



Health Education England

Less Than Full Time (LTFT) Training Policy

This document sets out the policy for applying to train less than full time in Health Education England, East of England

Developing people
for health and
healthcare

www.hee.nhs.uk



Public Sector Equality Duty

On 5th April 2011, the Public Sector Equality Duty (the equality duty) came into force. The equality duty was created under the Equality Act 2010. The equality duty was developed to harmonise several pre-existing pieces of equality legislation, and to extend protection across what the Act described as “protected characteristics”. Protected characteristics is the term used to describe groups that may be discriminated against because they possess one or more of these characteristics, and the Act identified the following nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

Health Education England is committed to equality and diversity within the organisation, and this policy is in line with the Equality Act 2010. HEE will ensure that the application of any part of this policy does not discriminate, either directly or indirectly, against any of the protected characteristics.

1. Introduction

1.1	Less Than Full Time (LTFT) training is a scheme whereby eligible Trainee doctors of all grades can work on a less than full time basis. Full time training relates to a standard 40-hour week. The 'Enhancing Junior Doctors' Working Lives' initiatives recognise that junior doctors aspire for flexibility throughout their training, and the Annual Progress Report 2021 Enhancing Junior Doctors' Working Lives provides an overview of current development.
1.2	Health Education East of England (HEE EoE), fully endorses the principles set out in the Gold Guide .
1.3	HEE aims to provide a robust provision of LTFT, to promote LTFT, and to manage the LTFT budget in such a way that LTFT is available to as many eligible Trainees as possible.
1.4	It should be noted that requests to undertake LTFT training cannot be guaranteed and will be dependent on the capacity of the programme. The needs of doctors in training in Category 1 will take priority.

2. Eligibility

2.1 LTFT training in this region is available to doctors in training who hold an East of England Training Number, and present well-founded reasons as to why full-time training is impractical.

2.2 There are three categories of LTFT Trainees:

	<p>Category 1 – Those doctors in training with:</p> <ul style="list-style-type: none"> • Disability or ill health • Responsibility for caring (men and women) for children under 16 (or a disabled child, in receipt of Disability Living Allowance, up to 18 years) • Responsibility for caring for ill/disabled partner, relative, or another dependant. <p>Category 2 - Those doctors in training with:</p> <ul style="list-style-type: none"> • Unique opportunities: A doctor in training is offered a unique opportunity for their own personal/professional development, and this will affect their ability to train full time (e.g., training for national/international sporting events or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training). • Religious commitment: A doctor in training has a religious commitment that involves training for a particular role and requires a specific time. • Non-medical development: A doctor in training is offered non-medical professional development (e.g., management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time. <p>Other well-founded reasons will be considered, dependent on the situation and the needs of the training program</p> <p>Category 3 - Training LTFT for personal reasons.</p> <ul style="list-style-type: none"> • The Category 3 LTFT model is designed to improve wellbeing, reduce attrition and improve the working lives of Trainees by offering an opportunity for improved work-life balance over a specific period of time to support Trainees post COVID. • Trainees will be able to choose to work LTFT as part of their 'life-style' choice whilst pursuing a productive career in medicine. • It is currently only available to Trainees in Emergency Medicine, Obstetrics & Gynaecology and Paediatrics. From August 2021 it will be available to all Trainees after full implementation as detailed in table 1 below.
--	--

Table 1: Category 3 implementation plan		
Specialty	Lead in period go live	Full model implementation go live
Higher Specialties: Physicians	August 2021	August 2022
Intensive Care Medicine	August 2021	August 2022
Psychiatry	August 2021	August 2022
Radiology	August 2021	August 2022
Anaesthetics	August 2022	August 2023
General Practice	August 2022	August 2023
Surgery	August 2022	August 2023
Foundation and Core Training	August 2022	August 2023
Remaining specialties	August 2022	August 2023

2.3	<p>Core Features of the Category 3 model implementation are:</p> <ul style="list-style-type: none"> • A 'lead-in' 12 months which allows Trainees to undertake a 4-month period at 0.8 WTE (whole time equivalent). This allows 3 possible periods to undertake a 4-month LTFT period. As an example, if rotations occur in August 2021, then the 3 periods will be August to November, December to March and April to July. • Following the completion of the 'lead in' year, all specialties will then transition the following year into the full Category 3 whereby Trainees can undertake an unspecified period of time as LTFT Category 3 and at percentages of 60% or greater. • Trainees accepted to undertake LTFT Category 3 may only do so when there is capacity and agreement by the Training Programme Director or Head of School. Changes should usually align with the rotation date, but this may not be immediately available. Changes should respect Code of Practice requirements.
2.4	Category 1 applicants will always take priority over Category 2 and 3 applicants. HEE will support all Category 1 applicants on the grounds of their health, disability, or caring responsibilities, subject to available funds and training capacity.
2.5	If a doctor in training has had their application to train LTFT declined, they may appeal in writing to the Postgraduate Dean. The Postgraduate Dean's decision will be final.

3. Arrangements for LTFT training

3.1	The training programme for an LTFT Trainee should contain the same educational opportunities on a pro-rata basis as that of a full-time Trainee, including, but not limited to, out of hours opportunity, quality improvement, research, and teaching.
3.2	The GMC Postgraduate Board have issued a position statement determining that all Trainees will be required to undertake at least 50% of full-time training. This includes Trainees on an integrated academic pathway. GMC position statement on less than full-time training
3.3	For the small number of Trainees who experience exceptional difficulties, the Postgraduate Dean has flexibility to reduce the percentage below 50%. This needs individual discussion with the Trainee's Training Programme Director (TPD) and then with Associate Dean for LTFT.
3.4	LTFT Trainees out of hours work should be pro rata. For Trainees slot sharing, the total out of hours commitment should be shared among those Trainees.
3.5	<p>LTFT applications should be approved at least three months before starting the LTFT training. The LTFT team requires 10 working days to process the application. They will let the Trainee and the TPD know when the application has been approved. It can take up to 28 working days to obtain the final approval.</p> <p>It is the TPDs' responsibility to ensure the Trust in which the Trainee will be taking up the post is aware within 3 months' notice of the application. It is the Trainee's responsibility to ensure that the LTFT application process is initiated with sufficient time for processing it, such that the 3 months' notice to the Trust in which they will be initiating the post can be met easily. It is also the Trainee's responsibility to ensure that the department in which they will be taking up the post is aware and has 3 months' notice of any post change.</p> <p>Ideally the TPD and the Trainee will have discussed the post with the department in question before the application form is submitted, to ensure any service implications are recognised, and other issues are addressed in a timely manner.</p>

4. Application Procedure

4.1	Trainees are required to discuss their intention to apply for LTFT with their TPD prior to starting the application process.
4.2	Trainees should access the local HEE website HEE EoE and complete the application form. Once signed by the appropriate parties it should be returned to the LTFT inbox ltft.eoe@hee.nhs.uk along with any relevant supporting documents.
4.3	Trainees are not eligible to commence LTFT training until written HEE approval of the LTFT application form has been approved.
4.4	Eligibility will be assessed by the HEE EoE LTFT Associate Dean against the standard eligibility criteria as set out in Section 2 of this policy.
4.5	Trainees will be informed of the LTFT Associate Dean decision by email, usually within two weeks of submitting their application form, providing no information, or required evidence is missing. Ideally, and to comply with Code of Practice requirements, employers will receive 12 weeks' notice of a change in status to LTFT. In exceptional circumstances this may not be possible, in which case OH/GP/ Specialist Health Care Provider / PSW support will be required.
4.6	If further supporting evidence is required, the Trainee will be contacted by a member of the LTFT team. On occasion it may be necessary for the Trainee to liaise or meet directly with the LTFT Associate Dean to discuss their plans for LTFT and other possible training options.
4.7	If the Trainee is deemed ineligible, they have the right to appeal, as per section 2.5 of this policy.
4.8	Trainees will be notified in writing via email once their LTFT Form has been approved by HEE. Other stakeholders who would be informed include, but are not limited to; TPD's, Medical Staffing Departments, Finance Officers, and internal HEE teams.

5. Change in Plan Procedure

5.1	If circumstances change and the reason for which a Trainee was originally deemed eligible to train LTFT is no longer relevant, they must discuss this with their TPD and consider reverting to FT training.
5.2	<p>Trainees must complete a Change in Plan form in the following instances:</p> <ul style="list-style-type: none"> • If they would like to change the percentage, they are working at • Any change in slot arrangements: <ul style="list-style-type: none"> ○ Slot share partner change ○ Change from slot sharing to LTFT in a full time slot. <p>Failure to conform to this requirement will result in anyHEE EoE funded support ceasing on the end date of the original change of placement.</p>
5.3	The process completing the “Change in Plan” form should be submitted in time for the LTFT Associate Dean to review the plan (2 weeks) and for at least 12 weeks’ notice to be given to the Trust.
5.4	Trainees are expected to notify HEE if they no longer meet the eligibility criteria. If it is determined that a Trainee is no longer eligible under the eligibility criteria, they will be notified in writing via email.

6. Funding Arrangements and Pay

6.1	<p>The method for calculating pay for LTFT Trainees can be found in the following national guidance from the BMA: https://www.bma.org.uk/pay-and-contracts/pay/ltft/less-than-full-time-Trainees-pay-explained</p>
6.2	<p>As part of the application process for LTFT, Trainees should discuss their training plan with medical staffing/HR in Trusts and GP Practice Managers in General Practice, who will advise re rotas and pay.</p>
6.3	<p>There are three ways a LTFT Trainee may be accommodated within HEE EoE:</p> <p><u>6.3.1 - LTFT in a full time slot</u> The Trainee occupies an established full-time post at reduced hours. Working LTFT in a full time slot offers the most flexibility as Trainees are permitted to work at up to 80% of full time, subject to Trust and specialty agreement. The full-time post is funded through the education contract so no further funding is committed from the LTFT budget.</p> <p><u>6.3.2 - Slot Share</u> Slot shares often comprise of 2 Trainees occupying one full time slot, or three Trainees occupying two slots, with slot sharing Trainees arranging the out of hours component between them, and in consultation with the local Trust/department.</p> <p>Full time training relates to a 40-hour week, and the percentage of full time is calculated on this basis. A slot share may be arranged with each Trainee working a minimum of 50% of full time. HEE provisionally agrees to provide the slot to share, subject to receipt of approved training plans for both Trainees. Where 2 Trainees share a slot working 50% of full time each, no additional funding (uplift) is payable by HEE.</p> <p>HEE encourages Trainees to work at 60% each as this allows a handover period and supports Trainee progression and continuity of patient care. In such cases, HEE will fund an uplift on the basic salary of up to 20% for the post. If a slot share results in >120% WTE in one slot the local Trust will be required to confirm funding for the extra salary locally before the share is agreed.</p> <p>If three Trainees slot share over two slots, HEE will only fund a maximum of 20% uplift across the three slots. In this instance, the local Trust will be required to fund base salary >220% across the two slots (three LTFT Trainees).</p> <p>Please note that Out Of Hours is shared 50:50, whether the basic week is done at 50% or 60% FTE.</p> <p><u>6.3.3 Supernumerary</u> HEE may agree to fund a supernumerary placement in exceptional circumstances (such as illness) for a limited period only. These exceptional circumstances will be the subject of discussion between the Associate Deans, the Training Programme Director, and the employing Trust.</p> <p>HEE does not fund out of hours or banding payments.</p>

7. Additional Guidance

7.1	<p><u>Information for Tier 2 Visa Holders</u></p> <p>One of the eligibility points for a Tier 2 Visa application is that the salary is paid at or above 'the appropriate rate for the job' as set out by UK Visa and Immigration (UKVI): 'Immigration Rules Appendix J: codes of practice for skilled work'.</p> <p>This threshold must be met throughout the duration of the sponsorship for the visa to remain valid. It is the responsibility of the Trainee to ensure the less than full time hours of work the Trainee is requesting meet this threshold. Any changes in contracted hours and salary must be reported to the Trainee's Sponsor as soon as they have been approved.</p>
7.2	<p><u>Study Leave</u></p> <p>7.2.1 Less than Full Time (LTFT) Trainees will have a pro-rata entitlement; however, if the number of days taken in one year exceeds their entitlement, some discretion should be used during the approval process.</p> <p>7.2.2 There is no longer a cap on study leave expenses, therefore a pro-rata approach to funding should not be applied. Relevant application and approval processes apply, please see the Study Leave policy for further guidance. Please see Guidance for Study Leave for Foundation Programme Doctors in the East of England.</p>
7.3	<p><u>Annual Leave</u></p> <p>Annual leave and bank holiday entitlement for LTFT Trainees is calculated on a pro-rata basis by the employing Trust. Employing Trusts may have additional policies in this regard.</p>
7.4	<p><u>Increase of Sessions</u></p> <p>7.4.1 LTFT Trainees who are working LTFT in a full time slot can request an increase to their percentage of full time. Increases to the initial agreed level may be negotiated with HEE, the Trainee, and the employer, considering training and service needs.</p> <p>7.4.2 LTFT Trainees who are in slot shares are generally only permitted to work up to a maximum of 60% each, although alternative slot share arrangements may be agreed however the Trainees would need to discuss and agree any variations with their TPD, Education Supervisor and Medical Staffing teams before submitting a LTFT slot share application to ensure that additional funding can be agreed. In the case of one slot share partner leaving the arrangement (for example, a period of maternity leave), the remaining partner will usually be working LTFT in a full time slot and has the option to increase their percentage of full time. If the slot share is re-established, both Trainees would revert to 60% each or the agreed variation once confirmed with the TPD, Education Supervisor and Medical Staffing teams.</p> <p>7.4.3 If a LTFT Trainee wishes to increase the number of sessions they work, they should contact their TPD, Education Supervisor, Medical Staffing and HEE EoE. If the Trainee wishes to revert to Full Time, they can inform the LTFT Team via email rather than submitting a Change In Plan form.</p>
7.5	<p><u>Additional Employment</u></p>

	<p>Trainees are permitted to engage in other paid employment whilst undertaking LTFT training. However, there will be occasions when at short notice additional duties are required to deliver a service to patients and LTFT Trainees may undertake extra duties to assist colleagues, as this is professional behaviour. Any additional work will form part of the Trainees' practice and will need to be declared on the Trainees' Form R part B as stated in the GMC position statement on less than full-time training.</p>
7.6	<p><u>Acting Up as a Consultant</u></p> <p>Full time Trainees may apply for a period of acting up as a consultant, up to a maximum of three months. For LTFT doctors in training, the period of acting up will be pro rata of the three months. This requires completion of an Out of Programme application form and the agreement of the Training Programme Director, Educational Supervisor and HEE EoE.</p>
7.7	<p><u>LTFT training in Period of Grace (POG)</u></p> <p>The purpose of the period of grace is to provide specialty doctors in training (excluding those in General Practice) time to secure a consultant or other post following attainment of their CCT / CESR.</p> <p>The maximum duration of the period of grace is 6 months whether the doctor in training is full time or less than full time. More information on POG can be found on the HEE EoE</p>
7.8	<p><u>Public Health</u></p> <p>Public Health Trainees working in the community are the responsibility of St Helens and Knowsley. Any LTFT applications request should be authorised by the St Helens and Knowsley medical staffing/HR department before sending to the deanery for approval.</p>
7.9	<p><u>ARCP</u></p> <p>The GMC requires that all Trainees working in a training post have an ARCP each year. The only reason you would not have an ARCP on an annual basis is if you were on maternity leave or long-term sick leave.</p> <p>7.9.1</p> <p>LTFT Trainees should have an ARCP not less than annually but no more than 15 months (to comply with the revalidation requirement) but may need an ARCP at a critical progression point in training.</p> <p>7.9.2</p> <p>LTFT Trainees will be expected to demonstrate the competencies and capabilities relevant to their stage of training as described in their relevant curriculum on a pro rata basis. Any workplace-based assessments should be spread evenly across a training placement.</p> <p>7.9.3</p> <p>Should a training extension be required after the award of an ARCP Outcome 3/10.2, this extension will be on a pro rata basis. There is the option of a fixed-term time extension should there be sound educational reasons to do so.</p>

8. Responsibilities and Duties of Trainees

8.1	Trainees should understand that LTFT training is not an automatic right, and its availability is governed by finite resources, including funding and availability of suitable posts. Although HEE and service providers will always aim to maximise the opportunities for LTFT, it may not always be possible to accommodate an LTFT request.
8.2	When applying for LTFT training, Trainees must ensure all information used in support of their application is accurate and is not in any way misleading. HEE reserves the right to cross-check all information entered onto application forms and any evidence provided.
8.3	Trainees should not dictate the terms and conditions of their LTFT training placements to TPD's or Trusts. The process is one of negotiation between all relevant parties, ensuring the requirements of the relevant curriculum are met by the agreed pro-rata basis.
8.4	Trainees must ensure that LTFT application forms are agreed with three months' notice prior to their planned start date. It is the Trainee's responsibility to raise concerns about the progress of an application with the relevant parties.
8.5	<p>Trainees should discuss any of the changes in circumstance below with Medical Staffing/HR at the employing Trust, TPD's and Educational Supervisors. If any of the changes below are agreed, this must be confirmed in writing by the Trainee via email to HEE:</p> <ul style="list-style-type: none"> • The planned LTFT start or end date • Time out of programme including maternity leave • Resignation from the training programme

9. Responsibilities and Duties of Health Education England, East of England

9.1	HEE will treat all applicants equally, regardless of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex/sexual orientation, or any other discriminatory factor.
9.2	HEE is responsible for ensuring that all LTFT training is undertaken in posts and programmes that have been prospectively approved by the GMC.
9.3	HEE will manage the LTFT training system in such a way that information pertaining to an LTFT Trainee flows between all relevant parties. "Relevant parties" include, but are not limited to; the Trainee, TPD's, Medical Staffing Departments, Finance Officers, and internal HEE teams.
9.4	HEE is committed to enabling as many eligible LTFT applicants as possible to train on an LTFT basis. This includes promoting the mainstreaming of LTFT and ensuring that supernumerary placements are arranged if required.
9.5	HEE will endeavour to adapt its policy as required to reflect changes in national guidelines and / or legislative changes relating to LTFT training or part-time working in general. The most up-to-date policy will be accessible on the HEE website.

10. Responsibilities and Duties of Trusts

10.1	Trusts are expected to treat LTFT Trainees no differently from full-time Trainees and in accordance with the policies and procedures of HEE/the lead employers.
------	---

11.Document History

Version	Date	Remarks
1.0	August 2011	Adapted with permission from North Western Deanery LTFTT Policy and Guidance
1.1	March 2013	Reviewed by AB, KP
1.2	April 2013	Revised by AB
1.3	December 2014	Amended by AB
1.5	May 2015	
1.6	July 2016	Amended by AB, FC, SK, SH
1.7	July 2019	Amended by HF, SK, FC
1.8	December 2021	Amended by FC, RMB, RB
1.9	January 2022	Updated by AM
2.0	February 2022	SK comments and ARCP information added by AM