GOOD ROTA DESIGN AND ROSTERING RECOMMENDATIONS FOR LTFT DOCTORS

Overview
LTFT (less than full time) training allows doctors to work part time in posts that are fully recognised for training. It covers any arrangement with reduced working hours.

There are many reasons, such as caring commitments, disability or ill health, or the undertaking of a particular activity outside of medicine, which may mean that a doctor wishes to train LTFT.

Working LTFT has many benefits and has become a requirement for many within the modern workforce. For doctors, LTFT working can reduce fatigue and allow greater enthusiasm for work by providing a better work-life balance. It facilitates a wider variety of experience within the system and helps retain a diverse cross-section of doctors in training who might otherwise have been lost from the workforce.

Regardless of the reason, the practicalities of working LTFT can be difficult. Balancing work and personal commitments can often be demanding and exhausting, and deficiencies in rota design and rostering can exacerbate feelings they are not achieving as they might wish in either area.

Identifying individual needs, facilitating flexible working patterns, and providing consistency and stability (with sufficient notice for changes) are key to underpin the process of good rota design and rostering for LTFT doctors, allowing them to be effective team members in helping meet service needs.

Types of LTFT training post
HEE local offices offer different ways of incorporating LTFT training into rotas, however access to the different post types is variable.

The most common LTFT training arrangements are:

Slot share
• A training post (or more than one post) divided between doctors, so that all duties of the full-time post(s) are covered by the doctors. In a slot share the LTFT doctors are employed and paid as individuals (often for 60% or more) and work together. The doctors share the educational slot(s) but not a contract and may overlap sessions.

• It is important to note that a doctor training at 60% of full-time, for example, is not necessarily the same as a doctor working at 60% of full-time, although they may, in some circumstances, be the same. The 60% LTFT status approved by HEE refers to the percentage of training time that a doctor will get in relation to their full-time colleagues. It does not necessarily mean that the doctor will work exactly 60% of the hours of a full-time doctor in the same department (although they may do so), they could work more than 60% or less than 60%.

Job share
• A full-time contract for a training post shared between two doctors, usually at 50% each. The doctors are each paid half of the full-time salary, work half the hours and receive 50% of the training opportunities.
Reduced sessions in a full-time post

- Where a doctor only undertakes some of the hours available within an existing full-time post. This can result in the remaining hours being carried over as a gap in the rota, or the extra hours left over being shared between other doctors on the rota (where agreed).

- While the above arrangements are the most common, other LTFT training arrangements and working patterns (for example supernumerary posts and term time working) are available in certain specialty programmes. Any recommendations outlined below should equally apply to any LTFT arrangements not specifically referenced above.

Recommendations for good rota design

- The rota should be built in collaboration with the doctor(s), the department, the doctors’ educational supervisor and any LTFT contribution to the rota should be planned with LTFT representatives as required (ie LTFT lead or flexible training champion) to ensure the personal and educational needs of the doctor and the service needs of the department are met.

- Each LTFT doctor must have a personalised work schedule built for them to ensure they are working the correct proportion of hours and shift types, included in the full-time template for their LTFT percentage, and are being paid correctly.

- The work schedule should highlight the individual pro-rata entitlement to study leave and annual leave (inclusive of pro-rated public holidays) of the doctor to ensure the earliest opportunity to allow the planning of leave.

- The rota should be designed to have the capacity to facilitate the full entitlement of each doctor’s study leave and annual leave entitlements.

- The rota template should usually span the length of the placement where an atypical or flexible working pattern is in place to ensure accuracy in calculating pay.

- The starting basis for an LTFT rota should be to count the number of shifts of each type contained in the full-time rota cycle then pro-rate it down accordingly, checking that it aligns with the LTFT percentage and making any necessary amendments where it does not. Additional work, such as increased out-of-hours participation, may then be factored in, but only where agreed by the doctor.
  - In a slot share, out-of-hours work should be split equally at 50% rather than the doctor working above this to match their LTFT percentage, unless otherwise agreed by the doctor(s). Any remaining hours required to meet the doctor’s LTFT percentage should be made up with educationally beneficial normal working hours.
  - In a single slot on the rota the LTFT doctor’s average hours should represent their relative proportion of the full-time average weekly working hours, this figure should be inclusive of leave deductions and adjustments for hours/safe working controls (ie zero hours days).
  - The process must ensure that LTFT doctors do not end up on a completely different rota pattern to a full-time colleague, unless by agreement.
• Selecting rota slots should be a collaborative process with the involvement of all doctors on the rota, and not issued on a first come first served basis. Doctors should be able to state a preference for slots with the ability to raise any specific circumstances aligned to the need for that particular slot. This may include advance notification of caring responsibilities that need to be discussed when personalising the work schedule and requests for leave for life-changing events.

• Where mixed slot share posts are developed (ie 60%/60%/80%) care must be taken to ensure working patterns are fair and consistent. Appropriate and consistent runs of twilight or night shifts should be encouraged and good forward rostering (day/twilight/night) patterns should be maintained to minimise fatigue.

• The LTFT contribution to the rota should be designed to maximise and preserve educational opportunities while maintaining a safe service. Where possible, clinics and theatre time should be prospectively designed into rotas.

• Different working arrangements may promote different patterns of flexible working (for example sessional work vs specialties with the acute take) therefore different patterns of working such as flexi-hours may be more suited to specific working environments and should be considered on a case-by-case basis.

Recommendations for good rota design
• All attempts should be made, where possible, to facilitate set working day patterns where requested by the doctor in line with the statutory right to request flexible working, provided that service needs can be met. Many LTFT doctors prefer to work on fixed days each week with the same days off each week. This can be particularly important when organising arrangements for caring responsibilities, as most care providers are unable to offer varying days each week.

• Where fixed working day patterns are agreed, the fixed pattern should be put in place for the duration of a placement, and where possible across multiple rotations.
  ○ Adequate notice must be provided should the fixed working days need to be changed in the next placement and this should be with doctor agreement if remaining with the same host employer.
  ○ If changes are required to those with caring responsibilities, the adequate length of notice should take into account the minimum timeframe that care providers require to vary their services.
  ○ Input from the flexible working champion should be sought on any areas of disagreement.

• All LTFT doctors should have the opportunity to personalise their work schedule to ensure they are able to meet their curriculum requirements of the placement and should be encouraged to exception report deviations from their work schedule.

• LTFT doctors will be expected to make a proportional contribution to the out-of-hours rota where possible. Night shift patterns should take into consideration fixed working day patterns and off days. Where night shifts are required, steps should be taken to minimise disruption to the doctor’s pattern.
• Working patterns should look to maintain as close as possible the agreed working days of the doctor.

• For example, where a doctor’s normal working days are Monday to Wednesday, a run of night shifts worked on these days should only encroach on a maximum of one non-working day within that fixed pattern (ie. the first shift could start on Sunday night or the final shift could finish on Thursday morning, but the run of nights should not include both non-working days)

• Slot share patterns should seek agreement between the LTFT doctors with input from the flexible working champion on areas of disagreement. An agreed pattern should aim to be consistent with the principle of making a proportional contribution to the rota, but should be balanced with any reasons linked to working LTFT that specify certain shifts cannot be worked or should be worked in a specific pattern (for example, where recommended by occupational health).

• Where a doctor is working LTFT for health reasons, recommendations made by occupational health must be factored into the design of the roster.

• Unless agreed, a normal day, long day or twilight shift should not be rostered on a non-working day in a fixed working pattern.

• Attendance at mandatory regional teaching should be factored into LTFT work schedules at a minimum of a pro-rata basis. Fixed days of mandatory teaching will need to be incorporated into LTFT work schedules to facilitate this occurring.

• Study leave should be prospectively sought for all teaching, courses and educational opportunities that fall on non-working days and where study leave approval is granted it must be compensated with TOIL.

• The roster should be a live document which is reviewed regularly, taking into account any variations highlighted through exception reporting, to ensure that any additional work or scheduled rest maintains the doctor’s average working hours in line with their LTFT percentage.

• Where a doctor’s working hours fall below their LTFT percentage and are required to ‘make up’ shifts, the additional shifts worked should be normal working days unless otherwise agreed.