Less than Full Time Training in Anaesthesia: An A to Z Guide

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INTRODUCTION

Less than Full Time Training (LTFT) enables doctors to continue in training whilst also having enough time to care for dependents, oneself, if suffering ill-health or disability, or, in specified circumstances to pursue other non-work related commitments. In these circumstances, training LTFT ought to make a reasonable work life balance more achievable. For these reasons, it is important that when you are not at work, you are able devote your time to whatever it is that made you make the switch from full to part time training. In order to do this, you need to be well informed about training as a LTFT trainee, the implications of part time working, what your responsibilities and entitlements are, and who can help you out when you need it.

The purpose of this guide therefore is to collate the information from a variety of sources (e.g. Royal College of Anaesthetists (RCoA), British Medical Association (BMA), National Health Service Employers (NHSE)) to make it easier for anaesthetic trainees to access information regarding LTFT training as well as to offer suggestions on how to maintain a successful LTFT training programme.

This is a generic document adapted from a Deanery specific guide originally intended for LTFT trainees in the Northern Deanery. It is hoped it will be of use to current or prospective anaesthetic LTFT trainees nationally however many Deaneries or employers will already have excellent information resources locally for LTFT trainees. In addition many polices relating to LTFT training will vary from employer to employer and therefore it is very important that you contact your local HR officer, LTFT Training Advisor, Training Programme Director or Head of School to make sure you follow the correct local processes.

The guide will be updated regularly with the most current information, however things do change and mistakes happen so if you find any inaccuracies or out of date information please let us know.

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**ANNUAL LEAVE**

Annual leave entitlement is pro rata. The full time (FT) equivalent is 27 days (+ 8 bank holidays) if you are on points 0-2 of the speciality training pay scale and 32 days (+ 8 bank holidays) if you are on point 3 or above. For example if you work 0.6 of FT this equates to 16.5 or 19.5 days.

The process for applying for and recording annual leave will vary in different Trusts and Deaneries. Contact your Human Resources (HR) officer or Flexible Training Advisor to find out how to do this locally.

The amount of annual leave that may be carried over at the end of the leave year will be limited to 5 days or less. Trainees should check their own contracts or employers local policy.

**APPLICATION FOR LTFT TRAINING**

Prior to applying for LTFT training you must have a National Training Number or Speciality Training post. If you do not hold one of these it must be obtained first. You do not have to declare at your interview that you intend to apply to train LTFT.

The process of applying for LTFT training can vary throughout Trusts and Deaneries and most Schools of Anaesthesia will have information on their website informing trainees how to apply. Established LTFT trainees in your region will also be a valuable source of information.

Each Deanery has an Associate Dean or other individual with a specific responsibility and budget for LTFT training. They will assess your eligibility for LTFT training and once they have confirmed that you have a well-founded reason for training part-time they will write to you and your Flexible Training Advisor or Training Programme Director informing them of this.

All applications should be dealt with promptly taking around 3 months to complete but do not rely on this. As soon as you know you wish to train LTFT start the application process. Whilst the application process may be dealt with quickly access to funding may delay commencement of LTFT training. If an LTFT slot is not available immediately you will have
the option of waiting to join the programme by taking unpaid leave or taking up a vacant FT slot in the interim.

The Royal College of Anaesthetists (RCoA) Training Department will require a letter from your Head of School, Regional Advisor or Flexible Training Advisor to confirm that the rotation that you undertake whilst LTFT has approval for training and is identical in all ways to FT training except for hours worked per week. The Deanery in conjunction with the Regional Advisor will take responsibility for ensuring that anyone undertaking flexible training will be placed in a prospectively approved post.

Separate recognition of a LTFT training post is not required if the post is part of a slot sharing post in what was previously a recognised FT training slot. The General Medical Council (GMC), which now incorporates the Postgraduate Medical Education Training Board (PMETB), only requires a separate individual approval application if the post exceeds the approved maximum training capacity for the School (e.g. a supernumerary LTFT post). The Training Department will also re-calculate your Certificate of Completion of Training (CCT) date once they know all relevant dates and the proportion of FT you intend to work.

**ARCP/RITA**

As a LTFT trainee you will still have an annual appraisal and Record of in Training Assessment (RITA)/Annual Review of Competency Progression (ARCP). This will ensure that your case mix, responsibilities and out of hours work are not significantly different to the FT equivalent. It allows an annual opportunity to evaluate your training needs and raise any issues of concerns. There should not be an expectation that in a year you will have achieved the same goals clinically, in workplace based assessments or in continuing professional development as someone training full time. These goals should be calculated realistically on a pro-rata basis according to percentage of FT worked. You will be expected to attend your ARCP/RITA whilst on maternity leave and if you are unable to attend then the Royal College of Anaesthetists must be informed.
BANDING

Banding for LTFT trainees is divided into 2 parts. Your basic salary is determined by the actual hours of work, as derived initially from the rota and confirmed by monitoring. A division into four-hour bands based on hours of actual work enables some averaging to take place, and the pay for each band is based on the lower hours limit.

Thus for basic salary:
F5 is 20 or more and less than 24 hours of actual work a week and attracts 0.5 of FT salary
F6 is 24 or more and less than 28 hours of actual work a week and attracts 0.6 of FT salary
F7 is 28 or more and less than 32 hours of actual work a week and attracts 0.7 of FT salary
F8 is 32 or more and less than 36 hours of actual work a week and attracts 0.8 of FT salary
F9 is 36 or more and less than 40 hours of actual work a week and attracts 0.9 of FT salary

Added to this is a supplement, paid as a proportion of the basic salary identified above, to reflect the intensity of the duties:

- Band FA – trainees working at high intensity and at the most unsocial times. This applies if you a work full shift rotas in which you work either more than 1 in 6.5 weekends or more than 1/3 of your hours Monday to Friday are between 7 PM and 7 AM. Band FA attracts a supplement of 0.5 of the basic salary.

- Band FB – trainees working at less intensity at less unsocial times. This applies if you work a full shift rota in which you work less than 1 in 6.5 weekends or less than 1/3 of your hours Monday to Friday are between 7 PM and 7 AM. This banding attracts a supplement of 0.4 of the basic salary.

- Band FC – all other trainees with duties outside the period 8am to 7pm Monday to Friday. This banding applies only to on-call rota and therefore is not applicable to any of the anaesthetic rotations.

For more information on calculating banding click on the link for the NHSE document “Equitable Pay for Flexible Medical Training”\(^1\).
**BANK HOLIDAYS**

There are 8 bank holidays per year (New Years’ Day, Good Friday, Easter Monday, May Day, Spring Bank Holiday, Summer Bank Holiday, Christmas Day, and Boxing Day). The British Medical Association (BMA) would suggest that LTFT trainees should be entitled to a pro-rata share of bank holidays regardless of whether they fall on a day you would work, however local policies may differ.

**BRITISH MEDICAL ASSOCIATION (BMA)**

The BMA have published a useful document on LTFT training: “A Guide to New Deal Flexible Training”. They can also provide advice on many work related issues and offer services such as contract checking. NHS Employers also produce a booklet on LTFT training entitled “Principles Underpinning the New Arrangements for Flexible Training”.

**CAREER BREAKS**

Career breaks, for any trainee FT or LTFT, may be an option to pursue other interests including caring or to allow an ill health break. The opportunity to take a career break is offered to retain doctors who might otherwise leave the profession. Local policies will apply regarding eligibility and application for a career break.

If you are thinking of taking time out of programme for any of the above reasons then early discussion with your Training Programme Director is advised. Minimum notice of 3 months is usually required and time out of programme needs to be approved by the speciality Dean.

**CCT DATE CALCULATION**

Once you have had your application for LTFT training approved you must contact the Training Department at the RCoA to inform them that you will be training part time. They will then recalculate your CCT date. They will need to know what proportion of FT you will be working and also the dates of any periods out of training e.g. maternity leave. They will not recalculate your CCT date until you actually return to work.

Up to three months whole time equivalent (WTE) maternity leave may be counted towards the CCT date, as with sick leave, provided you make a written request for this to the RCoA
Training Department following your return to work and after getting written confirmation of approval from your Head of School or Regional Advisor. This is discretionary and will be considered on an individual basis, taking into consideration any additional sick leave, training time with no out of hours work, competencies / experience achieved. This decision can be delayed until nearer the end of your training and does not have to be taken immediately on return to work, however you must apply before you enter your last 6 months of training.

The 6 months period of grace after CCT is the same for LTFT trainees as for full time trainees.

**CONTINUED PROFESSIONAL DEVELOPMENT (CPD)**

You have the same responsibility to be actively maintaining a portfolio of your professional development as FT trainees. As you will still have an appraisal and ARCP / RITA annually, you need to provide evidence of your CPD activity, which should equate to the FT equivalent e.g. the amount that a full time trainee would achieve in 7 months (0.6 of 12 months), if you are working 0.6 whole time equivalent (WTE).

Attending national meetings and courses is not so straightforward when you have other responsibility’s that make overnight stays away from home logistically difficult. However, the ARCP/RITA panel will want to see that your training and development are not being disadvantaged by being LTFT. Your colleagues will be attending national meetings and to remain competitive it is important that you try to attend some.

There are many courses and meetings now held all over the country, so even if travelling is required, distances can be minimised if you are organised. Local meetings are great, but getting study leave can be competitive as inevitably a lot of local trainees and consultants want to attend – it is worth being organised to get applications in early, or consider attending outside your normal work days - avoiding the need to get a study leave day.

Many Deaneries run local courses on Management and Leadership, Education, Appraisal etc.
ELIGIBILITY FOR LTFT TRAINING

All trainees are eligible to apply for less than full time training. Those applying must be able to show that training on a full time basis would not be practical for them for well-founded personal reasons. Working LTFT must neither advantage nor disadvantage the applicant.

The Conference of Postgraduate Deans (COPMeD) has agreed the following categories to serve as guidelines when prioritising applications for less than full time training:

Category 1: Doctors in training with

- Disability
- Ill health
- Responsibility for caring for young children (under the age of sixteen or disabled children under the age of 18, except in Northern Ireland where you must have parental responsibility for a child under 6 or a disabled child under 18)
- Responsibility for caring for ill/disabled partner, relative or other dependant (someone who lives at same address as carer)

Category 2: Doctors in training with

- Unique opportunities for personal/professional development (e.g. national/international sport commitment)
- Religious commitment – training for a role requiring a specific time commitment
- Short term extraordinary professional responsibility (e.g. national committee)

The needs of category one applicants will take priority. Access to category two is dependent on individual circumstances and the availability of funding, needs of the speciality and service delivery locally. These two categories are not exhaustive and all reasons will be considered. Where an application to train LTFT is refused the applicant should have the right to appeal.
FELLOWSHIPS

LTFT trainees should have the same opportunities to apply for and undertake either in or out of programme fellowships. It may be that this just takes a little bit more organisation e.g. Two LTFT trainees sharing a fellowship, undertaking a longer period of training in the specialist area. As with everything LTFT planning well in advance and discussing options with the fellowship supervisor, Training Programme Director and LTFT Training Advisor will help.

FLEXIBLE TRAINING AGREEMENT FORMS

Local policies will differ but many employers will require you to complete a Flexible Training Agreement Form annually and return it to your HR Officer. This form confirms that your circumstances haven’t changed and that you are still eligible for LTFT training.

FULL TIME WORKING: RETURNING TO FULL TIME WORK

If your circumstances change and you wish to return to full time working you would need to discuss this as early as possible with your Training Programme Director, Flexible Training Advisor and Associate Dean. This may not be an automatic process and there may be delay until a full time slot on the rotation and funding becomes available. Once this has been approved you would also need to contact the RCoA to let them know so that they can recalculate your CCT date.

FUNDING

Access to LTFT training is resource limited. Following the new pay contract for LTFT trainees in June 2005 the funding for LTFT training is dependent on available funding from both the postgraduate deanery and your NHS employer.

GROUP OF ANAESTHETISTS IN TRAINING (GAT)

The GAT Committee exists to represent the interests of trainee anaesthetists across the UK & Ireland. We have members sitting on the Council of the Association, together with representation on many other committees including the ICS Trainees Division and the JDC.
It is hoped that there will always be either an elected or co-opted member of the GAT committee who has an interest in LTFT training issues nationally.

There is information for LTFT trainees available on the GAT website\(^4\), as well as lots of other information on training relevant to all anaesthetic trainees. If you have any queries regarding LTFT training which you wish to discuss with the GAT committee then please contact the appropriate committee member.

All members of the AAGBI receive a monthly copy of Anaesthesia News which has included topics relating to LTFT training:

- **The Pregnant Anaesthetist**\(^5\)
- **A Life Less Ordinary**\(^6\)
- **LTFT Training**\(^7\)

In addition GAT produces a biennial handbook\(^8\) which also included pages specifically relevant to LTFT trainees. GAT holds an Annual Scientific Meeting in a different location in June each year. This is an excellent opportunity to network with other trainees and has previously included an LTFT forum. LTFT trainees interested in representing the interests of anaesthetic trainees nationally are encouraged to stand for election to the GAT committee.

**HOURS OF WORK**

The hours of work you will undertake may vary according to local arrangements, however most Deaneries would now expect that the vast majority of LTFT trainees are placed in slot shares. A 2005 European Union directive deferred the decision on minimum percentage for part time training to the competent authorities in each member state, as long as “the overall duration, level and quality of training is not less than full time continuous training”. PMETB who were the UK competent authority at that time chose not to set a minimum basis for LTFT training. You can therefore choose to train part time at any percentage of FT, however the RCoA would advise that part time training at 60-70% best supports career progression and a healthy work-life balance and would recommend a minimum of 50%.
If you are a new starter in anaesthetics the RCoA has recommended that you should complete the first 3 months of training and gain the Initial Assessment of Competence full time prior to undertaking part time training (see sections on RCoA and New Starters).

The following example shows how to calculate what your hours of work should be. The example shown is based on a slot share trainee working 0.6 WTE. As most rotas are now EWTD compliant, the full time trainees will be working 48 hours per week, which means a LTFT trainee working for example 0.6 WTE should, on average, work 28.8 hours per week. If for whatever reason the full time trainees hours change (increase or decrease), so must your hours to maintain the 0.6 proportion.

To ensure that you experience equivalence training, the proportion of hours spent doing elective and emergency work should also be pro rata. Thus, you should be doing 0.6 of the out of hours’ work that the full time trainees do. To ensure this you need to know how many people are on your share of the rota, for example if there are 7 full time trainees and you that equates to 7.6 people.

The following example uses 8 weeks of rota with 7.6 trainees:

Work out the number of weekends (Fri/Sat/Sun);
In 8 weeks there will be 8 days weekends and 8 nights weekends to cover i.e. in total there are 16 weekends to cover.
LTFT weekends to do in 8 weeks = (16/7.6) x 0.6= 1.23
So in 8 weeks you will do at least one weekend, you may do 2 but then in the next 8 week period that should even out.

Then work out how many weekday shifts;
Each day Mon to Thurs will require a long day and a night shift meaning 8 shifts per week should be covered. So in 8 weeks there are 64 shifts to cover.
LTFT total weekday out of hours work = (64/7.6) x 0.6=5.05
So in 8 weeks you should do 5 to 6 shifts which should be split between days and nights.
Ideally your total shifts (weekends and weekdays) should be evenly spread between days and nights.

It will not work out exactly for each rota period unless you are on a fixed rolling rota but over 6 months it should even out. If you find you are doing virtually the same numbers of on call shifts as the FT trainees then something is going wrong – even if your hours on paper are still 28.8 (0.6 x 48) you are losing training daytime lists. It is wise to keep a diary of your weekly working hours and to discuss this with the rota maker as soon as possible to ensure you don’t lose training opportunities.

ILL HEALTH: LTFT TRAINING DUE TO ILL-HEALTH OR DISABILITY

The flexible training scheme is there to help if you want to reduce your hours or change your working pattern because of health problems that may affect your ability to work full time. Your employer has a legal obligation to make “reasonable adjustment” to the working environment to allow employees with chronic health problems or disabilities to work.

Starting the process:

- If you are finding working full time is adversely affecting your health, it is worth discussing the problem and potential solutions with your educational supervisor or the college tutor
- Once you have decided you want to become a LTFT trainee, contact your Training Programme Director and Head of School.
- You will then usually be referred to Occupational Health for an assessment.
- If you are training less than full time due to health reasons you don’t have to train at 60% of full time, your percentage of full time hours can be changed to suit your needs.
- The whole process may take several months, however Occupational Health should be able to immediately institute changes to your hours of work/on calls etc. if there is an acute need for this.

The Role of Occupational Health:
• The Occupational Health department is there to assess your particular health needs, ensure you are fit to work and aim to help you re-establish a good work-life balance.

• Before your appointment it is helpful to think about what your particular needs are:
  
  • What issues in particular are making full time training difficult?
  
  • Are there any specific tasks at work you find difficult?
  
  • Do you need access to specialist equipment?
  
  • Does your out-of-hours pattern of work need adjusting?

• Occupational Health may liaise confidentially with any other clinicians caring for you to try and provide comprehensive assessment of your health needs

• You may need to have contact with Occupational Health on a six monthly or annual basis. This is to review that your health needs are still the same and are being appropriately managed at work.

Applying for LTFT training:

• Complete the same form as those applying for flexible training due to dependents.

• LTFT training due to ill health is classed as under Category 1.

• As you are doing this the following people need to know you are going to be training LTFT, it is up to you to make contact with them and let them know your working pattern and any special constraints on your working hours:
  
  • LTFT training advisor for anaesthetics
  
  • Your programme director

Once your application has been processed and you receive confirmation from your employer, don’t forget to contact the Royal College of Anaesthetists to let them know what percentage of full time you will be working, so your CCT date can be adjusted accordingly.
Once you know what hospital you will be working at, you need to let the rota maker and college tutor know about your working pattern or any specific requirements.

If you start training LTFT and your needs are not being met or the conditions set by Occupational Health are not being met, this can be addressed through the department you are working in, or via the LTFT Training Advisor, the Head of School or Occupational Health.

**INTENSIVE CARE MEDICINE (ICM) TRAINING**

As an LTFT in CT1/2 you will be required to complete the equivalent of a 3 month ICM block FT. For a 0.6 slot share trainee this will mean a 5 month ICM placement. At ST3-7 you will be required to complete a further 2 blocks each equivalent to 3 months FT. If you wish to complete the ICBTICM Intermediate ICM Training you would also be required to complete complementary training in medicine (equivalent to 3 months FT). Arrangements may be available locally to allow trainees to undertake this complementary training if not already completed. Contact your Training Programme Director for ICM for further advice.

Due to the nature of ICM rotas it can be difficult to accommodate LTFT trainees without some forward planning. In order to ensure you receive the necessary training in ICM think about when and where you would like to do your blocks. Discuss with your Training Programme Director and the ICU you wish to train in how you can best arrange to accommodate both your training needs and the service requirements of the ICU concerned. Find out how other LTFT trainees in your School have previously arranged ICM training blocks.

You may find you have to arrange to share a slot on the rota with another LTFT trainee, whereas some units may be able to accommodate a lone LTFT trainee. An alternative to this might be to annualise your hours for a short period and work 3 months full time in ICM preceded or followed by 2 months off. This may HR implications as having applied for LTFT training as you felt you were unable to train FT you are now saying in effect that you can train FT. It would be wise to discuss this pattern of working with the ICM PD, Head of School and HR well in advance in order to ensure that you will allowed to continue training LTFT once you have completed an FT ICM block.
LTFT trainees can apply for advanced ICM training and dual CCT accreditation. You would need to complete the necessary complementary medicine training. A year of advanced ICM training would take 20 months as a 0.6 LTFT trainee.

For further information regarding ICM training as a LTFT trainee contact your LTFT Training Advisor, the Programme Director for ICM, or the ICM Speciality Committee Chair.

**LOCUM WORK**

Your contract may state that while training LTFT you must not undertake any other paid employment, in order that trainees do not take financial advantage of their LTFT status. It would be sensible therefore to check with your employers HR department or your local LTFT Training Advisor before agreeing to do any locum shifts to, for example, help out due to sickness absence or rota shortages.

**LTFT TRAINING ADVISOR**

Many Schools of Anaesthesia will have a local LTFT Training Advisor or LTFT Training Programme Director who can advise on many aspects relating to LTFT training in anaesthesia both locally and nationally. Alternatively, or in addition it may that your employer has a LTFT Advisor who is not speciality specific but will be able to advise on the local processes for LTFT training. Your Training Programme Director or College Tutor should know who to contact.

**LTFT TRAINEE REPRESENTATIVE**

Established LTFT trainees are a very useful source of information and advice. In some Deaneries there may be a local LTFT trainee appointee who has an interest in LTFT training issues who may be available to advise you on local matters related to training part time and negotiate locally on LTFT training problems. Your Training Programme Director or Flexible Training Advisor should be able to tell you who to contact.

**MAKING LTFT TRAINING WORK**

Like all trainees, in order to maximize your learning opportunities and direct your training according to your needs and interests it is important that you take time to work out what
your goals and aims are for each attachment. However, working LTFT can mean that your regular sessions at work do not coincide with certain sessions of particular interest and therefore some flexibility may be required in order to attend certain lists. Knowing what opportunities are available in advance, especially for specialist training areas, may allow you to plan which weekdays would be most suitable to ensure exposure. Similarly, when undertaking short blocks of specialist training you may wish to avoid or minimize your night shifts during these periods in order to maximize the elective training opportunities.

It is important that you reflect on your progress often and seek to correct any training deficits early on in an attachment. You may decide to change your session’s mid-way through an attachment to get other training opportunities; there are endless ways of structuring your work schedule. Keep in constant contact with both the departmental rota-maker and your educational supervisor. Being organized and proactive will make it easier for yourself and the rota-makers to agree and plan well in advance to ensure you are able to meet both you training needs and the needs of your FT colleagues and the department.

Make sure you do your fair share of non-clinical duties too, e.g. management tasks, and take part in other activities such as audit and teaching. Departmental audit meetings dates are often scheduled well in advance so it would be worth finding out when they are in order to ensure you can attend the ones that fall on your work days.

Your employer is not usually under obligation to give you fixed work days, although many LTFT trainees, for childcare reasons, prefer this pattern. However, many departments are able to accommodate your schedule with a bit of give and take and forward planning. A willingness to have some flexibility will be looked on favourably.

The London Group of LTFT Trainees, supported by the RCoA, organised a meeting entitled “Making Part Time Work” in November 2010. This meeting provided an excellent opportunity for current and prospective LTFT trainees to hear about the practical aspects of part time working e.g. returning to work, pensions. Along with inspiring talks from trainees who are making part time working work for them, there were opportunities to network and discuss LTFT training matters with trainees from other regions. It is hoped that this meeting will be repeated in the future.
MATERNITY LEAVE AND PAY

You are entitled to 52 weeks of maternity leave, which you can begin after your 29th week of pregnancy. You may be entitled to both statutory maternity pay (SMP) and NHS maternity pay. The former is a statutory right and the latter is a contractual right.

For SMP you must have 26 weeks of continuous service with your current employing trust (you cannot aggregate employers) ending with the qualifying week which is the 15th week before your expected date of childbirth (i.e. 25 weeks gestation). This entitles you to 39 weeks of SMP. You will receive 90% of your average weekly earnings for 6 weeks with the remaining 33 weeks paid at the lesser of standard SMP rate or 90% of your average weekly earnings. Your average weekly earnings are calculated during weeks 17 to 25 of your pregnancy.

If you do not qualify for SMP you may be able to claim Maternity Allowance (MA) from the benefits agency as long as you have been employed for 26 of the 66 weeks up to the week before your expected date of confinement. The MA is the lesser of 90% of average weekly earnings or SMP.

For NHS maternity pay you must have one year's continuous service, for which you can aggregate NHS employers, without a break of 3 months by the 11th week before childbirth. This entitles you to 8 weeks full pay less your SMP/MA receivable, followed by 18 weeks half pay plus SMP/MA. You would then be eligible for a further 13 weeks of SMP/MA and 13 weeks unpaid maternity leave.

If you qualify for the NHS scheme but not SMP you must claim MA from the Benefits Agency and your employing trust will deduct MA from the full time portion of your maternity pay.

You are entitled to pay increments and any pay rises awarded by the Doctors and Dentists Review Body which occur during your maternity leave.

You accrue annual leave during your maternity leave. It is usual for this annual leave to be added either to the beginning or the end of your maternity leave but you need to confirm that this will be acceptable with the Programme Director and the relevant anaesthetic department. If you are adding annual leave to the end of your maternity leave remember...
that if you were FT prior to your maternity leave this annual leave should be paid at a FT salary. It is therefore useful to put on your maternity leave application the date you will return to payroll and the date that you will actually return to work. It may also be wise to confirm with HR and payroll that you will be paid FT for any annual leave accrued if appropriate.

It is worth noting that some defence unions will allow you to suspend subscriptions during maternity leave. Just make sure you remember to renew this when you return to work. The AAGBI also offer a reduced subscription rate whilst on maternity leave. Currently you would pay only a £35 subscription fee for the year which includes your maternity leave but are still eligible for all member benefits during this period.

The RCoA Bulletin (p26-7) from January 2011 included a short article from NHS employers on “Maternity Issues for Doctors in Training”⁹, while Anaesthesia News published a useful article regarding returning to work from a period of absence such as maternity leave entitled “A Life Less Ordinary”⁶.

MODULAR TRAINING

Any units which offer modules or blocks of training in subspecialty areas will hopefully offer LTFT trainees an equivalent period of training to that given to FT trainees. As the consultant who timetables these blocks may not be the same person as the rota maker it may not be immediately apparent to them that you are an LTFT trainee. If you need to undertake a specific module of training during a placement it would be wise to contact the appropriate consultant well in advance to ensure that you receive an appropriate period of training. The rota maker or secretaries in each unit should be able to advise you who you need to contact.

NEW STARTERS IN ANAESTHESIA

In their Position Statement on Less Than Full time Training¹⁰, The Royal College of Anaesthetists has given the following advice to CT1 Trainees considering LTFT training:

“Commencing as a novice anaesthetic trainee on a 50 to 60% LTFT basis is extremely stressful for both trainee and department. There are very few who start an anaesthetic
career on a LTFT basis but information gathered at the College would suggest that many of these trainees have failed to gain their Initial Assessment of Competence by 6 months. The College Training Committee recommends that, if at all possible, the trainee should gain their initial 3 month competencies on full-time basis and then revert to LTFT training once this has been achieved.”

OUT OF PROGRAMME EXPERIENCE (OOPE)

Time out of programme is not normally allowed for more than one year and may be for:

- Gaining clinical experience:  This must be approved in advance by the GMC if you wish any part of your time out of programme to count for training. LTFT trainees have successfully arranged OOPE abroad on a part time basis.

You must check with your School of Anaesthesia under what circumstances they will allow OOPE currently and follow local guidance regarding the organisation of time out of programme.

- Gaining research experience:  May be to obtain another degree and should not exceed 3 years and should not be taken in the final year.

If you are thinking of taking time OOP for any of the above reasons then early discussion with your Training Programme Director is advised. Time OOP will need to be approved by your School of Anaesthesia and Postgraduate Dean.

PATERNITY LEAVE

Male LTFT trainees are entitled to paternity leave which can be taken any time up until 56 days after the birth of their baby. Employees with less than 26 weeks service at the beginning of the qualifying week (15 weeks prior to the expected week of confinement) are entitled to one week unpaid or annual leave. Employees with 26 to 52 weeks service are entitled to two weeks paternity leave paid at statutory paternity pay. Employees with more than 12 months continuous service at the beginning of the week in which the baby is due are entitled to two weeks of leave at full pay. Employees must inform their employer of their intention to take paternity leave by the 15th week before the baby is due.
PAY

See the section on Banding in order to calculate your correct basic pay and banding supplement. The BMA publishes pay scales annually once any increases have been agreed by the Doctors and Dentists Review Body. This document includes a section on LTFT pay scales. Click on this link to access the 2010 pay scales: [Doctors’ Pay: Current levels 2010-2011](#).

PENSIONS

When working LTFT your pensionable pay for contributions purposes will be the appropriate proportion of your actual FT salary. Contributions are paid on all hours of duty you work up to a maximum of 40 hours per week. The NHS Pensions Scheme is currently undertaking a choice exercise whereby all employees currently on the 1995 scheme will have the opportunity to transfer to the 2008 scheme.

The effect of training LTFT on your pension is on years accrued and not on your pensionable pay. This is termed scaled service where your years worked LTFT are converted to a FT equivalent period of service. In the 1995 scheme one year of scaled service accrues 1/80th of your final pensionable pay, which is the best of your last three years whole time equivalent. The pensionable age is 60, whereas in the 2008 scheme it is raised to 65. The accrual rate of the 2008 scheme is 1/60th of your final pensionable pay which is an average of the best 3 years FT equivalent salary in your last 10 years worked.

For more information on pensions please contact your payroll officer or go to the NHS Pensions website. This explains both schemes in detail and has information regarding the choice exercise.

PREGNANCY

“The Pregnant Anaesthetist” published in Anaesthesia News gives lots of useful information regarding maternity leave and pay, your responsibilities to your employer, your employer’s responsibilities to you and any occupational risks relevant to anaesthesia. There is a very helpful timeline for when you need to inform your employer of your pregnancy and intention to take maternity leave etc.
There is no formal guidance on when you should give up out of hours work whilst pregnant and this will be up to you to decide in conjunction with your employer. With some forward planning it may be possible to arrange to do your share of the out of hours work in the earlier stages of your pregnancy. It is worthwhile noting that if you do give up out of hours work then the following months may not count towards your training.

“Pregnancy and Work”\textsuperscript{13} is another useful booklet published by the Government's Department for Business, Enterprise and Regulatory Reforms. Again it gives a useful timeline and information regarding both employees and employers responsibilities.

**RECOGNITION OF LTFT TRAINING PROGRAMMES**

Training recognition is awarded pro-rata, e.g. if working 0.6 WTE then you need to work ten months to gain six months WTE training. Out of hours work should be arranged pro-rata and posts will not be recognised for training by the RCoA unless they include the full range of duties and shifts on a pro-rata basis. Trainees will be expected to move between posts within rotations on the same basis as full time trainees to ensure a coherent programme of training that is educationally comparable with full time trainees.

The RCoA Training Department will require a letter from your Head of School, Regional Advisor or Flexible Training Advisor to confirm that the rotation that you undertake whilst LTFT has approval for training and is identical in all ways to FT training except for hours worked per week. The Deanery in conjunction with the Regional Advisor will take responsibility for ensuring that anyone undertaking flexible training will be placed in a prospectively approved post. Separate recognition of a LTFT training post is not required if the post is part of a slot sharing post in what was previously a recognised FT training slot. The GMC only requires a separate individual approval application if the post exceeds the approved maximum training capacity for the School (e.g. a supernumerary LTFT post).

Individuals who are unable to undertake a full range of duties due to ill-health or disability and for whom a reasonable adjustment to training may be required should discuss this with the Associate Dean and Regional Advisor. The RCoA Bernard Johnson Advisor should also be included in these discussions.
RETURNING TO WORK FOLLOWING A PERIOD OF PROLONGED ABSENCE

The GAT publication “A life Less Ordinary”\(^6\) has lots of advice on returning to work following a prolonged absence for any reason, while the January 2011 issue of the RCoA Bulletin included an article describing a trainee’s personal experience of “Returning to Work after Maternity Leave”\(^14\) with useful advice included (p20-22). The AAGBI has published a Welfare Resource Pack\(^15\) which included guidance on returning to work. This does not specify how long a “prolonged period” is, but it is likely that most maternity leaves would fall into this category. This suggests that doctors in this situation should undergo a formal structured return to work programme however the reality experienced by many trainees may be somewhat different. The RCoA Professional Standards Committee has also published “Recommendations for Supporting a Successful Return to Work Following a Prolonged Absence”\(^16\).

You are entitled to up to ten paid “Keeping in Touch “days which can be arranged with your employer and might include supervised clinical work or training courses. The Central London School of Anaesthesia has also recently introduced a Return to Clinical Work Simulator Day designed as an update in core knowledge and skills for anaesthetists who have had a period of absence from work (for more information contact returntoclinicalworksim@gmail.com).

THE ROYAL COLLEGE OF ANAESTHETISTS

One of the Bernard Johnson Advisors at the RCoA has specific responsibility for flexible training (see useful contacts section). The Bernard Johnson Advisor for Flexible Training provides advice to individual trainees on flexible training, advice to RCoA on flexible training, calculates CCT dates of flexible trainees, and provides support and advice to the Flexible Training Advisors, Regional Advisors and College Tutors on matters relating to flexible training.

It is very important to keep the RCoA up to date regarding any periods out of training e.g. maternity leave and your current working arrangements in order that they can calculate your CCT date.
The RCoA have lots of useful information regarding LTFT training and the answers to frequently asked questions available on their website (RCoA website: LTFT Training Page\(^{17}\)) and have also published a statement regarding their Position on LTFT training\(^{10}\), which contains advice on the current recommended proportion of FT hours worked.

**SALARY SACRIFICE SCHEMES: CHILDCARE VOUCHERS**

Childcare vouchers are a salary sacrifice scheme whereby you are entitled to £243 per month of vouchers towards any childcare costs (nursery, child-minders, holiday clubs). As you don’t pay tax or national insurance on the vouchers you can save up to £1195 per year. Your employer will be part of a voucher scheme and the vouchers are deducted automatically from your salary. You can then either receive a paper or electronic voucher to give to your childcare provider. Many employers other than the NHS supply vouchers so it is worth your partner enquiring with his payroll department too as you can both claim up to £243 per month.

It is worth noting that if you are currently receiving childcare vouchers and are pregnant you should cancel your vouchers between weeks 17 and 25 of your pregnancy as this is the period during which your maternity pay is calculated. Contact your payroll officer for more information and advice regarding this.

You can continue to claim childcare vouchers during your maternity leave and following a change to regulations in 2008 once you stop receiving statutory maternity pay your employer is obliged to continue to provide you with any benefits received through a salary sacrifice scheme i.e. they should pay for the vouchers for you. For more information regarding this contact your payroll officer or click on this link to HM Revenues and Customs “Maternity Pay and Salary Sacrifice Schemes”\(^{18}\).

From March 2011 the tax relief available for higher tax earners claiming childcare vouchers is set to be reduced. For further information speak to the company who provide vouchers for your employer.
STUDY LEAVE

As an LTFT trainee you are entitled to a pro-rata share of study leave days and funding. Local polices and funding arrangements will apply governing the number of days and money available. Your Flexible Training Advisor, College Tutor or Training Programme Director should be able to advise you.

If you wish to attend a course which falls on a non-working day then you are entitled to count this as work and arrange a day off in lieu, however you must ensure that this does not compromise your ability to complete all the necessary competencies.

You are not entitled to study leave during maternity leave as you can’t take two types of leave at the same time, however you may still be able to negotiate to receive funding for appropriate courses depending on arrangements locally. If you have been off work for a prolonged period of time you are entitled to up to 10 paid “Keeping in Touch Days”, which will be paid at your basic rate. These can be used to attend supervised clinical sessions to ease your return to work, but some employers may also allow you to use them to go on appropriate training courses.

TYPES OF LTFT TRAINING PROGRAMMES

Slot share: A training placement divided between two trainees, so that all the duties of the full time post are covered by two trainees. The two flexible trainees are employed and paid as individuals for 0.6 whole time equivalent. Thus a department benefits by having two LTFT trainees working 1.2 WTE in one full time slot. This arrangement is NOT a job share. The two trainees share a place on the rota but not a contract and may overlap sessions. The other person in your slot share can change from post to post, i.e. you do not need to move around departments together. A slot share is the recommended pattern of LTFT training by the BMA. A further advantage of slot sharing is that it allows the funding attached to the full time post to be allocated to LTFT trainees rather than delaying access to training whilst waiting for supernumerary funding.

Supernumerary: These posts can be offered where LTFT training is needed at short notice or a slot share is not suitable. Applications will usually only be granted to doctors with
differing needs in extenuating circumstances. Supernumerary posts are additional to the normal complement of trainees on a rota. The proportion of hours worked and out of hours commitment will be arranged on an individual basis.

It is also possible to work reduced hours in a full time slot.

WORKING ARRANGEMENTS

Your employer is not usually under obligation to give you fixed work days, although many LTFT trainees, for childcare reasons, prefer this pattern. Many departments will however accommodate your schedule although a little flexibility is always looked on favourably. As with most things to do with LTFT training forward planning is usually the key. Contact departments and rota-makers well in advance to let them know your schedule. If undertaking a sub-specialty block find out which days are best for training as you may find you want to change your days of work at least temporarily to maximise training opportunities. With some forethought childcare providers can sometimes offer some degree of flexibility too.

You may or may not be able to request where you work depending on whether your School of Anaesthesia has fixed or flexible rotations. If you feel unable to work in a particular location due to other commitments then discuss this as early as possible with your Training Programme Director and Flexible Training Advisor. Bear in mind, however, that many of your full time colleagues will also be juggling work with other commitments.
# USEFUL CONTACTS

<table>
<thead>
<tr>
<th>Royal College of Anaesthetists</th>
<th>Dr Carolyn Evans</th>
<th><a href="mailto:carolyn.evans@bradfordhospitals.nhs.uk">carolyn.evans@bradfordhospitals.nhs.uk</a></th>
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<tr>
<td>Bernard Johnson</td>
<td>Advisor for Flexible Training</td>
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<td>GAT Flexible Training Advisor</td>
<td>Dr Sarah Gibb</td>
<td><a href="mailto:sarahgibb@doctors.org.uk">sarahgibb@doctors.org.uk</a></td>
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<tr>
<td>RCoA Training Administrator Contacts</td>
<td>Claudia Moran or Maddy Humphrey</td>
<td><a href="mailto:training@rcoa.ac.uk">training@rcoa.ac.uk</a> 020 7092 1554/553</td>
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<td>Medical Women’s Federation</td>
<td><a href="mailto:admin.mwf@btconnect.com">admin.mwf@btconnect.com</a>  <a href="http://www.medicalwomensfederation.org.uk">www.medicalwomensfederation.org.uk</a> 020 7387 7765</td>
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