evolving, complex situation, there are several aspects of training that can still be safeguarded and maintained. Trainees should maximise the learning opportunities available, for example: (i) looking up evidence-based approaches to acute eye emergencies encountered in casualty clinics, (ii) using empty operating theatres for surgical simulation or (iii) reflecting on the leadership and management competencies during redeployment. There is also an abundance of learning resources available online, from virtual simulators through to videos on surgical techniques. All of these resources should be used in conjunction with the latest guidelines and evidence to strengthen trainees' knowledge.

This document, written by the OTG in conjunction with the Chair of the Training Committee, sets out core recommendations to ensure all trainees are supported during this difficult period.

DOMAIN	TOPIC	RECOMMENDATIONS	RESPONSIBLE INDIVIDUALS
1. Mental health and wellbeing	**1.1 PPE**	**1.1.1** Ensure all trainees have adequate and appropriate PPE available, as per latest RCOphth Guidance. This includes adequate provision of PPE in theatre to ensure that surgical training opportunities are not missed.	Clinical Leads
	1.2 Communication	**1.2.1** Ensure open communication in a safe space between trainees, with active involvement of trainee mentors, buddy systems, local Deanery and OTG representatives.	Clinical Supervisors Deanery/OTG Reps
		1.2.2 A regular forum must exist for trainees to raise queries or concerns with Heads of School and Training Programme Directors e.g. a weekly virtual Q&A session. These sessions can also be used disseminate and discuss regular training updates.	Heads of School Training Programme Directors

	1.3 Wellbeing	**1.3.1** Trainees should protect their own wellbeing by taking adequate rest from work, including annual leave, despite the COVID-19 pandemic.	Trainees
		1.3.2 Trainees should be signposted to local wellbeing hubs such as yoga, gym, meditation and professional support units including Deanery psychologists.	Training Programme Directors
	1.4 Shielding	**1.4.1** Specific guidance is required for trainees who are shielding, including the introduction of flexible timetables and personalised support with workplace-based assessments (WpBAs) and ARCP competencies to reduce anxiety associated with training.	College Tutors Clinical Supervisors
2. Scheduling of timetables	**2.1 Clinical sessions**	**2.1.1** Weekly timetables should follow as closely as possible the suggested training timetable set out in the RCOphth Guide to Delivery of OST. Early and clear professional development plans (PDP) are encouraged to support trainees in meeting WpBAs, especially if ARCP outcomes (e.g. 10.1 or 10.2) reflect this. **2.1.2** ST1/2 trainees should undertake no more than 8 clinical sessions per week and include a maximum of: 3 general clinics, 2 acute services, 2 theatre and 1 laser/specialist clinic. There should be 1 session for teaching and 1 'Research Study Teaching Audit' (RSTA) session. **2.1.3** ST3+ trainees should undertake no more than 7 clinical sessions per week and include a 2 acute services or general clinics (maximum), 2 special clinics, 1 treatment session such as laser/minor operations and 2 theatre sessions (minimum). There should be 1 session for teaching and 2 RSTA sessions. **2.1.4** It may not be possible to use clinical sessions as previously designed, but trainees should proactively seek out other resources such as simulation and webinars (see 'Simulation and Surgery' section) to make the most of the learning opportunities available, until planned activities resume. **2.1.5** Clinics may take the form of virtual clinics but should be booked in accordance with previous advice, which outlines that a trainee should see sufficient patients to develop competency but not be excessive to the extent	College Tutors Educational Supervisors Trainees

		that training is impaired. All clinics, even if virtual, should be timetabled to be supervised by a consultant. **2.1.6** There are likely to be subspecialties with larger pending lists than others and changes to trainees' usual timetables may be suggested. It is important that these changes are discussed with Educational Supervisors to ensure trainees have a balanced timetable that addresses their individual educational needs.	
	2.2 On call commitments	**2.2.1** If trainees are asked to work a new on-call rota, either in Ophthalmology or whilst redeployed, the new rota must have a 'work schedule' so that hours can be calculated and paid appropriately. Trainees can discuss this with their respective HR departments and the BMA has a rota calculator to ensure the rota is compliant. Trainees should continue to exception report if they are not receiving appropriate rest periods or if they are working over their rostered duties. Unsafe rotas and working conditions can be escalated locally to the Guardians of Safe Working within each Trust.	Guardian of Safe Working Trainees
	2.3 LTFT training	**2.3.1** New rotas for Less Than Full Time (LTFT) trainees must fall within their agreed LTFT percentage hours. This can be checked with HR departments or the BMA rota checker. **2.3.2** Some LTFT trainees may have voluntarily increased their hours during the pandemic, in which case they should be provided with a revised work schedule and pay should be adjusted to reflect this. These trainees are able to return to their original percentage LTFT at any point. A LTFT trainee may also volunteer to work additional shifts on an ad-hoc basis.	College Tutors Trainees
	2.4 Returning to work support and guidance	**2.4.1** Returning to work in a way that resembles a pre-pandemic timetable may still not occur for some time, but it can still feel daunting to return to clinical practice. Many trainees have been redeployed with very little operating over several months. Support for those returning to work from a period of absence is delivered by HEE via the Supported Return to Training scheme (SuppoRTT). Each regional HEE office will organise this support differently so if additional	Training Programme Directors Educational Supervisors Clinical Supervisors Trainees

		support is required after a period of absence, trainees should contact their regional HEE office directly. **2.4.2** Surgical simulation is recommended prior to returning to operating (see 'Simulation and Surgery' section) but similar support may be required for clinical practice as well. It is important that outpatient clinics are appropriately booked with sufficient senior support. Individual needs should be discussed with Educational and Clinical Supervisors.	
	2.5 Continuing special interest (subspecialty) training	**2.5.1** Trainee selected components (TSC) may still commence as planned. Some TSCs will be impacted more than others by changes to new work patterns of the special interest (subspecialty) chosen. Although the volume of work may be reduced, there may still be adequate training in clinic and theatre i.e. quality not quantity. With an overall emphasis on senior surgeons operating during this difficult time, open constructive dialogue with the TSC Supervisor and TPD is vital, to maximise training needs.	Training Programme Directors TSC Clinical Supervisors
3. Simulation and surgery	**3.1 EyeSi simulation**	**3.1.1** Surgical simulation is a mainstay of training which is recommended to aid training as per RCOphth Guidance on Simulation. EyeSi simulators are available in every Deanery, as well as wet-lab and dry-lab facilities in many units. Trainees can set specific goals with their Clinical Supervisors and EyeSi sessions could be timetabled by the local Simulation Lead. Appropriate hand hygiene must be maintained when using the machine, ensuring regularly cleaning as per the published EyeSi Cleaning Guide. **3.1.2** Access to simulation is still difficult in some regions and steps should be taken locally to prioritise access for all trainees in the region.	Clinical Supervisors Simulation Leads Trainees
		3.1.3 Job plans for consultants and trainers should include dedicated time to support simulation training.	Clinical Leads College Tutors
	3.2 Posterior capsule rupture and anterior vitrectomy training	**3.2.1** Empty theatres can be set up with a rolling rota of trainees to undergo anterior vitrectomy training. This would have a number of potential benefits: (a) to ensure junior trainees were familiar with the steps required and should be more likely to be able to manage their complications; and (b) to give senior	Simulation Leads Clinical Supervisors Trainees

		trainees the opportunity to demonstrate that they can manage such complications, particularly as the rate of vitreous loss is normally lower for more experienced trainees, so they may have little opportunity to demonstrate this.	
	3.3 Laser simulation	**3.3.1** Various models are available on the market for laser simulation and it is also possible to make some of these practice models at home. There is also a Virtual PASCAL Simulator available on the AAO website for trainees to trial.	Trainees
	3.4 Simulation Gallery	**3.4.1** The Simulation Gallery is part of the Simulated Ocular Surgery website. The aim of the Gallery is to showcase a range of different simulation techniques, both low and high-tech, in a variety of sub-specialties. The College has been supportive of this resource and over the next month will be adding new content, developed by members, to the 'Royal College of Ophthalmologists' section. The focus of this section will be to highlight how surgical skills can be maintained and new ones developed during the COVID pandemic. Video contributions from trainees are encouraged.	Trainees
	3.5 Webinars and Eyeducation	**3.5.1** There are several UK-wide online teaching resources, which trainees should be encouraged to access and participate in, including the Ocular Trauma course, Cataract Surgery Complications course and C-19 Eyeducation Zoom lectures.	Trainees
	3.6 Cataract training	**3.6.1** Individual training units will need to consider how they can fulfil the requirements for training (i.e. 50 cataract operations in the first two years and 350 by CCT). **3.6.2** The 50 consecutive cataract audit can include cases before and after the pandemic, as long as the cases are consecutive.	College Tutors
4. Remote teaching	**4.1 Virtual teaching platforms**	**4.1.1** Local and regional teaching should continue to be delivered using remote conferencing facilities. **4.1.2** Teaching units should invest in a licensed conferencing accounts to allow: (i) Unlimited meeting duration	All Trainers

		(ii) Adequate capacity for attendees to join regionally or nationally (iii) Password protection to enhance security and reduce risk of hacking (iv) Cloud recording facilities for trainees redeployed on other rotas (v) Administrative controls (e.g. mute all attendees, except the speaker) (vi) Webinar format for delivering teaching to a large audience **4.1.3** Examples of remote conferencing facilities include Zoom, Microsoft Teams, Skype and Google Duo. The choice of platform available may depend on local IT infrastructure. **4.1.4** Security can be enhanced further by use of the 'waiting room' features and the registration features which require attendees to register and be approved prior to joining the meeting. **4.1.5** If required, procurement of technology (e.g. departmental webcams) should be encouraged to allow adequate utilisation of online teaching.	
	4.2 National teaching initiatives	**4.2.1** Where appropriate, teaching programmes can be broadcast remotely to a national audience. **4.2.2** Attendance should be recorded at remote teaching events and attendance certificates given, which can be uploaded to the e-Portfolio. **4.2.3** Precautions must be taken on any virtual teaching platform to ensure the necessary information governance is in place and patient identifiable information is not shared.	All Trainers Trainees
	4.3 Mentorship schemes	**4.3.1** Buddying schemes where senior trainees provide support to the most junior trainees, for example by familiarising them with the rotation, may be particularly advantageous in the current environment. **4.3.2** Senior trainees can also be paired with junior trainees to undergo remote one-to-one teaching or small group teaching. This can be used for certain WpBAs such as case-based discussions (CBDs). Discussions around online video-	College Tutors Trainees

		based surgical techniques are also useful and can take place informally over virtual platforms. **4.3.3** Formative assessments can take place remotely for certain directly observed procedures (DOPs) such as visual acuity testing. These assessments should be followed up by assessments on real patients when available.	
	4.4 RCOphth Podcast	**4.4.1** Trainees should be encouraged to access the 'Eye to Eye' Podcast which is produced by the College. Over the coming months there will be a number of episodes featuring interviews with key College Officers outlining advice for trainees as clinical activity begins to normalise.	Trainees
5. Progression of training	**5.1 Clinical exposure**	**5.1.1** Up-to-date RCOphth Guidance for ARCPs will be uploaded on the College website. **5.1.2** Trainees should continue to reflect on both positive and negative experiences in training, including redeployment. Educational supervisors should support reflective practice, which can be used as evidence of leadership and management competencies. The AoMRC have published a Reflective Practice Toolkit which provides templates for reflection. **5.1.3** Opportunities for training must be incorporated in the recovery planning for routine theatre lists, especially cataract surgery. **5.1.4** Trainees should ensure appropriate simulation training has been completed prior to restarting surgery. **5.1.5** Where a trainee's clinical exposure to a particular subspecialty has been insufficient, it may be necessary to have a repeat experience in future years. Whilst in most cases this should not require additional training time, this may be necessary depending on individual circumstances.	Training Programme Directors Educational Supervisors Trainees
	5.2 CCT requirements, trainee selected	**5.2.1** Up-to-date College guidance for CCT will be uploaded on the College website.	Training Programme Directors Educational Supervisors College Tutors

	components (TSCs) and fellowship	**5.2.2** Where ST7 trainees have achieved all their curricula requirements, but have had their TSC period significantly disrupted, they could be awarded an Outcome 6 and continue additional TSC training during a period of grace. This will need to be balanced with the requirements of trainees due to start TSCs in the same location. **5.2.3** Trainees who are unable to move into a post-CCT fellowship or consultant post due to outstanding competencies are advised to inform the Fellowship or Clinical Lead at their unit. Alternative arrangements can include postponing the post, taking Out of Programme Training (OOPT) or a supervised Acting Up as Consultant (AUC) period, whilst ensuring the outstanding competencies are achieved. **5.2.4** Trainees will need to inform the College of any extension to their training which may affect their CCT date. If required, the College may be able to advise on the new CCT date, but this should be agreed at the ARCP.	Trainees
	5.3 Examinations	**5.3.1** All College examinations were initially suspended due to the pandemic. Trainees are advised to regularly monitor the [Examinations Calendar](#) for updates. **5.3.2** When examinations have been reinstated, study leave should be reinstated for trainees to conduct appropriate examination preparation, including online remote learning. **5.3.3** The format for future examinations is currently being updated. Further information will be made available on the [Examinations Noticeboard](#).	Examinations Committee College Tutors Trainees
6. Academic training	**6.1 Out-of-Programme (OOP)**	**6.1.1** The College will be supportive of Trainees on OOP applying to their Post Graduate Deans to extend their OOP period to compensate for the loss of experience during the disruption as per the [RCOphth Guidance for ARCPs](#). For those in research, this may also be dependent on their grant awarding body agreeing to extend their period of funding.	Training Programme Directors Trainees

	6.2 ARCP	6.2.1 Trainees undertaking Out of Programme (OOP) experience this year may be awarded an Outcome 8, where they have remained OOP and have provided the required reports from their supervisor. 6.2.2 If research or other experience has been disrupted due to the COVID-19 pandemic, an Outcome 10.1 should be awarded on receipt of a report from the (research) supervisor confirming satisfactory progression of the trainee's project prior to the disruption caused.	
	6.3 Deployment to clinical duties	**6.3.1** Academic trainees on fellowships who have volunteered or been asked to defer academic work and return to clinical duties should have prior agreement from their funders and academic supervisors. Honorary contracts with the NHS Trust should be in place and trainees should be working within their level of competencies, as per the latest BMA Advice.	

ADDITIONAL RESOURCES

Guidance on COVID-19:

- Latest RCOphth Guidance

Reflective practice:

- AoMRC/CoPMED Reflective Practice Toolkit

Sources of support:

- British Psychological Society
- NHS Practitioner Help
- Wellbeing Resource Library

Work scheduling:

- BMA Rota Checker & Riddell Calculator
- HEE SuppoRTT
- RCOphth Guide to OST

Simulation:

- AAO Laser Simulation
- EyeSi Cleaning Instructions
- Model Eyes: Aurolab, Phillips Studio
- RCOphth Simulation: Introduction, Training Guide