



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Guidance for Applicants

Out of Programme (OOP) and Trainee Selected Components (TSCs)

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1 Summary

- Trainees may only count a maximum of 12 months arising from a combination of Out of Programme Training (OOPT) and Out of Programme Research (OOPR) – not exceeding 6 months for research. However, additional time could be counted after a gap analysis.
- TSCs no longer require College approval. Heads of School and Training Programme Directors (TPDs) are expected to make approval decisions locally if they feel that proposed objectives are achievable and timetables show that trainees will receive sufficient exposure in theatre.
- TSCs with continuous recognition may be undertaken by trainees from different regions.
- An endorsement letter from the College must be sought where trainees wish for a period of focused training or research to count towards their CCT. This applies to all OOPTs/Rs, either in the UK (even if part of a GMC-approved Training Programme) or overseas.
- Applicants should allow a minimum of **3 months** before the OOP start date if they wish to ask the College to approve time to count towards their CCT.
- OOP applications submitted to the College retrospectively **will not** be considered.
- GMC approval for OOPTs/Rs is **not** required if posts are in prospectively [approved locations](#).
- Trainees need to produce a report at the end of the OOPT/R period to inform future approval decisions by the College.

2 Introduction

The GMC-approved Ophthalmic Specialty Training (OST) curriculum includes the provision for trainees to undertake a period of focused training in one topic, commonly known as Trainee Selected Component (TSC). This guideline document describes the nature of TSCs. It offers guidance regarding the aims, content and organisation of such posts. It does not constitute a strict curriculum, but it is expected that there should be good reasons for any post to deviate from it to a significant degree.

3 TSC definition

TSCs provide a high standard of training in a relatively specialised area of ophthalmology, typically one of the following special interest areas: Acute Services, Cornea/External Eye, Glaucoma, Medical Retina, Motility & Strabismus, Neuro-ophthalmology, Ophthalmic Oncology, Oculoplastics, (+/- Lacrimal and Orbital Diseases), Paediatric Ophthalmology, Refractive Surgery and Surgical Retina. They should generally be taken *en bloc*, and only when the core curricular requirements and training have been completed and the Part 2 FRCOphth passed. As OST is expected to take most trainees approximately seven years, a TSC would only be undertaken in the latter part of year 6 or first part of year 7. The trainee will be expected to come back into programme to complete the rest of the year 7 curricular requirements.

4 Who should provide a TSC?

Any programme can provide TSCs; however, a trainee does not have a right to insist on their Deanery providing a TSC in a specific area of practice. TSC placements should be offered first to internal trainees on the local OST programme. If no local trainee is appointed, the post could be advertised as available to senior OST trainees from other Deaneries. The development of TSCs and placements must not detract from the provision of core training for the remaining trainees in the rotation. When assessing a TSC timetable TPDs will look at the number of core trainees in any clinical session as well as fellows that are on a non-College approved programme. If a trainee wishes to take a TSC out-of-programme (OOPT) overseas, this needs to be planned prospectively with permission and approval from the Deanery, assessment of the proposals by the RCOphth, and formal approval by the GMC (see section below on approval). Financial administration of TSCs is a matter for the Deanery to agree with the trainee.

What is the purpose of TSCs?

TSCs should provide detailed in-depth training and experience in one area of ophthalmology. The TSC should build upon the knowledge, understanding, skills and attitudes developed during OST. The function of a TSC is to provide a deeper understanding of the defined special interest area, thereby facilitating the development of knowledge and expertise in that subject, which will allow the trainee to move on to accredited special interest training post CCT.

Who is eligible for TSCs?

Undertaking a TSC should be the norm for a trainee, subject to the trainee meeting the guidance requirements. If a trainee has had an unfavourable ARCP outcome (outcome 2, 3 or 5) at any stage in their training, and especially one that has required an additional period of training (outcome 3), the TPD has the right to refuse a TSC. A TSC forms part of OST and as such should be a minimum 6 months; 12-months TSCs are also possible. This document should therefore be read in conjunction with the RCOphth [Curriculum for OST](#) and the [RCOphth Guide for the Delivery of OST](#).

The TPD should always be satisfied that the trainee is well through the OST curriculum, and the FRCOphth Part 2 examination has been passed, before giving approval for the undertaking of a TSC.

Multiple TSCs

Trainees will normally undertake only one TSC, but it should be possible to undertake two different TSCs if the total time does not exceed 12 months. Any proposal for an exception to this guidance would require the full support of the Deanery and would need to be considered by the RCOphth, who would make the final recommendation.

The TSC prospectus

The supervisor should provide a TSC prospectus. This should include the aims and objectives of the TSC, a general overview of what the TSC is hoping to achieve. The objectives are the learning outcomes. These are a series of specific statements which detail what additional knowledge, skills and experience the trainee will be expected to acquire. These objectives will provide a way of assessing the trainee's performance during the TSC. This assessment could also help provide career advice if the trainee plans to undertake post-CCT special interest training. The prospectus should state what prior competencies are expected of the applicant, namely the completion of the core curricular requirements and the FRCOphth.

The prospectus should also include a proposed timetable. As the TSC is intended to give an immersion in a subject, the usual restrictions on timetabled sessions do not apply. The components of a TSC timetable can be varied to provide the best possible learning environment. They can include theatre sessions, specialist clinics, research clinics and research sessions. The timetable may include up to 8 clinical sessions. A TSC may include at least one general operating session and one general clinic per week to allow the trainee to maintain their general skills if this does not detract from the educational outcomes of the post. Should a TSC be completely non-surgical, the TPD should ensure that after the TSC there is adequate time for the trainee to refresh their clinical and surgical skills to an appropriate level before attempting independent practice. This is of particular relevance when the TSC is undertaken very close to the CCT date. The emphasis in a TSC is upon selected experience and not service.

Assessment should ideally be in the workplace and should test the objectives listed in the prospectus. If not specified in a prospectus, learning outcomes for a TSC should be agreed between the Educational Supervisor and the trainee before the TSC commences, appraised regularly during the training and reviewed at each ARCP.

A TSC incorporates the advantages of structured training and apprenticeship, aimed at achieving extra learning outcomes. The following should therefore be provided for the trainee:

- a) Concentrated exposure to the diagnosis and management of a wide variety of appropriate cases. This will require regular, frequent attendance at special clinics and operating/treatment sessions.
- b) The opportunity to discuss at length the principles and details of the management of these cases.
- c) The opportunity, by discussion and by example, to refine his/her skills in explaining and discussing the nature of the relevant disease processes and the possible treatments to patients in a clear, comprehensible manner.
- d) The opportunity to liaise with members of appropriate allied specialties both within and without ophthalmology.
- e) The opportunity to play an evolving role in the active care of these patients, so that by the end of the TSC many cases in that area of practice can be handled independently.
- f) The opportunity to engage in audit/quality improvement and/or research projects during the TSC.

- g) The opportunity to attend and take part in specialist meetings at a local, regional, national and (ideally) an international level.
- h) The opportunity to take an active part in the teaching of the subject to other trainees, and members of allied professions.

Composition of TSCs

Each training unit offering a TSC should develop its own programme for that TSC, working out how best to deliver the learning outcomes listed above in the circumstances of that unit without compromising the training opportunities for the other trainees in the unit. It is anticipated that most TSCs will aim to provide comprehensive training and experience within a specific area of practice. It is understood, however, that some TSCs may be designed to cover a specific area of practice in increased detail (e.g. corneal grafting, rather than the whole of cornea and external diseases). It is essential that the TSC prospectus makes the aims and objectives of that post clear to all concerned. Deanery websites would be an ideal place for the details of TSCs to be published.

Appraisal and Assessment

It is anticipated that the objectives of the TSC will already have been established. These provide the basis for assessment throughout the TSC. Should the TSC be a variation, or indeed a brand new TSC, then the trainer(s) and trainee should meet well in advance of the commencement of the TSC to agree the aims and objectives of the post in some detail. These should be based on the present document. Meetings should continue periodically throughout the duration of the TSC to allow the review of progress against these aims.

Where appropriate, generic forms from the OST Curriculum (e.g. DOPS, OSATS, CbD) may be used to facilitate and to help to document the assessment of the trainee.

Trainees are encouraged to provide feedback to the relevant TPD at the end of the TSC to indicate whether the aims and objectives as documented in the initial application have been met. This will help the TPDs to evaluate the outcomes and plan for future special interest training places.

There is no mechanism to award a formal diploma or credential for special interest training.