Less Than Full Time (LTFT) Guidance

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Why work Less Than Full Time (LTFT)?

- To retain, within the medical workforce, doctors who are unable to continue their training on a full-time basis.
- To promote career development and work/life balance for doctors training within the NHS.
- To ensure continuing training in programmes on a pro-rata basis.

<table>
<thead>
<tr>
<th>Pros of LTFT</th>
<th>Cons of LTFT</th>
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<tbody>
<tr>
<td>Time to do other important things — childcare, pursue development opportunities, look after yourself or others</td>
<td>Extended length of training</td>
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<tr>
<td>Allow time for reflection, e-portfolio, revise, whilst pursuing interests outside of medicine</td>
<td>Not around your placement all of the time</td>
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<tr>
<td>Reduced childcare costs</td>
<td>Reduced pay</td>
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<tr>
<td>Usually longer placements which allows more time for establishing relationships with staff and patients</td>
<td>Sometimes takes longer “to get into the swing of things” on a placement</td>
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<tr>
<td>Improve leadership, management, and negotiation skills</td>
<td>Need to be organised and proactive about organising LTFT training</td>
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Views of LTFT trainees

Why they chose to work full time:

“I have always been a LTFT GP trainee. I came back from maternity leave after my first son into GP training. I now have a second son and still enjoying LTFT training and the work-life balance I can achieve with it.”

“I needed to have IVF treatment and I didn’t feel that it was feasible to do this whilst working full time. I was supported by the deanery in being allowed to train LTFT. I was lucky enough to become pregnant and continued working part time then, and after the birth.”

Why they think it is an advantage:

“More time to think about cases on non-working days and more enthusiasm to offer my patients as I am seeing fewer of them.”

“One of the big positives for less than full time training has been the variation in hospital specialties, which I have covered. I have covered many of the topics which a full time trainee would not be able to do in 18 months in the hospital setting.”
Background

Initially, part-time training was ad hoc and depended on the region and specialty. The number of part-time doctors in training increased in 1979 when a national scheme allowed senior trainees to work part-time. In 1994 the “Working Party on Flexible Training” report was published and two more schemes were introduced, resulting in the numbers of LTFT trainees increasing substantially.

The publication “A Guide to Postgraduate Specialty Training in the UK” (2007) (Gold Guide) includes LTFT training as an alternative to full-time for Specialist Registrars/Specialty Registrars. As a consequence, the number of medical trainees requesting to work on a less than full-time basis is increasing.

Less than full-time training must be an accurate reflection of full-time training, but on a pro-rata basis. Doctors undertaking less than full-time training should participate in all the medical activities carried out by the department where they work, including on-call duties in the evenings and weekends. They should be prepared to and expect that they will be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues. This does not preclude doctors making local arrangements for particular fixed working patterns. Most LTFT trainees will work set days each week, as negotiated with their employer and/or job share partner. Exceptions can also be made if either operational circumstances at the employing organisation or the circumstances which justify flexible training make things inappropriate or impossible. Both employers and doctors in training must be flexible to a reasonable degree.

Responsibility for applying for LTFT and liaising with employers lies with the trainee. The trainee must allow adequate time frames, i.e. 3 - 6 months’ notice in advance of the commencement of a post, to start contacting the relevant people. If rotations are not known for the entire grade then approval will be granted for the period of known rotations only. Approval will not be granted where rotations are not confirmed.

The right to request flexible working was extended to all UK employees with at least 26 weeks’ service with the same employer on 30 June 2014. Even if a doctor meets the eligibility criteria, it is still up to the employer whether they are prepared to employ them on a less than full-time basis. However, employers must seriously consider requests to work less than full-time and must give good reasons if they reject the application.

Each doctor must ensure that their training programme complies with General Medical Council (GMC) regulations for a Certificate of Completion of Training (CCT). It is recommended that doctors register with the RCGP Certification Unit at the beginning of their training as they will offer advice if the training programme is appropriate.
Eligibility

Less than full-time training is accessible to doctors in training who have a well-founded reason for being unable to work full-time (EC Directive 93/16/EEC).

In practice, the majority of doctors are women and men who wish to look after their young children for part of the week, and there are a small number who look after other family members. Doctors with physical or psychological health problems, who would like to continue their training but are unable to do so full-time, are also eligible for LTFT training.

The Conference of Postgraduate Medical Deans (COPMeD) agreed the following categories as guidelines for prioritizing requests for LTFT training. The needs of trainees in Category 1 will take priority. Where an application is refused by the LETB the applicant has a right of appeal.

Category One:

Criterion 1: Personal disability as defined by the Equality Act 2010
The trainee has a disability as defined by the Equality Act 2010 for which treatment is an absolute requirement and where the treatment, care or social requirements can only be carried out if training is provided at reduced capacity, as confirmed by a report from their Occupational Health Physician, GP or their medical specialist.

Criterion 2: Primary carer responsibilities for someone who is disabled as defined by the Equality Act 2010, or primary carer for someone suffering with ill health
The trainee is the primary carer for someone who is disabled as defined by the Equality Act 2010, expected to be a partner, sibling, parent or child, and these responsibilities have resulted in the need to work less than full time. Trainees who provide care for a person as part of a group of carers, e.g. a family, are not eligible to apply under this criterion.

or

Trainee is the primary carer for someone with reasons relating to ill health, as outlined in an occupational health report / hospital consultant review or confirmation letter from another appropriate body

Criterion 3: Parental responsibilities
The trainee is a parent or legal guardian of a child (or children) under the age of 18 who resides primarily with them, and for whom they have caring responsibilities for resulting in the need to work less than full time.

Criterion 4: Health related reasons
Trainee is unable to work full time due to reasons relating to ill health, as outlined in an occupational health report / hospital consultant review or confirmation letter from an appropriate body.
Category Two:

Criterion 1: Unique opportunities
Trainee is offered a unique opportunity for their own personal/professional development, and this will affect their ability to train full time. For example, training for national/international sporting events.

Criterion 2: Religious commitment
Trainee has a religious commitment which involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.

Criterion 3: Non-medical development
Trainee is offered non-medical professional development such as management courses, law courses, fine arts courses, which requires a specific time commitment resulting in the need to work less than full time.

Other well-founded reasons may be considered by the Postgraduate Dean in consultation with the GMC, but support will be dependent on the capacity of the programme and available resources and compliance with European legislation relating to CCT requirements.

Trainees in Locum for Training (LAT) posts may apply for LTFT training, and must complete the process in the usual way. However identification of a placement may not be immediately available. Due to the fixed term nature of such appointments if the post is undertaken LTFT it will be recognised for the duration of the post on a whole time equivalent basis and there is no entitlement to an extension of the period of training on a pro rata basis.

Academic trainees should have the same opportunities to work flexibly as other doctors in training. The suitability of academic training programmes to LTFT training should be discussed on an individual basis with the postgraduate dean. Please see the GMC’s additional position statement on academic training in a less than full time setting for more information.
Scheduling

Whilst the European Directive stipulates no minimum percentage for working, the GMC position statement on less than full-time training says that the normal minimum for less than full-time working is 50%. In very exceptional circumstances this can be reduced to 20% for a maximum of 12 months.

Views of LTFT trainees

On what percentage to work:

“The hospital posts were fixed at 60%. However when working within GP I decided to work 80% for my first 6 month post. This allowed me to have more days seeing patients as often about one day a week is taken up with teaching/tutorials/personal study. I enjoyed working at 80%, which allowed me one day a week with my children. My husband also had a day a week with the children, which meant they were only in nursery 3 days a week. This balance worked really well for us.”

“I wanted to work the minimum whilst my life was up in the air, and I have worked at different levels on different rotations.”

Training in General Practice

The Committee of General Practice Education Directors (COGPED) defines the normal working week as ten sessions of four hours. This should consist of the equivalent of:

7 clinical sessions [28 hours]
1 session [4 hours] for the locality half-day / day release course
1 session [4 hours] of structured practice education e.g. tutorials, debriefs
1 session [4 hours] independent learning as agreed with educational supervisor

The independent learning session may be utilised for completing audit or other written work, maintenance of the e-portfolio, external clinics, or private study e.g. MRCGP preparation.

For LTFT training, clinical and educational times are both reduced on a pro-rata basis.

Example: Working at 60% the less-than full-time doctor’s working week would be:

4.2 clinical sessions [16.8 hours]
0.6 session [2.4 hours] for the locality half-day / day release course
0.6 session [2.4 hours] of structured education e.g. tutorials, debriefs
0.6 session [2.4 hours] independent learning

<table>
<thead>
<tr>
<th>% training</th>
<th>Clinical sessions</th>
<th>Educational sessions*</th>
<th>Out of work</th>
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<tbody>
<tr>
<td>100%</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>90%</td>
<td>6.3</td>
<td>2.7</td>
<td>1</td>
</tr>
<tr>
<td>80%</td>
<td>5.6</td>
<td>2.4</td>
<td>2</td>
</tr>
<tr>
<td>70%</td>
<td>4.9</td>
<td>2.1</td>
<td>3</td>
</tr>
<tr>
<td>60%</td>
<td>4.2</td>
<td>1.8</td>
<td>4</td>
</tr>
<tr>
<td>50%</td>
<td>3.5</td>
<td>1.5</td>
<td>5</td>
</tr>
</tbody>
</table>
*These sessions include the locality half-day / day release course, structured education and independent learning. The divide within educational sessions is also split pro-rata as shown above.

If a doctor wishes to attend the half-day release on a weekly basis then this could be done at the expense of independent learning time. Doctors are encouraged to attend weekly half day release and complete the 12 month programme with their peers. It is recommended that they start with a cohort from August until August. This enables them to keep in contact with colleagues and develop a support base. They will be able to make up the rest of the educational time ‘owed’ when the programme is not on, or when it ends. There may be some regional variation in the approach to the half-day release / independent learning time for LTFT doctors so it is important to discuss this with your Programme Director.

For a twelve month (full-time equivalent) period in general practice the minimum out-of-hours experience of 72 hours applies, but the less than full-time doctor will have a longer period to meet this requirement.

LTFT trainees in GP placements should ensure that all training practices establish these arrangements precisely, in writing before the start of any period of training.

Training in Hospitals

The full-time and part-time equivalent hours of training posts will vary depending on the speciality, the duties of the post, the nature of the training and workload. There is no rigid definition of what constitutes full-time training and, therefore, what its part-time equivalent should be. When planning LTFT training the LETB should ensure that a part-time post offers the trainee adequate experience of all the key components of the full-time post.

In order to comply with the regulations during the hospital component of training:-
- The trainee will have to work for the negotiated percentage of the normal working week.
- This time will include protected educational time.
- Out-of-hours, and on-call commitments will be at the relevant percentage of the hours and commitments expected of a full-time post holder.

LTFT trainees in hospital placements should send details of their proposed individual timetable for the whole period of each post to their LETB for approval.

Please see Modes of Working for more detail.

<table>
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<tr>
<th>Views of LTFT trainees</th>
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<tr>
<td>“Our GP VTS teaching is one afternoon every other Tuesday and so I have to work a Tuesday. It means that breaking up the week to work 3 days with a job share leaves continuity of care on the ward hard. Handover is vital.”</td>
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</table>
Innovative training posts

Many GP specialty training programmes have innovative training posts (ITPs) as part of their full-time schemes. Innovative training posts are based in general practice but incorporate secondments to relevant community and hospital settings.

For example, an innovative training post in women’s health might include three days each week based in general practice with attachments to family planning and sexual health clinics for the other days.

Undertaking an ITP on a LTFT basis can risk both the general practice and hospital secondment experience being diluted. ITP on a LTFT basis are sometimes not permitted by the LETB because of this risk of dilution but there is no reason in principle why a LTFT trainee should not pursue an ITP.
Responsibilities

LTFT trainee

Before starting your LTFT post

- Discuss with your Programme Director your intention to work LTFT and check that you fulfil the qualifying criteria.
- Apply for LTFT training via your Deanery completing the relevant paperwork and indicating which Category and criteria you will be applying under.
- Once your ability to work LTFT has been approved you can discuss and identify with your Programme Director suitable LTFT posts. It may not be possible to honour your previously agreed rotations as these may not fit in with your/Hospital/GP LTFT working requirements so be flexible and open minded.
- Draw up a training programme / timetable with your Education Supervisor / Programme Director ensuring a pro rata balance of educational and clinical time compared to that of a full time trainee. You must have this approved to ensure your training requirements are being met, where possible at least 8 weeks before starting.
- Check your timetabled working hours and salary with HR to ensure that you are being correctly paid for the hours worked. If you are in a hospital setting you will need to have your hours monitored as soon as possible.

When working in GP:

- Meet up with your Programme Director to discuss LTFT application
- Decide which LTFT percentage would suit you best
- Liaise with your Programme Director to find a practice that can accommodate you
- Meet up with your new educational/clinical supervisor and discuss LTFT working and days of work
- Draw up a timetable to ensure that there is the appropriate balance between educational and clinical time
- Clinical sessions are defined as: clinics, home visits, on call, administration (bloods, letters, and dictation), baby clinic etc.
- Educational: Weekly Study Release Course, tutorials, Specialist hospital/GPSWI clinics
- Inform your HR of your working hours to ensure the correct pay

When working in a hospital:

- Meet with your Programme Director to discuss LTFT application
- Review which departments could accommodate you working LTFT
- Meet with the rota coordinator and discuss LTFT and on call commitments
- Devise a timetable and rota with HR using rota programming tools in order to correctly calculate your correct pay and banding for the hours of work
- Inform the Deanery and HR (especially if you have a different Lead Employer) of your working hours and LTFT
The ability to undertake one placement on a less than full-time basis does not guarantee that subsequent posts can be organised on the same basis. Arrangements for each post on the training programme will need to be negotiated independently.

**During your LTFT post**

- Complete pro-rata workplace based assessments and e-portfolio entries (see Reviews).
- Discuss your rota or which days you work with your department or general practice – there are no absolute rights to choose which days or times you want to work.
- During hospital training you will either be placed in a slot share or working reduced hours in a full time post. Supernumerary posts are rare and only available in exceptional circumstances (see Modes of Working).
- Ensure you are on the medical performers list if necessary and have up to date medical indemnity insurance. Some Deaneries bulk buy indemnity for trainees. Remember it is tax deductible.

*Keep your LETB, Programme Director, Educational Supervisor and HR informed of any changes to your working hours/percentage LTFT to ensure that they have the correct CCT date and that you are being paid correctly.*

Particularly in any of the following circumstances:

- Maternity leave dates or absence from training
- Moving employer, or extending a contract at the same employer
- Resigning a post, changing specialty, taking time out of programme
- Intention to return to full-time training
- Completion of training, with future plans.

**In order to qualify for CCT make sure that your training programme includes:**

- A minimum of three years (36 months) whole time equivalent of approved training posts. Please note that the academic component of an academic training programme cannot contribute to the requisite three years of training
- At least 12 months whole time equivalent completed in hospital posts
- A minimum of 12 months whole time equivalent in GP posts (not including Integrated training posts/GP+ posts). However, a 3 year GP training programme should normally include 18 months in general practice.
- All hospital/Integrated training posts should be at least three months in duration, although this works out at 3.6 months if working 60% of full time. However, shorter posts may be accepted if sufficient learning is demonstrated and the rest of the programme is broad and balanced. The validity of these posts is determined by your ARCP Panel and if necessary, Clinical Lead

*If you are unsure if your programme meets these requirements, check with your LETB, Programme Director, Educational Supervisor and HR to ensure that you are on track to achieve your CCT*
Educational Supervisor

- To discuss the above requirements with the LTFT trainee before you start training.
- Provide support and signposting to other resources of support.
- To help ensure you have a realistic personal development plan given your individual circumstances, percentage LTFT training, and caring responsibilities.

Programme Director

- To help discuss and plan the training programme.
- To allocate an Educational Supervisor and where possible a training track and training practice. If this is not possible in advance, explain why this is the case.
- To supply contact details for educational and clinical supervisors.
- To inform of necessary changes to the training track and discuss how these might affect the trainees’ personal development plan.

LETB

- To provide a GMC approved training programme.
- To confirm the CCT date in a timely manner. If there are changes to the LTFT training schedule, the CCT date should be re-confirmed.
- To confirm the dates of ESR/ARCP at least one month in advance.

Employer

- To provide information regarding relevant entitlements – keeping in touch days, carer’s leave and occupational health.
- To calculate the correct salary based on the trainees’ percentage LTFT (see Pay and Funding).
- To calculate annual leave, study leave and bank holiday entitlement.
- To advise about working hours and on-call responsibilities.
Pay and funding

In 2005 NHS Employers (in consultation with the BMA) published two documents to support the new funding arrangements.


Doctors in training pay is split into two parts - the basic pay and a supplement. The LETB funds the educational component of the basic salary and the GP Registrar supplement. The ‘intensity’ supplement for trainees in hospital posts are the responsibility of the employer.

Basic pay
LTFT trainees will receive a percentage of basic pay. 40 hours is considered full-time basic pay, and the LTFT percentage pay changes are in bands of 4 hours.

- F5 is 20 or more and less than 24 hours of actual work a week and attracts 0.5 of the full-time basic salary
- F6 is 24 or more and less than 28 hours of actual work a week and attracts 0.6 of the full-time basic salary
- F7 is 28 or more and less than 32 hours of actual work a week and attracts 0.7 of the full-time basic salary
- F8 is 32 or more and less than 36 hours of actual work a week and attracts 0.8 of the full-time basic salary
- F9 is 36 or more and less than 40 hours of actual work a week and attracts 0.9 of the full-time basic salary

For example, 40 hours = full-time basic salary, 36 hours = 0.9 of full-time basic salary.

Supplement
The GP Registrar supplement is 45%. It is a recruitment and retention supplement and is not directly comparable to the banding that trainees will receive whilst in hospital posts.

The ‘intensity’ supplement for trainees in hospital posts varies depending on the hours that they work. Please see the latest NHS Employers Pay and Conditions Circular for more details.

All LTFT trainees will receive a percentage of the supplement that they are eligible for.
**Examples**

**Example 1:**
A 70% LTFT trainee in GP. The LTFT trainee will be expected to work 70% of the 40 hour normal working week, which is 28 hours. 28 hours falls into the F7 band which attracts 70% of the full-time basic salary.

The LTFT trainee qualifies for the GP Registrar supplement, which is 45%. 70% of a 45% supplement means that the LTFT trainee’s supplement ends up at 31.5% of the full-time basic salary.

<table>
<thead>
<tr>
<th>LTFT basic pay (funded by the LETB)</th>
<th>70% of full-time basic pay</th>
<th>(70% x 1 = 0.7 of full-time basic salary)</th>
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<tbody>
<tr>
<td>LTFT supplement (funded by the LETB)</td>
<td>70% of the 45% supplement</td>
<td>(70% x 45% = 0.315 of full-time basic salary)</td>
</tr>
<tr>
<td><strong>Total pay</strong></td>
<td>LTFT basic pay + supplement</td>
<td>(0.7 + 0.315) full-time basic salary</td>
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<td></td>
<td></td>
<td><strong>1.015 full time basic salary</strong></td>
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**Example 2:**
A 60% LTFT trainee in a hospital specialty where the full-time doctors work 45 hours per week (total including on-call and OOH). The LTFT trainee will be expected to work 60% of 45 hours, which is 27 hours a week. 27 hours falls into the F6 band which attracts 60% of the full-time basic salary.

The LTFT trainee falls into ‘intensity’ band A, which attracts a 50% supplement. 60% of a 50% supplement means the LTFT trainee’s supplement ends up at 30% of the full-time basic salary.

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<tr>
<th>LTFT basic pay (funded by the LETB)</th>
<th>60% of full-time basic pay</th>
<th>(60% x 1 = 0.6 of full-time basic salary)</th>
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</thead>
<tbody>
<tr>
<td>LTFT supplement (funded by the employer)</td>
<td>60% of the 50% supplement</td>
<td>(50% x 60% = 0.3 of full-time basic salary)</td>
</tr>
<tr>
<td><strong>Total pay</strong></td>
<td>LTFT basic pay + Supplement</td>
<td>(0.6 + 0.3) full-time basic salary</td>
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<td></td>
<td></td>
<td><strong>0.9 full-time basic salary</strong></td>
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**Pensions**

The first forty hours of work per week are pensionable. This allows LTFT trainees to use all hours worked for pension purposes.

*Example:* A LTFT trainee works at 60% (24 standard hours plus 16 on-call hours) per week. Thus the total number of hours is 40. Full pension contributions must be made and the trainee can expect the pension rights to be the same as those on a full-time contract.
Example: A LTFT trainee works 20 standard hours and 8 on-call hours per week. The total is 28 hours. The pension contributions and rights would be 28/40, which is 70% of a full-timers.

All LTFT trainees should ensure that the average number of hours worked per week are clearly stated on their LTFT Training Programme forms as these will form the basis on which their pension will be calculated in the future.

LTFT trainees are encouraged to periodically check their pension contributions with the NHS Pensions Agency (www.nhspa.gov.uk)
Modes of working

Whole Time Equivalent (WTE)

The WTE is the amount that you will work, which can be 0.5, 0.6, 0.7 or 0.8, and is also referred to as a percentage 50%, 60%, 70% or 80%. It is agreed for educational and training purposes only. It determines what will be recognised educationally as the amount of time a LTFT trainee has completed and impacts annual progress and eventual CCT date. It is separate to your pay banding.

Ways of working LTFT

There are three ways of working LTFT.

1. Slot-share post

This is where two trainees share one post. Each doctor works an appropriate percentage of the full time hours each. Any out-of-hours commitments are split between the two LTFT trainees. This could be 50:50 but 60:60 is often preferred as it allows for handover. This is usually the preferred option for LTFT training in a hospital post and is funded partly by the LETB. Slot share arrangements are not normally used for GP placements.

2. Reduced hours in a full-time post

These arrangements are negotiated between the Lead Employer, Host Trust, Training Programme Director and the trainee.

3. Supernumerary

In hospitals there is a limited budget for this and is only usually available in extenuating circumstances and only for a short period of time until the trainee can be slotted into the main rotation. As all placements in a general practice setting – full time or LTFT – are supernumerary, these are easier to organise as they don’t require extra funding.

On-call

LTFT doctors are expected to work on-call on a pro-rata basis. European employment legislation allows women in late pregnancy, or who are breast-feeding, to be exempt from on-call duties, however the impact on training must be considered and in some circumstances training may need to be extended.

Study and annual leave

Less than full-time doctors are entitled to the same amount of study leave funding as full-timers and pro-rata time allowance for study and annual leave.
Reviews

Annual Review of Competence Progression (ARCP) Panel Review

In line with The Gold Guide, each year doctors in training have an annual review of competence progression to determine whether they can progress from one ST year to the next. For general practice these are known as the ST1/2 and ST2/3 gateways.

For a doctor in LTFT training, these gateway dates would not occur on a yearly basis but would be further apart and may also be delayed following maternity leave or other absence, i.e. the gateway date is determined by the full-time equivalent experience accumulated.

However, the Gold Guide paragraph 7.46 states that doctors in training should have a review at least annually. Therefore, those training on a LTFT basis will have an annual review even though a gateway may not have been reached. If an annual review and gateway review fall within two months of each other, these will normally be combined into a single review.

The purpose of the annual review is to ensure that trainees have engaged with the training process; have undertaken some workplace based assessments and are making satisfactory progress for their stage of training. It will also need to fulfil the requirements for future trainee revalidation. As a guide, the indicative number of assessments for each annual calendar review that would normally be expected should be the pro rata equivalent. However, it may be more than the pro rata equivalent; this will depend on the trainee’s performance, progress and any recommendations from the previous review.

For gateway ARCP reviews between ST years a trainee must provide the minimum amount of evidence specified by the RCGP. Outcomes at gateway ARCPs must be satisfactory and demonstrate collection of the minimum evidence specified by the RCGP to allow progression to the next stage of a trainee’s programme.

Example: A trainee working at 50% of full time, the required evidence at the end of their ST1 year may be compiled over the equivalent period worked, i.e. 2 calendar years.

Educational Supervisors Review (ESR)

An ESR is conducted every six calendar months, whether you’re training full-time or not. Reviews are carried out even if they do not coincide exactly with the end of posts. This ensures regular feedback and engagement with the evidence in the Trainee ePortfolio, and means that the ARCP panel has a recent ESR to inform their decision making.

- ESR review every six months – keep in contact, regular feedback and support
- ARCP annually with pro rata completion of assessments
- Gateway ARCP determined by full-time equivalent experience accumulated
Workplace based assessments (WPBAs)

In order to have sufficient evidence to determine an appropriate outcome at an ARCP review, the panel require a minimum data set of workplace based assessments. LTFT trainees need to complete pro-rata WPBAs. At the end of training a LTFT trainee will have completed the same number of WPBAs as a full time trainee.

As LTFT trainees need to have an ESR every 6 months and an ARCP every year and when transferring between “gateways” it means they will have more reviews than a full time trainee. For each gateway review the LTFT doctor will need to produce evidence of adequate progress towards the following WBPA requirements.

For each gateway:

Whilst in ST1 or ST2 training
6 case-based discussions (CbD)
6 mini clinical examinations (mini-CEX) or consultation observations (COT)

Whilst in ST3 training
12 case-based discussions (CbD)
12 mini clinical examinations (mini-CEX) or consultation observations (COT)

Additionally multisource feedback (MSF) and patient satisfaction questionnaires (PSQ) can also be required.

However, calculating how many WPBAs you need at each ESR can be complicated. The review panel need evidence that you are demonstrating progression and entering WPBAs at a steady rate in line with your percentage LTFT. The table below is a rough guide for the minimum rate at which you should be completing WPBAs over a 6 month period. You will never get into problems if you do too many. As a rough guide you need to do a minimum of 2 COTs, CEXs and CBDs between each ESR to show progress. The minimum number of WBA for each level of training should be completed prior to each gateway panel.

At the moment the e-portfolio WPBA count does not take into account your LTFT training status. Therefore it will stay red even if you have done an appropriate amount of WPBA.

| How many WPBA over a 6 month period depending on percentage LTFT training |
|-----------------------------|-----------|--------|--------|--------|--------|--------|--------|
| Year | WBA | 100% | 90% | 80% | 70% | 60% | 50% |
| ST1/2 | COT/CEX | 3 | 2.7 | 2.4 | 2.1 | 1.8 | 1.5 |
| | CBD | 3 | 2.7 | 2.4 | 2.1 | 1.8 | 1.5 |
| | MSF | Need to complete two MSFs during ST1 |
| | PSQ | Need to complete one PSQ during your GP placement |
| | CSR | One every 6 months with ESR |
| ST3 | COT/CEX | 6 | 5.4 | 4.8 | 4.2 | 3.6 | 3 |
| | CBD | 6 | 5.4 | 4.8 | 4.2 | 3.6 | 3 |
| | MSF | Need to complete 2 ten people MSFs during ST3 |
| | PSQ | Need to complete one PSQ during ST3 |
Calculating your CCT Date

General practice

To work out the CCT date:
1. Calculate out how many weeks are left to complete training at full-time
2. Calculate how many full-time sessions there are left if training at full-time (the normal working week is ten sessions of four hours)
3. Divide the number of full-time sessions left by the number of sessions worked per week as a LTFT trainee (a 70% LTFT trainee works 7 sessions a week)
4. This is the number of weeks left to complete training less than-full time

Example 1:
A 70% LTFT trainee works 28 hours per week spread over 3.5 days. This is equivalent to 7 sessions per week.

1. Calculate the total number of sessions a full-time trainee would work over one year:

   Number of sessions per week x number of weeks in a year = 10 x 52 = 520

2. Calculate the time in weeks it would take to complete one year of training for the LTFT trainee

   Total number of full-time sessions / LTFT sessions per week = 520/7 = 74.28 weeks

   The LTFT trainee has 75 weeks left to complete one year of full-time training.

Example 2:
A full-time trainee has done 6 months ST3 full-time before going on maternity leave. When she comes back she chooses to do the rest of her time at 60%. She has 26 weeks full-time left to her CCT. As a 60% LTFT trainee, she would work 24 hours per week spread over 3 days. This is equivalent to 6 sessions per week.

1. 10 x 26 = 260

2. 260/6 = 43.33 weeks

   The LTFT trainee has 44 weeks left to CCT.

Example 3:
A full-time trainee has 13 weeks left of training and has decided work 80% LTFT. This would mean working 32 hours per week spread over 4 days. This is equivalent to 8 sessions.

1. 10 x 13 = 130

2. 130/8 = 16.25 weeks

   The LTFT trainee has 17 weeks left to training.
Example 4:
A full-time trainee wishes to become 90% LTFT 8 weeks after starting ST3 year. He has 44 weeks full-time training left until the CCT date. As a 90% LTFT trainee, they work 36 hours per week spread over 4.5 days. This is equivalent to 9 sessions.

1. $10 \times 44 = 440$
2. $440/9 = 48.89$ weeks

The LTFT trainee has 49 weeks left to CCT.

If your LTFT training is calculated in months then the number of days needed to work should be calculated assuming a month is 30 days. If there are part days these will be rounded up to ensure that the minimum requirement for training has been clearly achieved.

If you have any further time out of training e.g. sickness or maternity leave, or you alter the percentage at which you are working, your CCT date will change again. It is essential to keep a record of time out and time in training and that update your employer and the LETB as soon as possible when you make changes.
Frequently Asked Questions (FAQs)

If I am eligible for LTFT training, does that mean I am guaranteed a placement?
Eligibility for LTFT training is not a guarantee of a placement. Whilst placements in general practice can be relatively easy to organise with appropriate notice, hospital slot-shares can be more problematic. However, the number of people requesting LTFT training is growing all the time which is improving availability of placements. It may be necessary to travel from your ‘home’ programme to make up a slot-share elsewhere. Occasionally, subject to approval you may be placed in a full-time post on reduced sessions.

What if I need to reduce my hours urgently?
Sometimes a doctor needs to become LTFT urgently, perhaps because of ill health either in themselves or a member of their family. In these circumstances the LETB should try to expedite the process but an occupational health assessment may be required. It is important to speak to your GP as soon as possible if you think there may be any underlying health concerns.

What are the minimum and maximum hours that can be worked by a LTFT doctor?
LTFT doctors are expected to work at a minimum of 50% of a full-time programme. In very exceptional circumstances this can be reduced to 20% for a maximum of 12 months.

If I want to be LTFT but I’m not currently in a training programme, how do I go about it?
All doctors have to be appointed in open competition. This means obtaining a GP specialty training programme through the national recruitment process. Once you have a place then consult your LETB to establish your eligibility. If you apply for a full-time post you are not obliged to state that you would like to train on a LTFT basis until after you have accepted the post.

May I be asked about my intentions to train on a LTFT basis at interview?
No. It is against equal opportunities legislation to ask questions at an interview that relate to the candidate’s ability to work full-time, or indeed any other aspect of a person’s private life that has no direct bearing on their competence to do the job. Anyone may decide to mention their intention to work LTFT, but you are not obliged to by law.

I am a full-timer and having a difficult pregnancy. Can I become a LTFT now?
Your terms and conditions of work allow you to modify your hours and duties if you are unable to work normally due to pregnancy. Talk to your occupational health department.

How do I obtain educational approval for my programme?
LTFT training undertaken in hospital posts on a slot-share basis will be in posts that already have GMC approval for GP training.

For a supernumerary placement, educational approval must be obtained prior to starting in post. The GMC will not grant retrospective approval and Article 11 application will be necessary at the end of training.

Failure to obtain educational approval before you start leaves you open to training not being recognised at a later date.
What will my pay banding be?
Guidance notes as to banding arrangements for LTFT training can be found in the document “Equitable pay for flexible medical training” and in the above section ‘Pay and funding’. For more detailed or personal guidance, please consult the BMA and/or your human resources department.

Is it possible to be exempted from on-call?
EU Regulations regarding medical training state that the LTFT training shall meet the same requirements as full-time training and involve participation in all the medical activities of the department where training is carried out, including on-call duties. European employment legislation allows exemption from on-call if breast-feeding, and you should be able to obtain exemption, or other modification of working hours, if you are pregnant. However it is important to note that these regulations refer to employment and your LETB would have to consider whether there is an adverse impact on training and whether an extension to training might be required.

Workplace regulations require employers to provide suitable facilities where pregnant and breastfeeding mothers can rest.

Can I increase/decrease my sessions?
This may be possible. You will need to contact your LETB giving adequate notice of any proposed change and your reasons for wanting to change. If a change is agreed, your CCT date will then need to be recalculated.

What should I do if I am going on, or returning from maternity leave?
Please inform your LETB in writing as soon as you know when your maternity leave will start and give a rough indication as to when you plan to return if possible.

When planning to return from maternity leave, please contact your programme director and employer in order to agree the arrangements for your return, at least four months in advance.

If your LTFT training approval is due to expire (either whilst on maternity leave or soon after their return date), you will need to contact the programme director and request a LTFT training extension application pack. It is worth doing so 4-6 months prior to the return date from maternity leave.

Full maternity guidance for GP trainees can be accessed via the BMA website via this link.

How much study leave do I get?
Less than full-time doctors are allowed the same amount of funding as full-timers, on the basis that it is not desirable to attend half a course. The time taken out for study leave, however, should be pro rata on average.

What about study leave and HDRC?
When you are in ST3 it is always best to try to attend HDRC across one academic year so that you can benefit from staying with the same group. If you have 20 months in ST3 at 60% this will give you plenty of time to concentrate other types of study leave in the other months. It is not advisable to attend HDRC alternate weeks.
What happens if a slot share arrangement breaks down?
Inevitably share arrangements break down from time to time, either because one person is leaving or going on maternity leave, or because their training requirements take them to another post. In these instances, the options are:

- Forming another slot share arrangement with another doctor either from the same Programme or a neighbouring Programme
- The remaining doctor reverting to full-time while their partner is away
- With the agreement of the Trust the remaining doctor occupying the full-time post on reduced sessions
- With the agreement of the Trust and LETB the remaining doctor becoming supernumerary, however GMC educational approval may be necessary

Am I entitled to complete locum work whilst being a LTFT trainee?
LTFT trainees are usually not able to carry out any locum duties or other work. However, trainees are permitted to work extra (pro-rata) shifts in their own department.
FAQ for Trainers

My trainee has asked if they can go LTFT, what do I do next?
The first step is to see if your trainee is eligible for LTFT training (see Eligibility). If your trainee is eligible they can apply for LTFT training.

How can I support a LTFT trainee?
Support your trainee by assessing their individual learning needs and tailoring their training to suit. Not all trainees are the same, and many hospital trainees are transferring into GP bringing with them other clinical and life experience. Acknowledging that their learning will be slower and there may be difficulties from being out of sync.

Recognise that a LTFT trainee doing 50% will take 6 months to get to the stage of a full-time trainee at 3 months. Induction may be over a longer time period (but the same number of sessions). Acknowledge and discuss this with your trainee early to ensure they don’t lose confidence. Encourage your trainee to stay in touch with old colleagues, other LTFT trainees, or conduct peer learning sessions within your practice.

Remember, LTFT trainees will be with you for longer and have more time to develop productive relationships with staff and patients. This is great for developing continuity of care. It also allows trainees to get involved in improving care – they will be able to complete the elusive audit cycle. In addition you get the full trainers allowance for the whole time they are with you, ultimately resulting in more money as a LTFT trainee is with you for longer.

How flexible can I be?
Be flexible. Managing working, training, and what is usually caring for a young family is difficult. Recognise this. Just because their child is sick, it does not mean that they are work shy, and it will not last forever. However, recognise that a certificate of completion of training qualifies the trainee to do all the tasks a full-time trainee can do. Therefore, we recommend that all trainees should:

- Where possible work sessions that their supervisor is also working to develop a trainee-trainer relationship
- Make sure the trainee has experience of the full range of work and services provided by the full-time trainee, including being on-call, and the last person in the building. This can be difficult if trainees have to pick children up from Nursery, but they will be asked to do this in their qualified life, and it is much easier to be in this position for the first time as a trainee than as a qualified GP.
- Have OOH experience – this is mandatory
- Be involved in management, teaching, and audit as you would expect a full-time trainee.

What are your rights and responsibilities?
Before a LTFT trainee starts in a GP placement you need to develop a weekly timetable with the trainee maintaining the 7:3 clinical to educational ratio over the whole placement. Ensure that a LTFT trainee has pro-rata educational time and tutorials throughout their placement.
What are the e-portfolio requirements of LTFT training?
A LTFT trainee should complete pro-rata WBAs, an ESR every 6 months, and an annual ARCP. You should help your LTFT trainee develop a realistic Personal Development Plan taking into account their rate of training and their personal circumstances.

What HR issues do I need to know about LTFT trainees?
Annual leave, Study leave, and Bank holidays are all calculated on a pro-rata basis. LTFT trainees with caring responsibilities are entitled to carers leave – this is often used to care for sick children.

Example: Bank holiday calculation
There are 8 bank holiday days in the year.

A 70% LTFT trainee would be entitled to 70% of these, i.e. 5.6 days or 11.2 sessions

View from LTFT trainees

On employers / supervisors / other trainees:

“I have found everyone to be accommodating and very helpful. In fact the hospital jobs often like it, as in a job share there are two trainees around for either part of a day or a whole day once a week. Other trainees especially like this as it allows a slightly more flexible rota on those days.”

“The difficulty is not really having a peer group who you train with the whole time through. However, many trainees become LTFT and so you end up knowing other LTFT trainees,”

“My trainer works LTFT so I feel she is more open and sympathetic to the idea.”

“People can sometimes forget that being a parent is a 24/7 job anyway, so ‘days off’ are not days with your feet up.”
TOP TIPS

1. Get organised – the earlier you do this the better for everyone.

2. Talk to current LTFT trainees – support from someone who has done it before is invaluable. Most LTFT trainees will be happy to share their experiences (they are GP trainees with good communication skills).

3. Talking through the options is sensible and does not commit you to anything. Talk to your Educational Supervisor. They should be supportive and they should be able to answer your questions or signpost you to someone who can help. If they are not supportive or can’t answer your questions talk to your Programme Director or GP educator.

4. Try to plan your training – when are you going to do your AKT and CSA? How are you going to make time to revise? It is possible to change your LTFT training percentage if you are finding this difficult. Look to agree the plan in writing after discussing it with your Educational Supervisor.

5. When doing GP placements, try to work the same days as your educational supervisor, especially if your educational supervisor also works LTFT.

6. When doing GP placements try to work full days rather than half days. It can be difficult to get away on half days and it is likely you will end up working more hours than scheduled. Plan your day as you should expect to on-call on some afternoons and there is the possibility of home visits after surgery closure too.

7. Although LTFT training is becoming more common, some GP and hospital trainers have not supervised LTFT trainees before. Don’t worry. If this is the case get advice from your programme director, be open and honest with your educational supervisor, find out what other people have done. Work together to produce workable solutions.

8. Remember you need to fulfil all the requirements for training that a full time trainee needs – i.e. e-portfolio, OOH, make sure you’re on the performers list, make sure you have medical indemnity insurance.
Views of LTFT trainees

On employers / supervisors / other trainees:

“I have found everyone to be accommodating and very helpful. In fact the hospital jobs often like it, as in a job share there are two trainees around for either part of a day or a whole day once a week. Other trainees especially like this as it allows a slightly more flexible rota on those days.”

“The difficulty is not really having a peer group who you train with the whole time through. However, many trainees become LTFT and so you end up knowing other LTFT trainees,”

“My trainer works LTFT so I feel she is more open and sympathetic to the idea.”

“People can sometimes forget that being a parent is a 24/7 job anyway, so 'days off' are not days with your feet up.”

TOP TIPS

- If you are considering it then go for it.
- Speak to other LTFT trainees in your deanery and find how they balance working LTFT in your deanery.
- Be organised and think of what you want to achieve out of work and time off work
- Plan ahead
- Communicate needs/goals with relevant parties
- Agree a training plan in writing
- Have boundaries but be flexible/adaptable
- Contact the BMA if you need support
- The guidelines to working LTFT can take a while to get your head round.
- It’s juggling essentially three jobs – professional work, training and home!

Extra tips for LTFT trainees with children

1. Don’t expect perfection. Having children is hard work 24 hours a day. Slowing down your training and giving yourself time to think is sensible. Do not forget to set aside protected time for personal reading / writing and the e-portfolio.

2. Many LTFT trainees arrange childcare for some of their time that they are not at work. This allows time to complete paper work and e-portfolio entries. Remember you are unlikely to have time for this in the evenings and weekends.

3. Plan your childcare and be realistic. The biggest pressures on trainees with children are leaving work on time to pick them up from childcare, and what to do when your child is sick (they will be).

4. Decisions about childcare are complex and based on multiple factors. Whichever method you choose talk to your educational or clinical supervisor about the implications of this – they may be able to change your surgery time. Another option
is paying for someone to pick your child up from nursery on days you expect to be late. If possible try to have emergency plans in place.

5. You are entitled to carers leave if your child is sick, but this will add up and you may require an extension to training if you use more than 2 weeks.

6. When you are on maternity leave you can use your Keeping in Touch (KIT) days to visit your educational supervisor, programme director, or to attend hospital induction programmes. Staying in touch with your clinical placements makes it easier when you are returning from maternity leave.

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<th>View of LTFT trainees</th>
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<td><strong>On balancing LTFT with childcare:</strong></td>
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| “It has meant I have a good balance of work and life. I can pursue my career and also see my children and be involved with their development. I always wanted to be around whilst they grew up and the luxury of LTFT training has made this achievable."

The biggest challenge has been arranging childcare. Each time jobs are changed there is always a risk childcare days are going to need to be change. Therefore as a trainee you have to be on the ball about finding out who your job share is whilst in hospitals. Once in GP then your days are more fixed and this stops being a worry.

The other challenge is leaving work on time to pick up children. I have always tried to have one day where I do not pick up my children or do not need to rush out of the practice/hospital. This means I can stay late, if needed, to complete paperwork.”

“It has been immensely helpful. I think that continuing training full time in my opinion in my own circumstances would have been impossible. It can be hard watching junior colleagues overtake you, but I just think I am going the long but pretty way, and I certainly wouldn’t ever wish things to be different to how they are.”