

Notes on Slot sharing: fact or fiction – Training programme survival tips

Definition of slot sharing – 2 (or more) people covering 1 (or more) lines of a rota but not necessarily covering all aspects of that line, ie pro rata days and out of hours, with educational component included as much as is possible but both can elect not to work on the same day of the week. This includes pro rata Fridays and weekend working.

Those shifts not covered are picked up by full timers and the LTFT trainees make up by picking up some shifts they can cover from the full timers.

Allows people to share a slot who may not be on the same rota ie at different stages of training. Also allows people to slot share who may work at different percentages.

0.7 +0.7 WTE trainee costs the same as a full time trainee to the Trust. Any more and there is a cost implication and the Trust can refuse to take them on.

Benefits: better cover for the department from regular staff of out of hours work, with some capacity for extra nights and subsequent reduction in locum spend and improved clinical governance

More than 1 LTFT in a dept helps to normalise LTFT working and makes dept more LTFT friendly

Support for each other can be useful – joint projects etc potentially

Disadvantages: In times of gaps on rotations, leaves more gaps unfilled. Can easily morph into a job share – expectation from dept that all duties of that line will be covered with consequent loss of flexibility on days of work. May matter to a greater or lesser extent depending on circumstances.

Regional differences: There are huge regional discrepancies – some places don't allow slot sharing so as to fill as many gaps as possible. Some insist trainees work as a 50:50 job share.

We talked about some of the ways to accommodate this and conversations which might be had with Programme directors.

General: Appear to be issues in ICM with inconsistencies in how long a LTFT block should be to be equivalent.

General feeling that placement length should be longer when more junior to settle into specialty and hospital but can manage shorter placements as become more senior and specialist.

Discussion around building flexibility into your working week so that can occasionally be present for specialist activities – clinical, research, audit, regional teaching – that regularly occurs on only one day of the week. Notion of professionalism shouldn't be lost once LTFT. Opposite usually the case of increased commitment and focus in order to gain maximum from training.

Notes from Workshops at The Shape of LTFT 2015

Drs Dinner, Curran, Boney