Guidance 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 HEE local office / Deanery training programme, so you must find out their recommendations and expectations.

We hope that the following advice is helpful in making the most of your training and navigating common challenges, particularly when you first start. Training LTFT in ophthalmology brings a particular set of challenges that require you to be more organised personally and professionally to succeed in your training.

Applying for LTFT training:

- It is your responsibility to apply to the **HEE local office / 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, along with an **LTFT Champion at each Trust**, and you may need to 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 HEE local office / Deanery has approved your application to go 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 (HEE local office / 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 HEE local office / Deanery to confirm funding arrangements.
- You should also inform the RCOphth 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 **HEE local office / 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 HHE local offices / Deaneries may insist on job sharing arrangements (50 or 60%) 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; being flexible and compromising may be necessary 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 and rest

periods / zero days) is insufficient to 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 teaching sessions and 1- 1.5 research/admin (RSTA) sessions (to make 5 sessions per week). In other words, all sessions are pro rata depending on your %age 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 into fewer days which may leave you missing out on certain training sessions or opportunities. It is important to remember (and to remind those with whom you are working) that you will have longer to complete your training.
- A typical timetable at 60% for ST3 and above would be:
    - 1 special interest clinic
    - 1 special interest theatre
    - 1 general clinic / alternate casualty
    - 1 cataract list / alternating laser
    - 0.5-1 teaching
    - 1-1.5 RSTA
- A typical timetable at 80% for ST3 and above would be:
    - 1 general clinic
    - 1 cataract list
    - 1 special interest clinic
    - 1 special interest theatre
    - 1 general clinic / casualty
    - 1 laser / injection / MOPs list alternating with RSTA
    - 1-2 RSTA
    - 1 teaching
- Maintain a balance between trying to work with as few consultants as possible to maximise their supervision, whilst being aware that this may limit your training exposure in that rotation.
- Some special interest areas 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 will need to include out-of-hours experience.
- The TPD should approve your timetable, particularly if you have any concerns about it.

Research and Audit:

- An advantage of LTFT training is the opportunity to establish long-term projects, which is well worth pursuing. Having fewer study sessions than FT colleagues will mean that your time on site carries a high premium however, so it is advisable to make the most of what time you have.

At ARCP:

- The Gold Guide (see link below) states that all trainees (including LTFT trainees) should have annual ARCPs. In some HEE local offices / Deaneries these may be termed interim ARCPs.
- Problems can arise for LTFT trainees if they are not sure what is expected of them at ARCP. As a general rule you will be asked to have completed a proportion of your WpBAs / 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 TPD in advance (preferably in writing), clarifying what specific paperwork they require 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 TPD and certainly have gained most competencies by end of ST5 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.

Finances:

- RCOphth membership fees are reduced for all UK members earning less than £46,000pa
- BMA membership fees are reduced for all junior doctors on a LTFT contract earning less than £50,000pa
- GMC registration fees are reduced for all doctors earning less than £32,000pa
- Most indemnifiers do not charge membership fees during parental leave, and may offer reduced rates for LTFT trainees.

Common Issues:

- Maintaining core skills such as **cataract surgery** whilst developing new special interest surgical skills is very difficult if you only have one theatre session 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 special interest areas such as oculoplastics, cornea and VR are light on cataracts and you may need to use your RSTA sessions to keep your cataracts going (after discussion with your Educational Supervisor), while other rotations may present good opportunities 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. Try to negotiate this with your TPD and College Tutor where possible, whilst remembering that they have many trainees with varying issues to accommodate.

- **Returning to practice after time out of programme**. Any time out of training can rust your clinical and surgical skills, particularly if it runs into months. Returning to clinical work LTFT can be particularly challenging as without the intensity of full-time training it will take a while to get back up to speed and regain confidence. Every trust should have a Supported Return To Training (SuppoRTT) Champion whom you should contact to make this process as smooth as possible if returning from over 12 weeks away from clinical practice. Although they are unlikely to be ophthalmologists, they are able to guide both you and your department through Keeping In Touch (KIT) days, a period of supernumary phased return, the timetable for pre-, during- and post-return Educational Supervisor meetings, and the logistics involved in these processes. Making the most of e-learning and simulation resources is certainly also advisable.
- **Communicate well and early**. When working LTFT you need to identify early on appropriate means of handover for days that you do not work. If you run into difficulties speak to your Educational Supervisor promptly, and keep them updated. 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 a 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

- General information about applying to train LTFT and eligibility is from page 38 in the Gold Guide (8th edition, January 2020)
- Further information about eligibility to train LTFT can be found on the Health Careers NHS website
- Guidance from NHS Employers about achieving equitable pay for LTFT trainee doctors
- Guidance from the BMA about rostering for LTFT doctors
- RCOphth Guide for Delivery of OST (version 3.5, June 2018)
- HEE information on SuppoRTT including links to each HEE local office / Deanery's SuppoRTT team
- Academy of Medical Royal Colleges guidance on return to practice, June 2017

Your first port of call for help should always be your Educational Supervisor, College Tutor, and TPD. However, if you require further advice regarding training LTFT, please do not hesitate to contact your OTG representative by email in the first instance. They will be more than happy to offer advice and chat and, if they are unable to help, they will be able to direct you to someone who can. We wish you all the best through your training.

The OTG
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