

Less Than Full Time Training

Resource Pack For Trainees and Trainers

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INTRODUCTION

Workforce projections suggest that increasing number of trainees will wish to consider applying and working in a less than full time training (LTFT) capacity at some stage during their postgraduate career. It is important that the training programme director (TPD), educational supervisor (ES), trainee and human resource (HR) team work closely to support LTFT training. Provision of excellent support and flexible working environment is high on the agenda at University Hospitals of Leicester (UHL) NHS Trust. This pack aims to help both trainees and trainers working at UHL to understand local processes for LTFT training.

APPLICATION TO LTFT

The trainee needs to discuss with the TPD /ES and contact the LTFT administrator for an application form (eligibility assessment & training plan).

LTFT Administrator, Health Education England - East Midlands Office

Tel: 0116 312 0670

Email:

specialtyprogrammes.em@hee.nhs.uk (for secondary care)

gpprogrammes.em@hee.nhs.uk (for Primary care)

foundationprogrammes.em@hee.nhs.uk (for Foundation programme)

For other questions related to LTFT training in HEE-EM please visit¹:

<https://www.eastmidlandsdeanery.nhs.uk/policies/ltft>

ROTA

It can be particularly challenging to design rotas effectively for LTFT trainees. These should be designed taking into account the specific needs of these trainee(s) instead of being planned with a full-time worker as the automatic default. There is a 'Good rostering guide' by BMA and NHS employer based on junior doctors' contract for reference².

The most common LTFT training arrangements are:

Slot share

A training post is divided between doctors, so that all duties of the full-time post(s) are covered by the doctors. In a slot share the LTFT doctors are employed and paid as individuals (often for 60% or more) and work together. The doctors share the educational slot(s) but not a contract and may overlap sessions. It is important to note that a doctor training at 60% is not necessarily the same as a doctor working at 60% of full-time. The 60% LTFT status approved by HEE refers to the percentage of training time that a doctor will get in relation to their full-time colleagues. It does not necessarily mean that the doctor will work exactly 60% of the hours of a full-time doctor in the same department; they could work more than 60% or less than 60%.

Job share

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

Reduced session in a full time post

A doctor only undertakes some of the hours available within an existing full-time post.

While the above arrangements are the most common, other LTFT training arrangements and working patterns (for example supernumerary posts and term time working) are available in certain specialty programmes.

Rota design

The pages 22-34 in the link below have detailed guidance on rota design.

<https://improvement.nhs.uk/resources/good-rostering-guide/>

<https://webarchive.nationalarchives.gov.uk/20210107124623/https://www.nhs.uk/employers.org/case-studies-and-resources/2018/05/good-rostering-guide>

TRAINING CALCULATOR

There are online calculators to aid calculation of completion of training for LTFT.

<https://www.jrcptb.org.uk/training-certification/less-full-time-training>

PAY

Our HR team is best placed to advice trainees on pay scale, contact Jan Heggs (phone: 0116 258 5526 or email: jan.heggs@uhl-tr.nhs.uk). When commencing LTFT training, HR needs to be informed of the agreed working pattern. Both trainee and TPD should work with the HR team to get agreed rota design. The pay system in 2016 contract replaces the basic salary and banding system used in the old contract of 2002 with the below:

- ♦ Basic pay based on a nodal point for 40 hours of work per week
- ♦ Pay for additional hours over 40 hours per week

- ♦ A 37 % enhancement for night hours
- ♦ A weekend allowance
- ♦ An on-call availability allowance
- ♦ Flexible pay premia (where applicable), mostly in general practice

The basic pay/ weekend allowance for LTFT is pro-rotta to full-time pay.

Payment for hours undertaken whilst on-call is paid for the actual hours worked (either at their basic hourly rate or basic hourly rate plus 37%). Old contract – LTFT training percentage and payscale percentage may differ but progression in training is based on agreed training percentage not pay. Further guidance is found in the link below:

https://www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/LTFT-pay-guidance_February-2017.pdf?la=en&hash=0A47EB081F3967821D4718B9126F8464929B6368

LEAVE

Annual leave entitlement is pro-rata. Ability to carry over leave may not be possible but in exceptional circumstances, it should be discussed with Training Programme Director and HR. The table below summarises the annual leave entitlement at UHL by Terms and Conditions the doctor is employed under:

Grade	Length of service	Total entitlement (including 2 days statutory leave)
2016 Junior Doctors contracts	On first appointment to the NHS	27 days
	After five years' completed NHS service	32 days
2002 Junior Doctors contracts	On first appointment to the NHS	27 days
	ST/CT doctors on their 3rd incremental point on their pay scale	32 days

Bank Holidays - There are 8 bank holidays per year. LTFT get pro-rata share of bank holidays.

Time off in Lieu of Bank Holidays

A trainee is required to be present on site at any time (from 00.01 to 23.59) on a public holiday, will be entitled to a normal working/standard working day off in lieu. Where a trainee's work pattern includes scheduled rest days (sometimes known as zero hours' days) which falls on a public holiday, then the trainee will be given a normal working/standard day off in lieu of the public holiday.

For example, annual leave pro-rata plus percentage of bank holidays for 60% LTFT who has completed 5 yrs NHS service would get 24 days in a year 60% of 32 = 19 + 5 bank holiday (60% of 8 BH). If working a bank holiday in such case no day in lieu is given as already added to annual leave allowance and if not working a bank holiday it must be deducted from annual leave .

Annual Leave for LTFT pro-rata:

Annual leave	< 5 years NHS service	>5 years NHS service
Full time	27	32
90%	24.5	29
80%	21.5	25.5
70%	19	22.5
60%	16	19
50%	13.5	16

Bank holidays calculation for LTFT pro-rata:

Bank holidays		Combined allowance of annual leave & bank holidays	
		< 5 years NHS service	>5 years NHS service
Full time	8	35	40
90%	7	31.5	36
80%	6.5	28	32
70%	5.5	24.5	28
60%	5	21	24
50%	4	17.5	20

Maternity, paternity or adoption Leave: Annual leave will continue to be accrued during maternity leave, adoption leave, and paternity leave, whether paid or unpaid (including bank holidays). 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.

INDUCTION

Some trainees complete some of the mandatory training requirements for UHL online (<http://uhlhelm.com/>)³. This website can be accessed from home.

SUPPORTED RETURN TO TRAINING (SuppoRTT)

Access to SuppoRTT is available in the East Midlands Region to trainees who are thinking about, or are already on an approved time out of training for more than 3 months⁴. For full details see

<https://www.eastmidlandsdeanery.nhs.uk/trainee/supporttt>. This guidance is applicable to any trainee who has a break from training of 3 months or more.

KIT/SPLIT days

For trainees taking maternity leave/shared parental leave, Keeping in Touch (KIT)/SPLIT days should be used to access anything that will help them get back up to speed when returning to training. This could include shadowing in clinic or theatre, attending any relevant training courses, regional teaching, departmental meetings, accessing mandatory training or anything that will support trainees

returning and keep them 'in touch' with the training programme. They should be organised and agreed with educational supervisor and HR/Rota coordinator . Funding may be available and more information on this is available via the SuppoRTT link.

Shadowing

Confidence can be regained by undertaking a period of shadowing before resuming full clinical duties. Trainees should meet with their ES and plan their return to work. This also gives an opportunity to complete mandatory training and where required simulation training. Plans for an enhanced supervision period should be agreed and recorded at meetings with their ES. All relevant documentation found in SuppoRTT link above.

AVAILABLE SUPPORT FOR LTFT

Training related – From clinical & educational Supervisors, TPD LTFT representative in own specialty

Generic support:

LTFT champion in UHL – Dr Nainal Shah (LTFTdoctors@uhl-tr.nhs.uk)

BMA LTFT Representative for region (if BMA member)

Social media for informal support - LTFT trainee forum on facebook

Clinical Tutor with interest for LTFT training – Dr Nicolette Morgan

Some useful videos on HEE about LTFT process guide

<https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility>

USEFUL RESOURCES

1. Less than full time training, Health Education England -East Midlands - <https://www.eastmidlandsdeanery.nhs.uk/policies/ltft>)
2. Good rostering guide - <https://www.nhsemployers.org/case-studies-and-resources/2018/05/good-rostering-guide>
3. UHL online E-learning - <http://uhlhelm.com/>
4. SupportTT website for HEEM-EM
- <https://www.eastmidlandsdeanery.nhs.uk/trainee/supportt>

