

## Less than Full-Time Training

### Organising a Less than Full-Time Training Post in Dermatology: Information for Trainees and Trainers

#### Less than Full-Time Training

All trainees, both men and women, are eligible to apply for less than full-time training (LTFT). Formally, the only requirement is a well-founded individual reason. In practice, reasons for training LTFT are divided into two main categories (see appendix 1) and used by deaneries to assess eligibility.

Many deaneries have a website which provides helpful information regarding LTFT training. Contact details for regional deaneries can be found on the RCP website: <https://www.rcplondon.ac.uk/about-rcp/whos-who/rcp-uk-regional-network>

***The process of setting up a LTFT training position varies between regions and the regional deanery LTFT training lead will be able to advise on local policy.***

Access to LTFT training is resource limited. There is a limited budget and funding is not automatic. Trainees are advised to apply as far in advance of their intended LTFT start date as possible (at least 3 months, preferably longer).

Applications for LTFT training will normally be processed and completed within 3 months.

There is an appeals mechanism for cases where an application to train LTFT has been rejected.

Further details on these arrangements for LTFT training can be found at [www.nhsemployers.org](http://www.nhsemployers.org)

#### Note

It is advisable to keep up to date with the current changes taking place in medical training (MMC). Further details relevant to LTFT training are available at <http://specialtytraining.hee.nhs.uk/> (see the Specialty Recruitment Applicant Handbook).

#### LTFT training posts

There are 3 ways in which LTFT training posts can be arranged:

##### ***Slot shares***

A training placement can be divided between two trainees. Both trainees are employed and paid as individuals (often for 60% or more) and between them fulfil the service commitment and on-call commitment of a post. The trainees share a place on a rota but not a contract and may overlap sessions. This is not a 'job share'.

##### ***Supernumerary posts***

These are additional to the normal complement of trainees on a rota. These posts can be offered where a slot share arrangement is not feasible or suitable, or where flexible training is needed at short notice. Due to funding issues few Deaneries now offer supernumerary posts.

##### ***Reduced time in a full-time post***

These posts are not ideal as they may:

- Result in a net loss of Whole Time Equivalents for patient care
- Increase the workload on full-time staff resulting in resentment of flexible trainees

- Result in LTFT trainees feeling they are letting patients and colleagues down, and are unable to deliver the service needed in a job however hard they work in the sessions they do

### **Requirements of the LTFT trainee applicant**

It is recommended that trainees undertake at least 50% of a full-time post to ensure that competencies are gained and progression through training is maintained. Length of total training will depend on the number of sessions worked each week (see appendix 2).

Day-time working, assessments, on-call and out-of-hours duties should be undertaken on a pro rata basis equivalent to full-time trainees.

Trainees will normally be expected to move between posts within rotations on the same basis as full-time trainees.

### **GMC approval**

From 1 December 2007 there were new PMETB requirements regarding LTFT training.

All posts must now have prospective GMC (formerly PMETB) approval, in order to contribute to a CCT.

Local Education and Training Boards (LETBs) are responsible for ensuring that all LTFT training is undertaken in prospectively approved posts, and will incorporate all training in their approval applications to the GMC.

Separate, individual approval applications for LTFT training are not required.

The LETB and the trainee, in conjunction with the JRCPTB and the SAC need to plan and record the agreed training programme.

Further guidance can be found on the GMC website: <http://www.gmc-uk.org/>

All LTFT trainees need to inform the JRCPTB and provide a current CV and timetable (including details of on-call commitments, ward rounds, clinics, etc).

JRCPTB should be informed of any further changes in the future (e.g. change in number of sessions worked, change of post/timetable, period of maternity/sick leave). Note that one period of 3 months maternity leave or sick leave can be taken without affecting the CCT date.

**Note:** The trainee will also need to provide information for recalculation of CCT date.

Further information can be obtained from the JRCPTB website: <http://www.jrcptb.org.uk/>

### **On-Call and out of hours commitments**

The trainee should have a pro rata on-call and/or out of hours commitment (i.e. 6 sessions per week = 60% of the on call commitment of full time trainee). The intensity of the on-call rota will determine the banding for the post (see appendix 3). Whatever on-call arrangement is agreed it must fulfil training requirements (on a pro rata basis of the full-time trainee).

### **Ongoing LTFT training**

Note that the LETB, JRCPTB and GMC will need to be informed of any changes in circumstance (e.g. change in the number of sessions worked, change to the timetable, change of post). Any change of post or change of circumstance will need to be approved as described previously.

### **The application process for trainees**

#### **Eligibility and application for flexible training**

Trainee to contact the regional Less than Full Time Training Associate Dean or Administrator to assess eligibility for LTFT training and acceptance onto LTFT training scheme.

#### ⇒ **LTFT training programme**

Trainee to contact STC Flexible Training Lead/Programme Director to discuss training requirements and identify a suitable placement.

Trainee should meet with relevant Consultant(s) and devise a suitable weekly timetable to meet training needs. The timetable must be prospectively approved by the JRCPTB and the SAC.

Trainee to contact the JRCPTB with a proposed timetable with the percentage of full-time training, the date this timetable starts and ends, current CV and confirmation from the LETB/ Training Programme Director that LTFT training is approved.

Hospital Trusts must agree to fund out of hours work before placement can be approved.

After maternity leave or sick leave the trainee must decide whether to use the 3-month out of programme allowance and then inform JRCPTB of full maternity/sick leave dates. This leave allowance can only be claimed once during training.

#### ⇒ **Funding Agreement**

Once approval from LETB, STC, JRCPTB and Hospital Trust confirmed, advise LETB of proposed start date (give as much notice as possible). LETB will advise on necessary documentation/signatures to authorise funding and finalise placement.

### **The application process for trainers for new training posts**

If your LETB is introducing a new dermatology programme which has not previously had educational approval from the GMC, the TPD must complete a new Programme Form A (available on GMC website).

If a new training location is being added to an approved programme the TPD will need to complete a new Programme Form A.

If the additional location has not previously hosted training in dermatology then a Form B will also need to be completed.

These forms should be completed and sent back to your LETB who will send them on to the JRCPTB.

The JRCPTB will seek educational approval for the proposed timetable/location from the SAC. The JRCPTB will then notify the LETB that there is a letter of support, which the LETB submits to the GMC together with the relevant forms.

#### **Useful web addresses/contact details:**

- [www.gmc-uk.org](http://www.gmc-uk.org)
- [www.jrcptb.org.uk](http://www.jrcptb.org.uk)
- <http://www.nhsemployers.org>

#### **Contact details of BAD Flexible Training Representative**

TBC

#### **Contracts and pay**

A new LTFT training contract was implemented on 1<sup>st</sup> June 2005. Pay depends on two elements:

- basic salary band
- banding (intensity) supplement

### **Basic salary**

This is related to the actual number of hours that the trainee is required to work per week and is a proportion of the full-time basic salary (see below). Basic salary is funded by the deanery.

| Basic salary band | Hours of actual work |            | Band value                                 |
|-------------------|----------------------|------------|--------------------------------------------|
|                   | More than            | Fewer than |                                            |
| F5                | 20                   | 24         | 0.5 } proportion of full time basic salary |
| F6                | 24                   | 28         | 0.6 } proportion of full time basic salary |
| F7                | 28                   | 32         | 0.7 } proportion of full time basic salary |
| F8                | 32                   | 36         | 0.8 } proportion of full time basic salary |
| F9                | 36                   | 40         | 0.9 } proportion of full time basic salary |

### **Intensity supplement**

This is an additional supplement payable to trainees working anti-social hours and is divided into 3 levels, FA, FB, and FC (see appendix 3).

**Band FA** - trainees working at high intensity and at the most unsocial times

**Band FB** - trainees working at less intensity at less unsocial times

**Band FC** - all other trainees with duties outside the period 8am to 7pm Monday to Friday

| Band | Supplement payable as a proportion of the calculated basic |
|------|------------------------------------------------------------|
| FA   | 50%                                                        |
| FB   | 40%                                                        |
| FC   | 20%                                                        |

This supplement is paid by the employing trust.

If the trainee works fewer than 40 hours per week on average and all hours are between 7am and 7pm then no intensity supplement is provided.

More detail can be obtained from: <http://www.nhsemployers.org>

'Equitable pay for flexible medical training'

### **Appendix 1**

#### **Eligibility for LTFT Training**

LTFT training is available for doctors who are unable to train full-time due to 'well-founded individual reasons' (European Union Council directive 93/16-/EEC 1993).

It is the responsibility of the Associate Dean for LTFT training (occasionally the Postgraduate Dean) to decide whether an individual fulfils the criteria for LTFT training. Those individuals who are eligible will be placed in one of two categories:

#### Category 1

- Disability or ill-health (may include in vitro fertility programmes)
- Responsibility for caring (men and women) for children
- Caring for ill/disabled partner, relative or other dependent

#### Category 2

- Unique opportunities for personal/professional development
- Religious commitment
- Non-medical professional development

Other well-founded reasons may be considered on an individual basis.

Category 1 applicants have priority and deaneries will support all Category 1 applicants. However, funding for flexible training is limited and a waiting list may operate in some regions. Access to Category 2 is dependent on individual circumstances and the availability of funding.

### Appendix 2

#### Duration of posts

| Whole (Full-time) Time Equivalent                 |            |           |             |           |             |           |
|---------------------------------------------------|------------|-----------|-------------|-----------|-------------|-----------|
|                                                   | 6 months   | 12 months | 18 months   | 24 months | 30 months   | 36 months |
| 5 sessions a week =<br>6 months in each<br>year   | 12 months  | 24 months | 36 months   | 48 months | 60 months   | 72 months |
| 6 sessions a week =<br>7.2 months in each<br>year | 10 months  | 20 months | 30 months   | 40 months | 50 months   | 60 months |
| 7 sessions a week =<br>8.4 months in a year       | 8.5 months | 17 months | 25.5 months | 34 months | 42.5 months | 51 months |
| 8 sessions a week =<br>9.6 months in each<br>year | 7.5 months | 15 months | 22.5 months | 30 months | 37.5 months | 45 months |

#### N.B.

Unshaded area is whole (full-time) equivalent time of training.

Shaded area is ACTUAL TIME at a given number of sessions per week.

LTFT training should be counted exactly the same as full-time work in all respects. Use the table above to calculate the length of training completed by a LTFT trainee who is undertaking 5, 6, 7 or 8 sessions a week.

For example, a trainee who has been doing 5 sessions a week for three years accrues 18 months training time.

Likewise, if they need another 3 years full-time training to complete, it will take another 72 months at 5 sessions a week.

### **Appendix 3**

#### **Intensity (Banding) Supplement**

##### **Band FA**

Applies to part-time practitioners who work within the controls on hours, and who work on average fewer than 40 hours of actual work per week; and

- to practitioners who work an on-call rota of 1:10 including prospective cover or more frequently; or
- to practitioners on on-call rotas who work an on-call rota of 1 in 13.5 including prospective cover or more frequently, or who work 1 in 6.5 weekends or more frequently; and who have an expectation that, for  $\geq 50\%$  of out of hours duty periods, either they will work after 7pm and will be required to be resident, or they will be non-resident and required to work for  $\geq 4$  hours after 7pm; or
- to practitioners for whom one third of their hours of duty fall outside the period 7am to 7pm Monday to Friday; or who work 1 in 6.5 weekends or more frequently

##### **Band FB**

Applies to part-time practitioners who work within the controls on hours and who work on average fewer than 40 hours of actual work per week and who undertake any out of hours work but who do not fulfil the criteria for Band FA or FC.

##### **Band FC**

Applies to part time practitioners who work within the controls on hours and who work on average fewer than 40 hours of actual work per week; and who work an on-call rota of 1 in 13.5 without prospective cover or less frequently and are non-resident.

#### **N.B.**

Unshaded area is whole (full-time) equivalent time of training.

Shaded area is ACTUAL TIME at a given number of sessions per week.

LTFT training should be counted exactly the same as full-time work in all respects. Use the table above to calculate the length of training completed by a LTFT trainee who is undertaking 5, 6, 7 or 8 sessions a week.

For example, a trainee who has been doing 5 sessions a week for three years accrues 18 months training time.

Likewise, if they need another 3 years full-time training to complete, it will take another 72 months at 5 sessions a week.

### **Appendix 4**

#### **Intensity (Banding) Supplement**

##### **Band FA**

Applies to part-time practitioners who work within the controls on hours, and who work on average fewer than 40 hours of actual work per week; and

- to practitioners who work an on-call rota of 1:10 including prospective cover or more frequently; or
- to practitioners on on-call rotas who work an on-call rota of 1 in 13.5 including prospective cover or more frequently, or who work 1 in 6.5 weekends or more frequently; and who have an expectation that, for  $\geq 50\%$  of out of hours duty periods, either they will work after 7pm and will be required to be resident, or they will be non-resident and required to work for  $\geq 4$  hours after 7pm; or
- to practitioners for whom one third of their hours of duty fall outside the period 7am to 7pm Monday to Friday; or who work 1 in 6.5 weekends or more frequently

#### **Band FB**

Applies to part-time practitioners who work within the controls on hours and who work on average fewer than 40 hours of actual work per week and who undertake any out of hours work but who do not fulfil the criteria for Band FA or FC.

#### **Band FC**

Applies to part time practitioners who work within the controls on hours and who work on average fewer than 40 hours of actual work per week; and who work an on-call rota of 1 in 13.5 without prospective cover or less frequently and are non-resident.