



The ROYAL COLLEGE of OPHTHALMOLOGISTS

Out of Programme (OOP) Research FAQs

Authors: Academic, Research and Innovation Sub-Committee RCOphth October 2024

For advice relating to COVID-issues, please visit <https://www.hee.nhs.uk/specialty-trainees>

What is the earliest time point during training at which a trainee could start an OOPR?

[The Gold Guide](#) states 'That time out of programme will not normally be agreed until a doctor in training has been in programme for at least a year. This is whether or not the time is to count towards their training'. For more information see the guidance from the GMC.

www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme/information-for-educational-supervisors-and-training-programme-directors

www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme

What is the latest time point during training at which a trainee could start an OOPR?

Doctors in their final year will not normally be granted out of programme for research.

www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme

What is the total maximum time/duration of OOPR that RCOphth allows?

RCOphth does not specify a maximum to the amount of time a trainee can be on OOPR. The Academic Committee fully supports trainees who have undertaken a longer period of OOPR, e.g. either undertaking an MSc or primer before a PhD or to continue postdoctoral studies afterwards.

The Gold Guide states: "3.133 Time taken out for research purposes is normally for a higher degree (e.g. a PhD, MD or Master's degree) and will not normally exceed three years. OOPR exceeding three years will need the specific prospective approval of the Postgraduate Dean."

Trainees should therefore plan very carefully and in advance if they are intending more than three years OOPR.

How much time can OOPR count towards Certificate of Completion of Training (CCT)?

The maximum total time that may count towards CCT arising from all research, and in conjunction with Out of Programme Training in the form of a Trainee Selected Components (TSC) is 12 months. If six months' time arising from research is granted, then only an additional six months arising from a TSC can be counted towards CCT. Please refer to the RCOphth Guide for Delivery of the Ophthalmic Specialty Training (Page 24).

www.rcophth.ac.uk/wp-content/uploads/2018/09/RCOphth-Guide-for-delivery-of-OST-version-3.5-June-2018.pdf

An additional source of information is the Gold Guide, which states that 'Time spent out of a specialty training programme for research purposes will be recognised towards the award of a CCT or CESR(CP)/CEGPR(CP) when the relevant curriculum includes such research as an optional element.'

Please refer to pages 35, 3.112, 3.113 and pages 38-39

www.copmed.org.uk/images/docs/gold_guide_7th_edition/The_Gold_Guide_7th_Edition_January_2018.pdf

How many times can a trainee have OOPR (eg an independent 'primer' fellowship before starting a higher degree)?

More than one separate period OOPR is possible. It should be remembered that if taken separately, such a period of OOPR is included within the maximum six months of OOPR that counts towards CCT.

How does a trainee apply for Out-of-Programme for Research (OOPR)?

There are specific guidance from the RCOphth and the GMC with regards to obtaining approval for OOP. Read RCOphth Out of Programme Training and the GMC guidance for Out of Programme.

www.rcophth.ac.uk/training/ost-information/out-of-programme-training/

www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme

How would a trainee maintain their surgical or clinical skills during OOPR?

Trainees should have access to clinical or surgical work during OOPR, as necessary and tailored to their needs. For example some trainees may need at least one clinical or surgical session per week throughout their OOPR. Access to clinical or surgical work can be achieved by obtaining an honorary contract with their NHS trust/board. Trainees should seek advice from the BMA for contractual checks and from their professional indemnity membership bodies.

The RCOphth stresses that maintaining clinical and surgical competencies should not compromise the trainees' OOPR experience. It is the responsibility of the trainees local training program, to ensure a seamless transition back to clinical training following their OOPR, including surgical reskilling.

Would the trainee have to attend yearly ARCP during OOPR and what are the requirements of the ARCP?

Trainees are expected to meet the yearly ARCP requirements for OOPR that have been set by their respective deaneries. This would usually involve completion of a research supervisors' report and submission of any relevant achievements, such as publications and presentations. They will be awarded an outcome 8 (Out of programme for clinical experience, research or a career break) for every ARCP during their OOPR.

Would accrued continuous service employment benefits (such as maternity/paternity leave, sick leave) be protected when trainee have to change employers from NHS trust/board to academic institution or vice versa?

The UK clinical academic training in medicine and dentistry: principles and obligations document wellcome.ac.uk/sites/default/files/clinical-principles-and-obligations-plus-faqs-2018-08.pdf recommends that "all UK clinical trainees in receipt of nationally competitive funding for clinical academic research training" have protected "occupational benefits, which have accrued as a result of continuous service of employment". This document has been endorsed by Health Education England (NHS), Wellcome Trust, Medical Research Council, British Heart Foundation, Conference of Postgraduate Medical Deans of the United Kingdom, National Institute for Health Research, Royal College of Physicians, The Academy of Medical Sciences, Integrated Academic Training Advisory Committee, Cancer Research UK and the Medical Schools Council.

What are the financial implications of OOPR?

The impact on salary to trainees choosing to take an OOPR will vary depending on the conditions of their funder and their stage of training. There are a few generally relevant points:

- Salary during OOPR tends to be pinned at the base salary of the trainee at the point they exited clinical practice, which varies depending on seniority. This salary may also be elevated if awards are commenced after completion of training.
- Salary will not usually increase during the OOPR as it would if the trainee was progressing through clinical training and they can expect to delay the date at which they enter the consultant pay scale.

- Individuals may be involved in on call duties or take up locum work during OOPR in their own time, which could supplement the salary from their funder.
- Upon returning to clinical training, any trainee who is awarded a PhD or MD will receive an increase to their basic salary for the remainder of training.
- Trainees are eligible to remain in the NHS pension scheme even if employed by an HEI during their OOPR and are advised to confirm this.

<https://www.nhsemployers.org/sites/default/files/2021-08/Pay-and-Conditions-Circular-MD-3-2021.pdf>

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On return from my OOPR, I wish to continue as an academic by applying for an academic clinical lectureship (ACL), but I also wish to train less than full time (LTFT). What are the potential implications on my clinical and surgical training?

There may be apprehension for LTFT trainees to commit to academia for fear it will compromise their clinical and surgical exposure. However, working LTFT should not impact on either your clinical or academic training. It is the responsibility of your local training program director (TPD) and host research institution to ensure this.

It must also be noted that there is considerable flex in how integrated academic training is delivered. Some ACLs may wish to undertake their research in parallel with their clinical training. For example, a trainee with an academic clinical lectureship (ACL) on a 50% research : 50% clinical contract, who works 75% FTE, would spend 37.5% of their week in clinical training. This would equate to 3.75 clinical sessions. Alternatively, they may consider taking blocks of time off from clinic to undertake their research, e.g. by undertaking 4-week blocks of clinical work alternating with 4-week blocks for research, both at 75%FTE. Both are acceptable and will be supported at a local, deanery level.

Trainees should be reassured that the new RCOphth curriculum is a competency based one, not time based. If academic trainees have any concerns about their clinical or surgical exposure, they can raise these concerns during their first ARCP following their appointment to an ACL, to ensure that there is local support to extend their training time if necessary.

Of note, and encouragingly, the National Institute of Health Research (NIHR), the main funder of ACLs, will fund a position for up to 6 years. Competencies would need to be obtained within the 6 years of ACL funding, beyond which a trainee would need to take up an NHS training post. This ought to be achievable with careful, timely planning with the local TPD.

Given most trainees only undertake their OOPR for a higher degree after several years of ophthalmology training, they may only expect to have 2 to 3 years of full-time clinical training remaining once they secure their ACL. As such, there is considerable scope (and funding) to extend their dual training to ensure clinical / surgical competencies are achieved whilst working LTFT.