



Less than Full Time  
Training in  
Anaesthesia &  
Intensive Care  
Medicine:  
An A to Z Guide

November 2015

## INTRODUCTION

Less than Full Time Training (LTFT) enables doctors to continue in training whilst also having enough time to care for dependents, one-self if suffering ill-health or disability, or, in specified circumstances to pursue other non-work related commitments. In these situations, 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. Association of Anaesthetists of Great Britain and Ireland (AAGBI), Royal College of Anaesthetists (RCOA), British Medical Association (BMA), National Health Service Employers (NHSE)) to make it easier for anaesthetic and Intensive Care Medicine (ICM) 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 Local Education Training Boards (LETBs) 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with the most current information, however things do change and mistakes happen so if you find any inaccuracies or out of date information please let us know.

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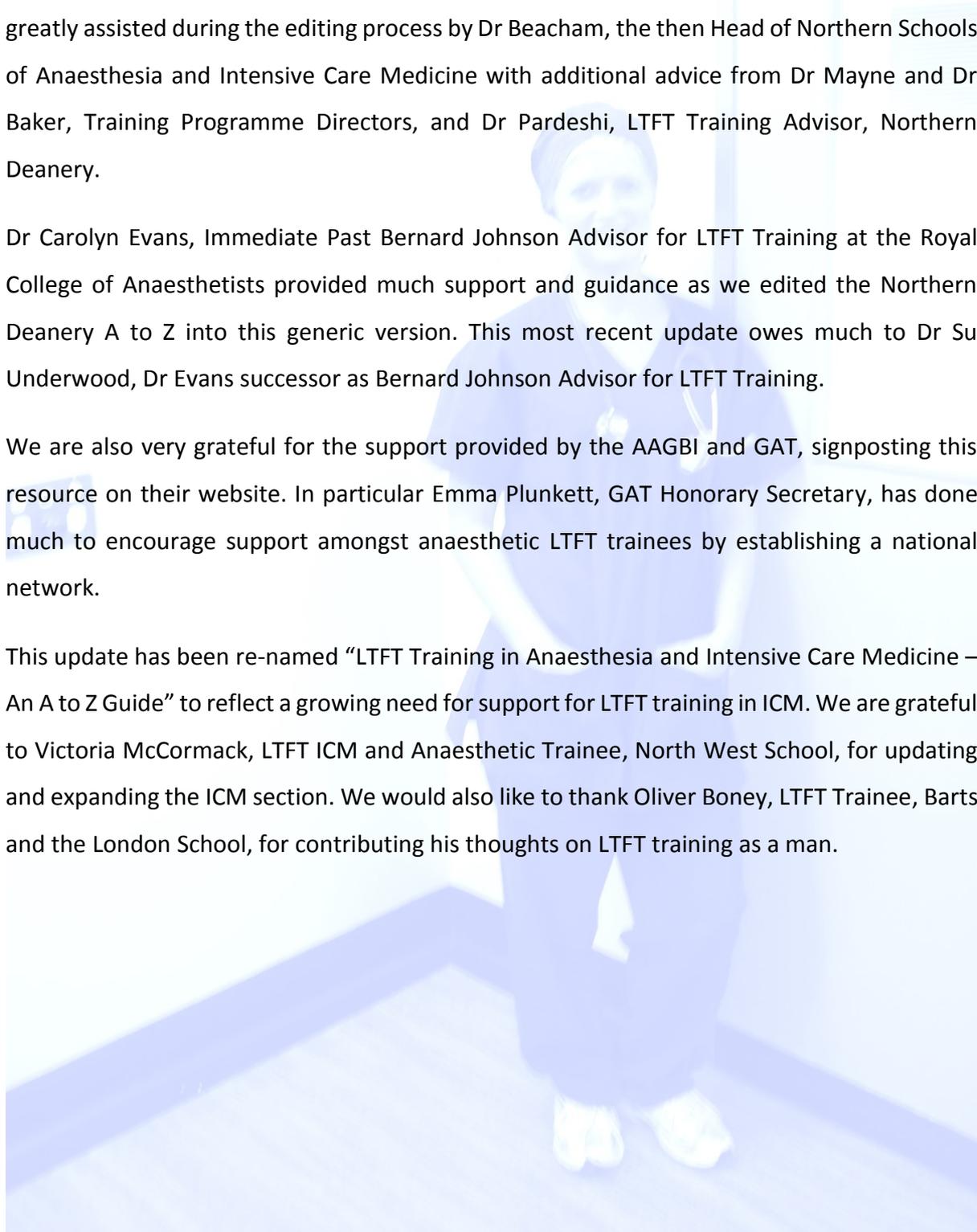
## ACKNOWLEDGMENTS

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Dr Carolyn Evans, Immediate Past Bernard Johnson Advisor for LTFT Training at the Royal College of Anaesthetists provided much support and guidance as we edited the Northern Deanery A to Z into this generic version. This most recent update owes much to Dr Su Underwood, Dr Evans successor as Bernard Johnson Advisor for LTFT Training.

We are also very grateful for the support provided by the AAGBI and GAT, signposting this resource on their website. In particular Emma Plunkett, GAT Honorary Secretary, has done much to encourage support amongst anaesthetic LTFT trainees by establishing a national network.

This update has been re-named “LTFT Training in Anaesthesia and Intensive Care Medicine – An A to Z Guide” to reflect a growing need for support for LTFT training in ICM. We are grateful to Victoria McCormack, LTFT ICM and Anaesthetic Trainee, North West School, for updating and expanding the ICM section. We would also like to thank Oliver Boney, LTFT Trainee, Barts and the London School, for contributing his thoughts on LTFT training as a man.



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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 respectively.

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

You may or may not be able to carry over leave at the end of the leave year, trainees must check with their own Human Resource officer.

## **APPLICATION FOR LTFT TRAINING**

Prior to applying for LTFT training you must have a National Training Number or Speciality/Core or ACCS 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 LETBs 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 LETB 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 LTFT 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. If your application to train LTFT is refused then you will have a right to appeal. Contact your LETB to find out the local policy for appeals.

The Royal College of Anaesthetists (RCoA) Training Department will require a letter from your Head of School, Regional Advisor or LTFT 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 LETB in conjunction with the Regional Advisor will take responsibility for ensuring that anyone undertaking flexible training will be placed in a prospectively approved post.

There is no need to apply for GMC recognition for a LTFT post if it is part of a slot share or using part of an empty full time slot. If the LTFT trainee is supernumerary (they are in addition to the usual programme numbers) individual recognition for that particular training period in that particular supernumerary post must be requested from the GMC. As long as this is within the training capacity of the hospital department this should not be a problem, but the paperwork must be complete before the post starts in order for the training time to count towards CCT. The LETB may help to arrange this.

The NHS Employers website has a page dedicated to LTFT training entitled "[Less Than Full Time \(Part Time\) Training](#)"<sup>1</sup>. For trainees in Wales and Scotland there is also information available from the Welsh Deanery "[Less Than Full Time \(LTFT\) Training Policy](#)"<sup>2</sup> and NHS Education Scotland "[Flexible Training – General information and eligibility](#)"<sup>3</sup>.

## **ARCP**

As a LTFT trainee you will still have an annual appraisal and 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. The General Medical Council (GMC) has issued a position statement clarifying this ([GMC Additional position statement: Work based placed assessments and annual review of competence progression – February 2012](#))<sup>4</sup>. You may be invited to attend your ARCP and appraisal whilst

on maternity leave. If circumstances prevent it you should not be expected to attend but it is likely to be useful if you can be present.

## **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 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 many anaesthetic rotations.

Calculation of LTFT pay and banding can appear complicated. One important difference compared to FT pay is that basic pay (F6, F7 etc) is based on total hours of work including any out of hours. The NHS Employers document "[Equitable pay for flexible medical training](#)"<sup>5</sup> includes a helpful flow chart and worked examples of how to calculate LTFT pay and banding.

### **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 website has a specific section dedicated to flexible working available to members (<http://bma.org.uk/flexibletraining>)<sup>6</sup>. They can also provide advice on many work related issues and offer services such as contract checking.

### **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.

### **CERTIFICATE OF COMPLETION OF TRAINING (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 have entered higher training.

Historically up to three months whole time equivalent (WTE) maternity leave (exceptional leave) could be counted toward your CCT date. However, a GMC statement implemented from 1<sup>st</sup> April 2013, on "[Time Out of Training](#)"<sup>7</sup> means that if you have a total of more than 14 days absence (when you should have been at work) in a year (includes maternity leave, sick leave, parental leave, compassionate leave etc but not study leave or annual leave) then this will trigger a review of your CCT date at ARCP. At this review the number of absent days and progression through competencies will be considered before a decision is made regarding whether further targeted training or an extension to your CCT date is required. This will be administered locally by your ARCP panel and LETB who will make a recommendation to the RCoA. Exceptional leave during maternity leave will no longer be granted however as training is now competency based if any trainee demonstrates that they have met all the curriculum requirements then it may be possible for the ARCP panel to recommend an adjusted CCT date to the RCoA. For further information contact your ARCP lead or the Training Department at the RCoA.

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

### **CONTINUED PROFESSIONAL DEVELOPMENT (CPD)**

As you will still have an appraisal and ARCP 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 panel will want to see that your training and development are not being disadvantaged by being LTFT.

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 LETBs 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. Please refer to the [Advisory, Conciliation and Arbitration Service \(ACAS\) website](#)<sup>8</sup>.

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 (may include IVF treatment)
- 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.

## **EXAMINATIONS**

Doing any sort of examination is stressful but doing examinations while LTFT can bring its own set of unique challenges. It often requires a longer revision period and a strong support network from family, friends and colleagues. However, many LTFT trainees have successfully taken on the challenge of the Primary and Final FRCA. It is useful to know the time frames you have to work within.

The following information is from the RCoA website under the title Examinations: [“Eligibility and Exemptions”](#)<sup>9</sup>. To sit the FRCA Exams, you must be a member of the RCoA or apply for Temporary Exam Eligibility (TEE).

### **Primary FRCA Examination**

MCQ: To be eligible you must be registered as a UK trainee in Anaesthesia, ACCS, a Foundation Programme or registered as a trainee in Anaesthesia with the College of Anaesthetists, Ireland. Maximum number of attempts is **6**.

OSCE and SOE: To be eligible you must be registered as a UK trainee in Anaesthesia OR allocated to Anaesthesia in ACCS AND passed the Primary FRCA MCQ in the last **three years** AND awarded the Initial Assessment of Competence in Anaesthesia or recognised equivalent. Maximum number of attempts is **6**.

### **Final FRCA Examination**

Written: To be eligible you must be registered as a UK trainee in Anaesthesia, or registered as a trainee in Anaesthesia with the College of Anaesthetists, Ireland, AND have passed the Primary FRCA examination or exemption qualification in the last **seven years** AND have been awarded the Basic Level Training Certificate. Maximum number of attempts is **6**.

SOE: The eligibility criteria is the same as for the Final Written FRCA Examination with the added criteria that the Final Written FRCA Examination is passed within the last **3 years**. Maximum number of attempts is **6**.

Additional points to bear in mind:

- Pregnancy: Any prospective candidate should notify the Examinations Department as soon as possible of the fact of their pregnancy and the expected week of confinement, please refer to the "[Primary and Final FRCA Examinations Regulations](#)"<sup>10</sup>.
- The timescales stated above include anytime you have spent out of training, for example, maternity leave. It is important to note that the clock does not stop ticking as regards eligibility to sit exams whilst on maternity leave.

### **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 (TPD), LTFT 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 LETB and your NHS employer.

### **GROUP OF ANAESTHETISTS IN TRAINING (GAT)**

The GAT Committee of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) exists to represent the interests of trainee anaesthetists across the UK & Ireland. Members sit on the Council of the Association, together with representation on many other committees including the ICS Trainees Division, BMA Junior Doctors Committee and the RCoA Trainees Committee. 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](#)<sup>11</sup>, as well as lots of other information on training relevant to all anaesthetic trainees. The GAT committee has set up a network of LTFT contacts in every School of Anaesthesia to enable sharing of good practice, resources, ideas and problem solving. If you have any queries regarding LTFT training that you wish to discuss with the GAT committee then please contact them at [ltft@aagbi.org](mailto:ltft@aagbi.org).

All members of the AAGBI receive a monthly copy of Anaesthesia News. Recent articles that have included topics relating to LTFT training are shown below:

[Less than Full Time Training Demystified](#)<sup>12</sup>

[Sitting the FRCA when you are a parent- a different approach to the exam](#)<sup>13</sup>

[Supporting trainees returning to practice following a prolonged absence](#)<sup>14</sup>

[Trainees with Differing Needs](#)<sup>15</sup>

In addition GAT produces a biennial [handbook](#)<sup>16</sup> that includes chapters 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 since 2013 every meeting has had a parent and baby room. In addition to lots of resources, this room has all the talks live video streamed so trainees with children can keep up to date in comfort. 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 LETBs 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”. The RCoA would advise that part time training at 60-70% best supports career progression and the GMC issued a “[position statement on LTFT training](#)”<sup>17</sup> in October 2011 that reinstated a minimum

percentage of hours worked for training. All trainees will be required to undertake at least 50% WTE unless in exceptional circumstances when an absolute minimum of 20% would be allowed for a maximum period of a year.

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 are however willing and 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 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 =  $(16/7.6) \times 0.6 = 1.23$

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 =  $(64/7.6) \times 0.6=5.05$

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.

The Bulletin of the RCoA published an article "[Help there's a flexi on my rota](#)"<sup>18</sup> that provides advice on negotiating the rota as an LTFT trainee.

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

Less than full time working 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.
- You should keep your Training Programme Director and LTFT Training Advisor informed of your plans. 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:

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**

### **ICM in anaesthesia 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. 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 where you will undertake your training block how you can best arrange to accommodate both your training needs and the ICU service requirements. You will either work as a slot share or as a single LTFT trainee on the ICM unit.

LTFT anaesthesia trainees can apply for ICM training in the same way FT trainees can. Recruitment to the joint CCT in anaesthesia and ICM ended in 2013. Trainees now apply for the new standalone ICM programme through which you can also choose to dual with another specialty including anaesthesia. (See below)

### **ICM in dual training**

This section applies to those trainees undertaking training for a CCT in both anaesthesia and ICM. As both training programmes must be completed in full, accreditation in both specialties takes longer. It is estimated it will take eight and a half years to achieve a dual CCT in

anaesthesia and ICM if training full time. As this is a fairly new programme and numbers of LTFT trainees in ICM are currently low it is a good idea to contact the local ICM and anaesthetic Training Programme Directors as soon as you are considering applying for ICM training LTFT as they will need to co-ordinate your rotation between them as they do for FT trainees.

Throughout your ICM and Anaesthesia dual training you will have two sets of teaching programmes to attend and two portfolios to keep. It is worth considering having your days of work cover when tutorials occur so that you don't miss out on the educational programme. Remember that many of your competencies and WPBA can be counted towards both specialities so you can maximise your reduced clinical time by adding these to both portfolios from the start.

The entry point to dual CCT in the new system is at ST3 through competitive national interviews following completion of core training in anaesthesia. The latest point at which a trainee may apply is at the end of ST5 in anaesthesia. If entering at this stage then a period of "catch-up" and gathering of evidence of competencies and experience may be required to continue in both specialities at equivalent stage. If ACCS was not your core training programme then a year of medicine of which 6 months can be emergency medicine will need to be completed.

As LTFT trainees may have been training for longer, this process can be laborious as portfolios and ARCP requirements have changed over the years. A degree of pragmatism is required from all parties. It is worth noting that the GMC have stated that if a second training programme is commenced more than 18 months after the first then the second programme will result in a CESR(CP) rather than a CCT. In practice this makes little difference under most circumstances

Stage 1 of dual training includes core training (but not Foundation Years) and must last at least 4 years full-time equivalent.

At the end of Stage 1 trainees must have completed;

- Core training in base speciality
- 1 year of medicine of which 6 months can be Emergency Medicine

- 1 year of Intensive Care Medicine
- 1 year of anaesthetics.

Stage 2 mirrors higher anaesthetic training with modules in the sub-specialities of neurosciences, paediatric and cardiothoracic ICM as well as further general ICM exposure. You are expected to attain higher anaesthetic competencies in the relevant specialities as you progress through this level of training. For the LTFT trainee this can mean complex negotiations with two departments per placement. Again, early communications with rota-masters, educational supervisors and TPDs for the sub-speciality you are rotating to is helpful. The guide of roughly 20 sessions of anaesthesia per subspecialty unit of training has been used. This can be arranged throughout the block. For example, you may do one session a week for 20 weeks (5 months if completing a 3 month block at 60%), or you may agree to complete the requirements in series eg 20 sessions/10 days of theatre experience. The ST6 or Special Skills year is spent back in the partner/dual speciality.

As with higher anaesthesia, you must complete your final exam, the FFICM prior to progression to Stage 3 or Advanced ICM year. The FFICM has two parts the MCQ then the OSCE/Viva component. Each component has two sittings a year. As a LTFT you then have more chronological time to prepare for this exam but access to teaching can require more planning. Stage 3 is spent exclusively in ICM. As LTFT you may then spend 18 months or more out of anaesthesia. It is worth bearing in mind you may need to consider arranging some theatre lists to maintain anaesthetic competence and keep in touch with departments you may be interested in working in as a Consultant.

For more information see the [Faculty of Intensive Care Medicine website](#)<sup>19</sup>.

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**

The BMA Junior Doctors Committee, NHS Employers, the Departments for Health and Conference of Postgraduate Medical Deans agreed the principles for the 2005 agreement for flexible training<sup>5</sup> which included that while training LTFT you would not normally be permitted

to undertake any other paid employment. Just as with full time trainees you can be asked to cover unforeseen absences at less than 48 hours' notice.

### **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 be 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 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.

### **LTFT TRAINEE REPRESENTATIVE**

Established LTFT trainees are a very useful source of information and advice. In some LETBs 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 LTFT Training Advisor should be able to tell you who to contact.

The GAT committee has set up a network of LTFT contacts in every School of Anaesthesia to enable sharing of good practice, resources, ideas and problem solving. Contact [ltft@aagbi.org](mailto:ltft@aagbi.org) for more information.

### **MAKING THE MOST OF LTFT TRAINING**

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. 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 your 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.

## **MALE TRAINEES**

Although LTFT training in anaesthesia is dominated by female trainees it is of course available to men too, via the same routes, and the practicalities of LTFT training should be the same for men as for women. Moreover as increasing numbers of men take on childcare (or other carer) duties, LTFT training among male trainees is becoming increasingly common. However, if you are a male trainee considering going LTFT but secretly struggling to come to terms with the prospect of a fall in salary and consequent blow to your prime-breadwinner status, you can read more about the male anaesthetic LTFT trainee perspective in two recent articles in BMJ Careers ("[Why male trainees should consider the flexible option](#)"<sup>20</sup>) and Anaesthesia News ("[Less than full time: Boldly going where not many men have gone before](#)"<sup>21</sup>).

## **MATERNITY LEAVE AND PAY**

You are entitled to 52 weeks of maternity leave, which you can begin after your 29<sup>th</sup> 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 15<sup>th</sup> 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 11<sup>th</sup> 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 Training 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.

If you are adopting a child you may be entitled to 26 weeks of ordinary adoption leave and 26 weeks of additional leave which can start no more than 14 days before the placement date. For hospital doctors employed under national terms and conditions adoption leave and pay will be in line with maternity leave and pay provisions.

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.

NHS employers have produced a useful leaflet titled, "[General maternity guidance for rotational junior doctors in training](#)"<sup>22</sup>. The British Medical Association also provides a booklet on maternity leave guidance for NHS employees that you can find on the "[working parents](#)"<sup>23</sup> section of their website

## **MODULAR TRAINING AND THE 2010 CURRICULUM**

Any units which offer modules or blocks of training in subspecialty areas should offer LTFT trainees an equivalent period of training to that given to FT trainees (i.e. if working at 0.6 WTE then if your FT colleagues would expect a six week training block you should expect ten weeks). Bear this in mind when planning your advanced training modules and ensure you are given an adequate length of time to achieve all the learning outcomes. 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 the appropriate period of training. The rota maker or secretaries in each unit should be able to advise you who you need to contact.

The GMC issued a position statement in November 2012, "[Moving to the current curriculum](#)"<sup>24</sup>, to the effect that by the 31<sup>st</sup> December 2015 all trainees must be training on the most up to date curriculum for their specialty.

### **NEW STARTERS IN ANAESTHESIA**

In their "[Position statement on less than full time training](#)"<sup>25</sup>, The Royal College of Anaesthetists has given the following advice to CT1 Trainees considering LTFT training:

"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 TRAINING/RESEARCH & FELLOWSHIPS**

LTFT trainees should have the same opportunities to apply for and undertake either in or out of programme training or research (OOPT/R). 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. In order to take up a fellowship post which is recognised for training either in the UK or abroad you must prospectively apply for OOPT or OOPR. Out of programme experience (OOPE) now refers to clinical experience posts that are not approved by the GMC and therefore cannot count toward training and the award of a CCT. Out of programme career breaks (OOPC) apply to those wanting to spend time away from medicine.

You must check with your School of Anaesthesia under which circumstances they will allow OOPT/R currently and follow local guidance regarding the organisation of time out of programme. You must be post FRCA and have completed ST4 and you must have at least 6 months training time left when you complete your fellowship.

The AAGBI produce a booklet "[Organising a year abroad](#)"<sup>26</sup> which has lots of useful information.

## **PATERNITY LEAVE**

Male trainees (FT and LTFT) are entitled to paternity leave (if they are the father or the mothers husband/partner and will be responsible for the baby) that can be taken any time up until 56 days after the birth of their baby. Same sex partners will be included, as will partners if a child is being adopted.

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 15<sup>th</sup> week before the baby is due.

Fathers to be are also entitled to a reasonable amount of time off to attend antenatal appointments. Additional paternity leave regulations came into effect in April 2010 introducing a statutory entitlement for employees. Fathers may be entitled to up to 26 additional weeks of paternity leave provided the mother has returned to work. Contact your human resources department for further information.

## **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. For more information on current pay scales go to the [“Pay, fees and allowances”](#)<sup>27</sup> section of the BMA website.

## **PENSIONS**

If you joined the NHS pension scheme on or after the 1<sup>st</sup> October 2008 you will automatically have become a member of the 2008 scheme. If you were a member prior to this date you will have been given a choice as to whether you remained in the 1995 section or moved to the 2008 section.

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 1/80<sup>th</sup> 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 1/60<sup>th</sup> of your final pensionable pay which is an average of the best 3 years FT equivalent salary in your last 10 years worked.

On 1 April 2015, the new 2015 NHS pension scheme (2015 NHSPS) was introduced, the information below has been obtained from the pensions section from both the [NHS employers](#)<sup>28</sup> and [BMA](#)<sup>29</sup> websites.

You will not have to join the 2015 NHSPS if you have full protection. This means that you are within 10 years of your normal pension age on 1 April 2012. If you are more than 13.5 years away from the normal pension age on 1 April 2012 you will join the 2015 scheme on 1 April 2015.

The main features of the new NHS Scheme include:

- A Career Average Revalued Earnings (CARE) scheme: The CARE pension schemes differ from final salary in that they take account of pensionable earnings in every year of scheme membership rather than just prior to retirement.
- An accrual rate of 1/54<sup>th</sup> of each year's pensionable earnings (equivalent to 1.85%): this means that every year a member will accrue 1/54 of their pensionable earnings. The total of all the annual pension accrual amounts is added together at retirement to calculate the final pension.
- Revaluation of active members' benefits in line with inflation: As the pension is building up annually based on actual pensionable earnings, the pension amounts earned during earlier years will be subject to revaluation. The revaluation will take place at the end of each scheme year at a rate determined by the Treasury: the Consumer Prices Index (CPI) plus 1.5%.

- A Normal Pension Age at which benefits can be claimed without reduction for early payment is linked to the same age you are entitled to claim your State Pension.

The benefits you have built up prior to moving to the 2015 Scheme will remain in the 1995 or 2008 Section as appropriate. At retirement these benefits will be treated separately and calculated in accordance with the rules of the 1995 or 2008 Section.

When working LTFT your pensionable pay for contributions purposes (the percentage of your basic salary contributed into the pensions scheme) will be the appropriate proportion of your actual FT salary, excluding banding supplement. Contributions are paid on all hours of duty you work up to a maximum of 40 hours per week. For example, if you earn £18,000 working 50% of a full time training program, the full time equivalent 'pensionable pay' would be £36,000. You will pay 9.3% contributions on your actual pensionable pay of £18,000.

**Salary Sacrifice:** Each year of your pensionable pay counts separately towards the build up of your final pension benefits. Therefore entering into or continuing with any salary sacrifice arrangement (e.g. Childcare Vouchers, Lease Car Schemes etc.) that reduces your gross pensionable pay will have a negative effect on the amount of pension you are able to build up in that year. The overall effect from participating in any salary sacrifice scheme would be to reduce the amount of final benefits you build.

**Maternity, paternity or adoption Leave:** If you have indicated that you are going to work after maternity, paternity or adoption leave, then you and your employer, will continue to contribute to the NHS pension scheme for the period of maternity leave on the pay you actually receive. If you go onto nil pay, the contributions will be based on the amount of pay received immediately prior to the start of the unpaid period. When you return to work following maternity, paternity or adoption leave, your employer should arrange for any contribution arrears to be collected.

For more information on pensions please contact your payroll officer or go to the [NHS Pensions website](#)<sup>28</sup>.

## PREGNANCY

[“The Pregnant Anaesthetist”](#)<sup>30</sup> 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. The Bulletin of the RCoA also included an article [“Pregnancy and preparing for maternity leave”](#)<sup>31</sup>.

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. Although there is no evidence to suggest that long days and night shifts are detrimental to mother or baby they may become exhausting in later pregnancy. A [survey](#) conducted by anaesthetic trainees found that in one region the median for trainees stopping day time on-call was 32.5 weeks gestation and night shifts was 30 weeks gestation<sup>32</sup>. In some cases it may be necessary to give up on-call commitments at an earlier gestation to ensure a healthy pregnancy. A letter from your midwife or GP will support your case for a change to your working pattern<sup>33</sup>. This may mean however that those months without an on-call commitment do not count towards your CCT and this should be discussed with your Training Programme Director. The document [“Physical and shift work in pregnancy”](#)<sup>34</sup> provides some more information.

[“Pregnancy and Work”](#)<sup>35</sup> is another useful booklet published by the Department for Business, Innovation and Skills. Again, it gives a useful timeline and information regarding both employees and employers responsibilities. The Health and Safety Executive provide two booklets which may be useful, [“New and expectant mothers who work”](#)<sup>36</sup> and [“Working safely with Ionising radiation – Guidelines for expectant or breastfeeding mothers”](#)<sup>37</sup>.

## **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 LTFT 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 LETB 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 for supernumerary posts. However, the supernumerary post created must fall within the approved maximum training capacity for the individual hospital department.

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 for LTFT training should also be included in these discussions (see section on RCoA).

## **RETURNING TO WORK FOLLOWING A PERIOD OF PROLONGED ABSENCE**

The [Academy of Medical Royal Colleges](#) (AoMRC) published guidance for supporting a successful return to practice in 2012<sup>38</sup>. This includes those doctors returning to their usual practice after working in a different clinical field e.g. research or an advanced ICM year. A prolonged absence is defined as more than three months and they give examples of checklists which should be used pre and post absence to allow an individualised action plan to be formulated to support a doctors' return to practice. The [RCoA](#) subsequently updated their return to work guidance using the framework suggested by the AoMRC<sup>39</sup>.

The [Wessex School of Anaesthesia](#) have successfully introduced a return to work programme for those anaesthetists with no on-going health, conduct or capability issues who expect to return to practice in a short period of time<sup>40</sup>. Samples of their paperwork ([flowchart](#), [pre-absence](#) and [return to training](#) forms) can be accessed via the AAGBI website<sup>41</sup>.

The GAT publication "[A life Less Ordinary](#)"<sup>42</sup> 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](#)"<sup>43</sup> while the March 2011 edition included "[Returning to work – a personal view](#)"<sup>44</sup>. "[Returning to work in a wheelchair](#)"<sup>45</sup> and "[Returning to work as a disabled anaesthetist](#)"<sup>46</sup> offer an insight into returning to work following illness or disability.

During maternity leave 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. A national multicentre return to work course has been established which focuses on scenario based simulation and interactive tutorials. For more information and future course dates the GASagain website is [www.gasagain.com](http://www.gasagain.com)<sup>47</sup>.

## **THE ROYAL COLLEGE OF ANAESTHETISTS**

One of the Bernard Johnson Advisors at the RCoA has specific responsibility for LTFT training (see useful contacts section). The Bernard Johnson Advisor for LTFT training provides advice to individual trainees and to the RCoA on LTFT training. They also calculate CCT dates of LTFT trainees and provide support and advice to the LTFT Training Advisors, Regional Advisors and College Tutors on matters relating to LTFT training. More information on the role of the Bernard Johnson Advisor for LTFT training can be found in the RCoA Bulletin [editorial](#)<sup>48</sup> by Dr Carolyn Evans who previously held this post.

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](#)<sup>49</sup>).

The RCoA has hosted meeting about LTFT training in 2010 (Making Part Time Work) and 2015 (The Shape of LTFT). These meetings 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 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. Resources from the most recent meeting are available on both the [RCoA](#) and [AAGBI](#) websites.

### **SALARY SACRIFICE SCHEMES: CHILDCARE VOUCHERS**

Childcare vouchers are a salary sacrifice scheme provided by many employers. If you joined your employer's scheme on or before 5<sup>th</sup> April 2011 you can receive up to £243 per month of childcare vouchers free of tax and National Insurance contributions. If you joined the scheme after this date then the benefit is reduced to £124 for higher rate tax payers but remains the same for lower rate tax payers. These vouchers can be used towards paying for qualifying childcare e.g. nursery, child-minders, nannies, holiday clubs and can lead to savings of up to £1224.72 per year for higher rate tax payers. Further information is available in the HMRC leaflet "[Paying for childcare](#)"<sup>50</sup>. Unfortunately for those LTFT trainees who are employed by a different Trust each time they rotate this means that if you are a higher rate tax earner you will only be entitled to the reduced benefit if you have to join a different voucher scheme on rotating to a new employing Trust.

Contact your employer to find out which voucher scheme they are part of as there are several and then contact the voucher provider to set up an account. Your employer will deduct the voucher value 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 their payroll department too as you can both claim up to £243 per month.

From Autumn 2015, the childcare voucher scheme will be superseded by a new scheme called "Tax Free Childcare". If you are already a member of a childcare voucher scheme this will continue for as long as your employer continues with the scheme, but the scheme will close to new members. The tax free childcare scheme is not open for enrolment at the time of

writing. It aims for the government to provide 20% of childcare costs to a maximum of £2000 per child, per year. It works by every 80p you pay into a newly created childcare account, the government would pay 20p. There would be one account per child, so the more children you have the more help you would receive. Unlike childcare vouchers, all working parents are eligible, including those who are self-employed.

Statutory maternity pay (SMP) is calculated on your average earnings during a fixed period (weeks 17-25 of your pregnancy). As childcare vouchers are deemed a non-cash benefit they are not included in your average earnings for this period and therefore receiving vouchers may affect the amount of SMP you receive (statutory sick pay may also be affected). You should contact your employer's payroll department and your childcare voucher provider for advice regarding this. Some voucher schemes and employers may allow you to stop or reduce your benefit claimed for up to 12 months without losing the £243 entitlement but others may not.

You can continue to claim childcare vouchers during your maternity leave and following a change to regulations in October 2008 your employer is obliged to continue to provide this non-cash benefit during both ordinary maternity leave (weeks 1 to 26) and additional maternity leave (weeks 27 to 52). Statutory maternity pay cannot be sacrificed and the final three months of additional maternity leave are unpaid meaning that your employer should provide the vouchers despite being unable able to recover the cost. For further information contact your payroll department or click on this link to HM Revenues and Customs "[Maternity Pay and Salary Sacrifice Schemes](#)"<sup>51</sup>.

## **SHARED PARENTAL LEAVE**

Shared parental leave (SPL) is a new right for eligible parents of children born or placed for adoption on or after 5<sup>th</sup> April 2015. SPL allows parents to share leave with a partner and/or split up periods of leave. Parents can take up to 50 weeks as SPL, and a maximum of 37 weeks of Shared Parental Pay, (ShPP). Parents can take SPL at a different time to their partner or at the same time. Both parents have to meet conditions about their employment and earnings.

For the mother to be eligible she must have worked for her employer for 26 weeks by the end of the 15<sup>th</sup> week before the baby is due (or by the date she is matched with the child for

adoption) and she must be working for the employer up to the point of taking SPP. She is entitled to ShPP if she earns above the lower earnings limit for National Insurance (currently £111 gross/week on average). The mother must also have a partner who also fulfils the “employment test”, (work for at least 26 weeks in the 66 weeks before the expected week of childbirth and earn at least £30 in 13 of those weeks) and provide a declaration to this effect. A mother may now take maternity leave, as previously, with no SPL option, or can convert some of her maternity leave to SPL and maternity pay to ShPP. To do this she would have to notify her employer that maternity leave is ending on a specified date, and leave some SPL to be taken by her partner or at a later date, by her. SPL can start for the father/partner whilst the mother is still on maternity leave, as long as the mother has given notice to end her leave.

For the secondary carer (most often the father), to take SPL, they must have worked for their employer for 26 weeks by the end of 15<sup>th</sup> week before the baby is due (or by the date they are matched with the child for adoption), and still be working for the employer up to the start date of SPL. They must share the primary responsibility for the child’s care, and the mother must fit the criteria stated above. If entitled to maternity leave, the mother must have curtailed it or given notice to do so. If she is entitled to SMP or Maternity allowance, she must have ended her entitlement. If the secondary carer meets the conditions above and earns at least the National Insurance Lower earnings limit, then they are entitled to ShPP.

Most employers require written notice of your eligibility for SPP and ShPP. Please see your LETB’s policy for more details.

## **STUDY LEAVE**

As an LTFT trainee you are entitled to a pro-rata share of study leave days and funding. Local policies and funding arrangements will apply governing the number of days and money available. Your LTFT 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 may not be able to claim study leave funding whilst on maternity leave as your “share” of study leave funds will be allocated to the doctor filling your post during your leave. However it is still worth applying as in some Trusts you may get some money towards your course. While on maternity leave you are entitled to up to 10 paid “Keeping in Touch (KiT) Days”, which are paid at your basic rate if you agree them prospectively with your clinical supervisor, HR and payroll. KiT days can be used to attend supervised clinical sessions to ease your return to work, but you may also to use them to go on appropriate training courses or to attend meetings.

### **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 LTFT 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.

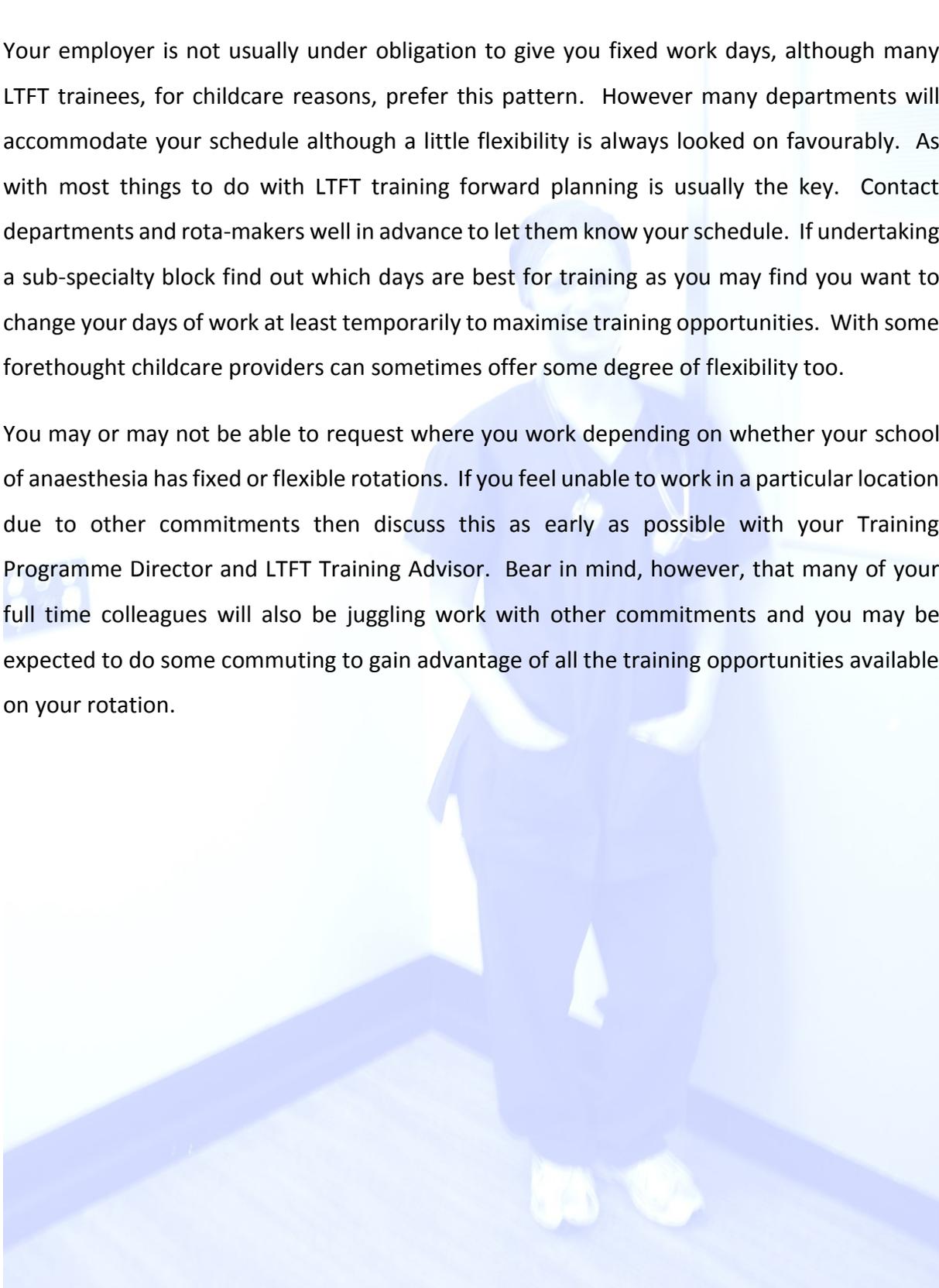
Supernumerary: These posts can be offered where LTFT training is needed at short notice or a slot share is not suitable. Applications will usually only be granted to doctors with differing needs in extenuating circumstances. Supernumerary posts are additional to the normal complement of trainees on a 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. However many departments will 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 LTFT Training Advisor. Bear in mind, however, that many of your full time colleagues will also be juggling work with other commitments and you may be expected to do some commuting to gain advantage of all the training opportunities available on your rotation.



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