

# Getting a NTN in Ophthalmology: options for a year out

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Ophthalmology is one of the most competitive specialties in Medicine, and not without reason. Ophthalmologists enjoy a largely 9-5 work pattern along with relatively light on calls. Potential income after completion of training is also an attractive perk: A study published by Morris *et al* ranked ophthalmology fifth amongst all specialties for total average earnings as a consultant.<sup>1</sup> Getting an Ophthalmology training number, however, is not easy. This is likely secondary to a combination of the aforementioned factors and the current shape of training in the UK. Ophthalmology entry is at ST1 level as a run-through programme. This means that the number of people eligible to apply is vastly greater than other specialties that require more prior training as an SHO for application (CMT and CST for example). By definition, this means that the number of eligible applicants is high. Most candidates are also often quite accomplished. Radiology is another specialty which draws significant candidates secondary to its broad eligibility criteria. However, the stiffest competition for the budding ophthalmology trainee is the sheer number of excellent candidates to be found at interview for a training number. Many candidates have higher degrees, arrays of qualifications, vast experience, excellent knowledge and impressive portfolios.

Looking on the flip side, successful candidates have often not succeeded first time round. Two years of foundation training does not often provide the time required to prepare a competitive CV and portfolio in time for run-through applications. Thus, consideration should be given to potential options for a year out post foundation training.

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### **Locum Appointed Training (LAT)**

The most popular way to spend a year is to find a 12 month posting in Ophthalmology or an allied specialty. Specialties such as ENT require a similar skillset, in particular microsurgery and head and neck pathology. A 12 month posting in Neurosurgery is almost as popular and offers a similar breadth of skills. Proficiency in ophthalmoscopy is also something that can be honed in such a post. Failing to obtain a 12 month posting one of these specialties, a 6 month post in either (or preferably 6 months of each) would be ideal. This would show not only commitment to the specialty but also the acquirement of a broad skillset, not just pertaining to ophthalmology. Such posts are usually advertised as LAT or FTSTA on websites such as BMJ and NHS Jobs. Unlike systems such as Intrepid, these sites allow your CV to be tailored into their website proforma, thus allowing you to apply to multiple jobs with ease.

### **Anatomy Demonstration**

Anatomy demonstration is another varied and interesting way to spend a year. Many trainees taking a year out opt for this route as it allows multifaceted development of your CV: Foremost, the opportunity to teach medical students on a daily basis is not something that goes hand in hand with a busy training post. Anatomy demonstration offers this in bulk. The opportunity to gain formal (written) feedback after sessions is ample and would no doubt benefit the portfolio of most trainees at foundation level. Secondly, the intimate involvement with the dissection of a cadaver usually serves to enhance knowledge of anatomy significantly and this is an important foundation for any surgical career. However, not all medical schools perform cadaver dissection as part of their anatomy teaching. Prosection is a common alternative but does not reap quite the benefits of full cadaver dissection. This means that your local medical school may not offer anatomy demonstration posts and thus you may need to apply outside your region. Secondly,

you will be spending a year away from a clinical environment and this brings with it inevitable deskilling and reduced pay. Without an on call banding supplement, income is usually set at the unbanded level and this may be a significant issue for some trainees. On the plus side, there is ample opportunity to locum outside of prescribed teaching hours to supplement income (and maintain clinical exposure) and also a significant time to undertake research. A publication in a peer-reviewed journal can go a long way in scoring points and showing commitment. The topic of publication does not necessarily need to be ophthalmic to be beneficial. Points are awarded for any peer-reviewed publications (with a PUBMED ID), even if they are case reports. Most anatomy departments have a significant amount of research ongoing and it is usually possible to join one of them or, indeed, start your own.

### **Teaching/Clinical Fellowships**

Something not commonly undertaken by post foundation trainees are education fellow posts. These are sometimes advertised as teaching fellow or clinical teaching fellow posts but encompass the same core job role. The emphasis is on teaching medical students on a daily basis. In similarity to anatomy demonstration, you would be expected to undertake a significant amount of intensive teaching on a daily basis with a range of clinical medical students. Education fellows are usually based in the hospital. They are commonly involved in small group, large group and lecture based teaching and form part of the undergraduate teaching faculty. They are also involved closely with OSCE examinations. Often, there is opportunity to be an examiner for some or all of the examinations, depending on how much you want to get involved. Education fellow posts usually come with an allotted time for clinical duty in a specialty of your choice. Ophthalmology clinics are usually more than open to the idea of fellows sitting in and helping with clinics. Participation in theatre lists are also a real possibility.

This would be excellent for enhancing your surgical logbook and gain basic procedural competences. Again, the income is usually unbanded, but there is ample time for supplementing income from locumming if need be.

### **International Experience**

An increasingly favoured method of spending a year out is to spend some time abroad. This can work in two ways. Firstly, you could spend six months or a year in a developing country seeing ocular pathology you would see rarely in the UK. A short term post with a charity such as Surgical Eye Expeditions (SEE) would provide not only an insight into ophthalmic intervention in a developing country but would also provide an opportunity to develop core skills in ophthalmology. Furthermore, such experience would look very favourable on any portfolio and would give ample evidence for commitment in an interview. Some placements can be funded, but this varies significantly based upon where you go and who you organise the time with. International experience also works favourably for those trainees interested in seeing how other healthcare systems work. Just as equally, a placement in a tertiary centre in the USA or Singapore offering the opposite end of the healthcare spectrum can be just as beneficial. For a post-foundation trainee, I would favour the former over the latter, simply because I feel the experience gained in a developing healthcare setting is more beneficial and useful for the early trainee and that of an advanced setting better for a more senior trainee. However both would give excellent exposure to aspects of Ophthalmology not seen routinely in the UK.

### **Freelance Locumming**

When looking at the points application scoring on the Royal College website, it becomes apparent that there are significant points awarded for ophthalmology audits, research publications and postgraduate exams. In particular, the FRCOphth

Part 1 exam carries an award of 2 points. This doesn't sound much in itself, but amongst the overall ranking of candidates it can easily make the difference between getting a run through number or otherwise. Furthermore, it looks very favourable in a portfolio and serves to enhance the 'global impression' mark that isn't really alluded to in the short listing criteria. All these portfolio items take time to complete and a busy medical or surgical job, despite providing ample experience and clinical exposure, doesn't always provide enough opportunity to get these things done. 12 months spent locumming can provide the perfect timeframe and financial security to achieving these goals. In the new points scoring system, there are no deductions for a year spent locumming. To the contrary, the increase in points if you were to gain any of the competencies above would be very beneficial in attaining that all important NTN.

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### **Conclusion**

The essential basis of spending a year trying to get a training number is to plug the hole in your application. For some, this means attending basic courses such as Microsurgical Skills and the Moorfields A&E day. For others, lack of publications, audits and presentations are the confounding factor. For others yet, their portfolio score is enviable and their issue is interview performance: an interview course may provide the solution in such a case. The key message here is to address the issues that you have identified as the cause of your unsuccessful application. Speaking with your educational supervisor or a current trainee at your local Ophthalmology department can be eye-opening. 12 months is usually ample time to remedy the above

issues. However, bear in mind that from an August start to a post, the next round of applications start in December, effectively providing only four full months of time to work within. A year out of training is often seen prospectively as an unfortunate time. However, to the contrary it can be a year freedom to do something that is outside the box yet contributes to your training. Most trainees find that spending 12 months in one of the aforementioned ways not only secures them the training post of their choice, but provides an enjoyable and memorable year. ■

## References

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