Out of programme experience and training: going away to bring something back

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During postgraduate gastroenterology specialty training in the UK, a number of opportunities will arise for which a trainee may want to take some time out of their specialty training programme—that is, an out of programme (OOP) activity.

There are four types¹ of OOP activity:-

- Time out of programme for approved clinical training (OOPT), which needs to be prospectively approved by the Joint Royal Colleges of Physicians Training Board (JRCPTB). This will count towards the certificate of completion of training (CCT).
- Clinical experience which has not been approved by the JRCPTB and which will not contribute towards an award of a CCT (OOPE).
- Research (OOPR) for a registrable higher degree—for example, PhD, MD or master's degree.
- Planned career breaks (OOPC).

This article will concentrate on time out of programme for training or clinical experience (OOPT and OOPE).

What are the benefits of doing an OOPT or OOPE?

In addition to gaining specific skills and knowledge, completing an OOP period demonstrates attainment of important generic skills, including organisation, persistence and the ability to see a project through to completion. It is an opportunity to gain experience that cannot be gained within a trainee's current training programme—for example, transplant experience which cannot be gained locally for a trainee who wants to pursue hepatology.

Twenty-four percent of respondents in the 2010 Trainees in Gastroenterology (TiG)/British Society of Gastroenterology (BSG) National Training Survey were currently taking part in an OOP activity, 20% had done one previously, and 84% of the

Summary points

- Out of programme training/experience (OOPTE) is a fantastic once in a lifetime opportunity to gain specific skills and knowledge in an area which is of particular interest to a trainee.
- The proposal for an OOPTE needs to be thought about well in advance and the trainee must be aware of national and local rules that may apply to the OOP request being granted.
- For an OOPT that would contribute to the certificate of completion of training, then approval needs to be gained prospectively from the Joint Royal Colleges of Physicians Training Board.

remainder were definitely, or possibly, wanting to.²

Trainees may choose to go abroad—for example, to Australia, the United States, or Hong Kong, where they will be able to work in different healthcare environments. They may be able to bring back examples of good practice to the UK.

Trainees can further develop their area of interest—for example, advanced endoscopic techniques like endoscopic ultrasound or working in a large specialist inflammatory bowel disease centre dealing with complex cases. This can enhance their credentials as an expert in that area and bring kudos to their CV, making the trainee more competitive in consultant job applications. In addition, these clinical skills may benefit the region in which they will work as a consultant. For example, when band ligation for oesophageal varices was being established, one of us had the opportunity to train in the procedure in the United States and then establish the technique locally and train other clinicians.

There can be opportunities to undertake research and produce papers as most of these units have ample resources in terms of innovation, ideas and clinical material. There are opportunities to network with equally enthusiastic colleagues and establish working relationships that will have

lasting impact. Trainees may wish to work in developing countries thus, supporting the UK contribution to health in these countries.

How is an OOPT/E arranged?

It can take a long time (usually at least a year or even two if the post is not salaried and/or advertised) to plan an OOP activity, so it is advisable to start planning towards the end of the first year of specialty training. OOPT/Es cannot be taken until after the first year of training has been completed.

Most posts will be advertised on a combination of websites including those for BSG/TiG/NHS jobs and British Medical Journal jobs. However, if one is interested in undertaking an OOP in a specialist centre (especially if abroad), it is worth writing a cover letter with a recent CV and inquiring about potential opportunities.

Funding for OOPT/E can be an obstacle. Most trainees will apply for an advertised post where a department has already secured funding. This is usually a basic salary, so it may be necessary for the trainee to work an on-call rota or locum shifts to make up the shortfall. If interested in a recurring post, it is worth finding out when it is next to be advertised.

Any OOP activity should be discussed and agreed with the trainee's educational supervisor, training programme director, head of school and the postgraduate dean. OOP request forms, found on deanery websites, should be completed. Once the postgraduate dean has approved the OOP activity, the deanery will seek approval from the JRCPTB, and GMC (the latter if applying for OOPT).

Sufficient notice of an OOP activity is also required to allow sufficient time to arrange a locum appointment for training (LAT) to fill the resulting gap. The Gold Guide advises that trainees should give as much notice as possible, 3 months being the minimum with some Deaneries stipulating at least 6 months. LAT appointments have become much more difficult recently owing to the introduction of the Modernising Medical Careers initiative, restrictions

on migrant doctors and concerns about rising trainee numbers. August to December is the best time to leave the programme as the LAT post can be offered to successful candidates in the national pool who have not secured a numbered post. If an LAT cannot be appointed, it is at the training programme director's and educational supervisor's discretion whether a trainee will be released from the programme to do the OOPT/E. There may also be deanery-specific rules—for example, the requirement for a satisfactory annual review outcome in the previous year and a maximum proportion of trainees allowed out of the rotation at any one time.

If the trainee wishes to go to the United States in a clinical capacity, then the *United States Medical Licensing Examination* will need to be passed. Visas for North America or Australia will need to be obtained. Once taking part in an OOP activity, trainees are required to submit progress reports to the annual review of competence progression panel for annual renewal of approval with the deanery.

Conclusion

Successfully completing gastroenterology SpR/StR training will not guarantee a competitive CV for the consultant job market. One way to create an interesting and unique CV is to take time OOP. It may sound like a daunting prospect but is well worth the effort as it is likely to be an enjoyable time during which a trainee can focus his/her interests while gaining clinical experience as well as making friends and meeting colleagues who will remain close for a long time.

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2. Trainees in Gastroenterology Committee. Gastroenterology Training in 2010: results from the TiG/BSG National Training Survey.