

LTFT Forum Newsletter

Issue 2: June 2016

Dear Colleague,

Welcome

To the second edition of the **LTFT Forum Newsletter** which we hope you will find both a useful and interesting resource and we will do our utmost to keep you updated on what is going on.



National COPMeD LTFT Forum
Thursday 6th October 2016

The next annual COPMeD LTFT Forum meeting will be held at The Royal College of Paediatrics and Child Health, Theobalds Road, London. We will be inviting Forum members to book a place using Eventbrite in the coming weeks.

In this issue

LTFT Spotlight: General Practice

AoMRC Maternity/Paternity Survey Results

LTFT for Surgeons in Training

Members Online Forum Launched

Actions Update since Last Forum Meeting

Useful Links

Hot Topics Including Gold Guide (revised principles) and Tier 2 Visa Threshold Update

Useful Links

LTFT Forum Webpage
[Click Here](#)

LTFT Forum Members Online Forum
[Click Here \(and login\)](#)

HEE, EoE LTFT Email
[Click Here](#)

Gold Guide 6 and related documents
[Click Here](#)

AoMRC Maternity/Paternity Survey Results

The Academy of Medical Royal Colleges has published the results of a recent survey relating to parental leave.

The aim was to investigate the particular problems experienced by those in the medical and dental professions such as planning maternity and paternity leave; maintaining competencies & returning to work, with appropriate childcare, all of which can present major challenges.



The draft results of this survey were presented at the last LTFT Forum meeting in October 2015, and formed the basis for discussion and feedback on these issues.

To view the final results of the survey

[Please click here](#)

LTFT for Surgeons in Training

Linking into a number of aspects which were touched on at our last Forum meeting, the following interesting papers have been released by the BMJ and ASiT;

BMJ Open: *Less than full-time training in surgery: a cross-sectional study evaluating the accessibility and experiences of flexible training in the surgical trainee workforce.* 2016; 6.

[Please click here](#)

ASiT Editorial: *Less Than Full-time Training in surgical specialities - Consensus recommendations for flexible training by the Association of Surgeons in Training.*

(International Journal of Surgery 2015; Volume 23, Supplement 1, Pages S10–S14)

[Please click here](#)

We will need to continue to address the challenges we are facing in surgery at the next Forum meeting, and share good practice in this area.

National Members Online Forum for LTFT Training Goes LIVE!

The online LTFT Forum is a web-based tool created to enable us to exchange ideas, gauge opinions and converse with national members who share a common interest in less than full time training.

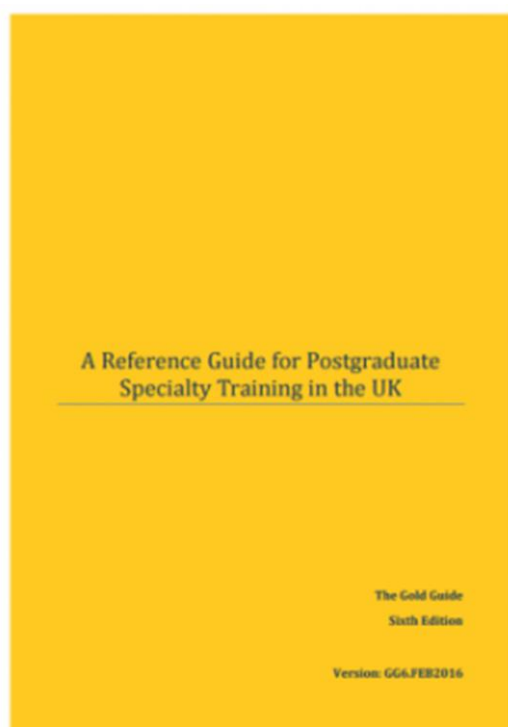


All Forum members have been set up with an account and emailed their login details. Please follow the instructions in the email and get chatting! If you have not received an email with your login details, please check your junk folder in the first instance. If there is still no sign of the email please contact Rebecca in the HEE, EoE local office; r.winchester@nhs.net

To visit the Forum webpage (which you may wish to add to your favourites ★) please follow the instructions in the email sent from Rebecca on 9th June 2016.

New Gold Guide Launched – February 2016

The 6th edition of The Gold Guide was launched in February 2016. Dr Alys Burns, HEE, EoE Deputy Postgraduate Dean, is a co-editor for the Gold Guide and was responsible for reviewing and updating the guidance relating to LTFT. After much helpful feedback from the Forum members Alys was able to put together text which clearly encompassed the LTFT principles from 2005.



We are hopeful the updated LTFT guidance is more concise and will assist with managing trainee expectations in future. We look forward to reviewing and usefully debating some of the operational areas when we meet in October.

GG6;
[Please click here](#)

Main areas of change for GG6;
[Please click here](#)

LTFT eLearning Package for Educational Supervisors

Work is currently underway on the electronic LTFT training package for Educational Supervisors. We hope to be able to host this on the COPMed website. Please watch this space for further updates.



Tier 2 Visa and ILR Salary Threshold Increase

For experienced workers, the minimum salary threshold for those on a Tier 2 visa will increase to **£25,000 in autumn 2016**, rising again to £30,000 in April 2017. This will not affect those trainees working full time on a Tier 2 visa, however, it will be a consideration for any individuals wishing to train less than full time. In these circumstances, careful salary calculations will need to be undertaken on an individual basis to ensure that the trainee will still meet the minimum salary threshold whilst working reduced hours.

In addition, the minimum salary required to be eligible for Indefinite Leave to Remain (ILR) has increased this month from £20,800 to £35,000. This again could impact on less than full time trainees wishing to apply for ILR.



Updated GMC National Training Survey Questions for LTFT

A big thank you to the Forum members for your helpful input with the GMC Survey LTFT questions. This was most constructive and there were common themes identified. The GMC are currently revising the LTFT questions based upon the feedback provided by the Forum. These questions will be tested by some of our LTFT trainee representatives.



National LTFT Process Update

The helpful feedback provided by the Forum members at our last meeting in October has been collated with a view to producing recommendations for the Postgraduate Deans to consider. We are expecting further feedback in the coming weeks.



LTFT – A Trainee’s Perspective

“My general feelings about supporting LTFT trainees are that HEE and the NHS as a whole may not have a sufficient number of trainees, if LTFT training is not supported. Trainees in my situation, who care for children, and especially those with special needs, are exceptionally grateful to be able to work and are often more motivated, happier trainees. If I couldn’t work LTFT then I would have to reconsider my career pathway. I did think about taking the staff grade route when my TPD asked me to work full-time.

I think LTFT trainees need to consider how they might meet their competency requirements especially if certain clinic and theatre lists fall on non-training days. I have a nanny who works on Thursdays and Fridays, but I work Wednesdays more flexibly according to my training needs. This is also something that sometimes benefits the department. I think LTFT trainees in craft type specialties need to be dynamic and be prepared that one might need to work non-consecutive days especially for sub-specialisation.”



Positive food for thought;

- Nominated LTFT lead for each specialty
- LTFT mentoring support
- Informal social groups/social networks for LTFT trainees
- Raising awareness of flexible on-site childcare for LTFT trainees
- LTFT training for Educational Supervisors (eLearning)
- A trainees guide to LTFT training (RCPCH example [click here](#))

LTFT Spotlight: General Practice

Why General Practice?

As the wonderful Dr Iona Heath, said: "In General Practice people stay, and the diseases come and go. In hospital the diseases stay, and the people come and go." General Practice allows the practice of whole person medicine with emphasis on relationship continuity. You are granted regular glimpses into someone's life, their everyday problems, their hopes and their fears. You are their doctor, their family's doctor and their advocate, diagnostician, counsellor, confidant, navigator and friend. It is a complete privilege. The clinical variety cannot be matched elsewhere, with every specialty represented for patients of all ages from "cradle to grave". And as more work moves from hospital to community you are not just the general physician but the care navigator for increasingly complex patients.

Furthermore it is:

- Shortest route to CCT (only three years)
- Opportunity to combine clinical work with substantial involvement in teaching, clinical leadership, research to name a few areas
- Option to pursue the entirety of medicine and take on special interests
- Allows you to work independently and also part of a team
- Flexibility to adapt to your interests and personal commitments with ease
- Opens doors to careers in other countries

In addition, General Practice has a legacy of enabling men and women to maintain their careers and continue working with flexibility despite having caring commitments or challenges with their health.

As trainees Less Than Full Time training is available to:

- A trainee who is primary carer to young children or a dependant with health issues
- Trainees with temporary or long term health needs who wish to work part time

Trainees enjoy the same status, training supervision and level of challenge in the workplace as their full time colleagues. The only difference is that training time is lengthened based on whether the trainee chooses to train at 60, 70 or 80% of the full time timetable. Indeed, trainees who are Less Than Full time may enjoy a broader range of specialties as they require to rotate through one or two extra posts to complete the necessary training time. If anything Less Than Full Time trainees have a reputation of excelling in their careers, having learnt to juggle the administrative tasks, negotiation and skills of arranging posts that are essential skills of the GP care navigator.

Key resources: Your area GP training website, Training Programme Directors, General Practice Operations Officer, local LTFT Advisor

Post-CCT flexible working:

- Retainer scheme – allows those unable to work substantively to be work flexibly, with support in 2-4 sessions a week
- Induction and Refresher Scheme – allows safe return to practice for those who take career break of 2 or more years
- Portfolio route – allows those who chose to work abroad for a short time to retain their appraisal and revalidation status from abroad.



Key resources;

Professional Support Units, GP Speciality Leads.

Credit and thanks to;

Naureen Bhatti, Associate Dean, London PSU.
Sunil Perera, Associate Director GP Education and Clinical Advisor for GP LTFT training, HEE London.
Richard Weaver, Director of GP Education and Head of School, HEE Wessex.