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 for foundation and specialty trainees.
Public Sector Equality Duty

On 5 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 in order to harmonize a number of 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 described groups that may be discriminated against because they possess one of more of these characteristics and the Act identified nine protected characteristics and these are:

- 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 are able to work on a part time basis. Full time training relates to a standard 40-hour week. The ‘Enhancing Junior Doctors’ Working Lives’ initiatives recognise junior doctors aspire for flexibility throughout their training and the annual progress report 2019 [enhancing junior doctors working lives](#) provides an overview of developments currently in place.

1.2 The [Improving Working Lives (IWL) standard](#) aims to improve employees” working lives by improving their work / life balance and providing employment conditions which enable all doctors to work and train in the NHS to their full potential. LTFT is included as one of the IWL standards.

1.3 Health Education East of England (HEE), fully endorses the principles set out in the [Gold Guide](#).

1.4 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.

1.5 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 are able to present well founded reasons as to why full-time training is impractical. The eligibility criteria are described in the European Union Council Directive 93/16/EEC 1993 and provisions of the Employment Rights Act (as amended) 1996 and its associated legislation.

2.2 There are 2 eligibility categories:

**Category 1** – Those doctors in training with:
- Disability or ill health
- Responsibility for caring (men and women) for children
- Responsibility for caring for ill/disabled partner, relative or other dependant.

**Category 2** - Those doctors in training with:
- **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.

Other well-founded reasons may be considered but it would be dependent on the particular situation and the needs of the specialty in which the individual was training.

2.3 You will be eligible for LTFT training if you have a child up to and including the age of 16 years old or a disabled child who is under 18 years, and receives disability living allowance.

2.4 Category 1 applicants will always take priority over Category 2 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 Access to Category 2 is dependent on individual circumstances and the availability of suitable training placements.

2.6 If a doctor in training has had their application to train LTFT declined, they may appeal in writing to the relevant Postgraduate Dean. The Postgraduate Dean’s decision will be final.
3. **Arrangements for LTFT training**

3.1 The training programme for a 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 trainees will be required to undertake at least 50% of full-time training.

**GMC position statement on less than full-time training**

**GMC additional position statement on academic training in a LTFT setting**

3.3 For the small number of trainees who experience exceptional difficulties, it has been agreed that Postgraduate Deans should have flexibility to reduce the time requirement further.

3.4 LTFT trainees must do the same amount of on call work pro rata as a full-time trainee as a minimum requirement.

Additional hours will inevitably vary from specialty to specialty, and also within a specialty, and even for the same level within a specialty across different Trusts.

3.5 Since 1 December 2007, in conjunction with Royal Colleges / Faculties, HEE has responsibility for ensuring that all LTFT training of any kind is undertaken in prospectively approved posts and programmes which meet the statutory requirements of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and the requirements of the Foundation Programme Curriculum.

3.6 HEE will therefore approve LTFT training, unless the introduction of LTFT / supernumerary training increases post numbers above the specialty maximum capacity for HEE. Trainees should also be aware that they may require approval from their Royal College and should discuss this with their Programme Director or Head of School.

3.7 Once the submitted LTFT Form is approved by HEE, it may not always be possible to be accommodated LTFT straight away. This will depend on the capacity of the training programme.
4. **Application Procedure**

4.1 In order to apply to train LTFT trainees Doctors in training should visit their local HEE website to identify the application form and process. The doctor in training should complete the LTFT relevant application form electronically in full and specify which category they are applying under and email to the LTFT mailbox for HEE approval.

4.2 This should normally be submitted along with any relevant supporting documentation (as required), allowing time for at least 12 weeks’ notice to be given to the Trust before the commencement of the proposed changes to working patterns. Trainees on parental leave are encouraged to plan well in advance and should complete the application process no less than 12 weeks prior to their planned return date.

4.3 Any submitted applications must be approved by HEE in order for trainees to commence their requested reduced working arrangement. Trainees are not eligible to commence LTFT training until written HEE approval of the LTFT Form has been received. This ensures employment arrangements are correct, including appropriate payroll adjustments and additional funding for Trusts.

4.4 Trainees are required to discuss their intention to apply for LTFT with their Training Programme Director (TPD) prior to submitting the LTFT Form.

4.5 Once a trainee has decided they wish to apply for LTFT training, they must fully complete and submit the LTFT Form to HEE. The training plan section of this form should be completed in negotiation with and authorised by their TPD and Educational Supervisor. The form must also be authorised by a Practice Manager for trainees that are in GP posts.

4.6 Eligibility will be assessed by the HEE EoE LTFT Associate Dean against the standard eligibility criteria as set out in Section 2.2 of this policy.

4.7 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 in order to comply with Code of Practice requirements, employers will receive 12 weeks’ notice of a change in status to LTFT. It is recognised however that this is not always possible.

4.8 If further supporting evidence is required, the trainee may 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.

4.9 If the trainee is deemed ineligible, they have the right to appeal, as per section 2.7 of this policy.

4.10 Trainees will be notified in writing via email once their LTFT Form has been approved by HEE.
5. **Change in Plan Procedure**

5.1 Trainees are required to submit a ‘Change in Plan’ LTFT Form if at any time their circumstances change and the reason for which they were originally deemed eligible to train LTFT is no longer relevant.

5.2 Trainees must complete a Change in Plan form in the following instances:

- If they would like to change the percentage, they are working at
- Any change in slot arrangements:
  - Slot share partner change
  - Change from slot sharing to LTFT in a full time slot.

Failure to conform to this requirement will result in any HEE EoE funded support ceasing on the end date of the original change of placement.

5.3 For the avoidance of doubt, Section 4.1 is applicable whether the trainee is supernumerary, less than full time in a full time slot, or in a slot share, as all of these arrangements will have a staffing impact, financial impact, or both.

5.4 The process of completing the ‘Change in Plan’ form should be submitted in time for at least 12 weeks’ notice to be given to the Trust before any of the circumstances outlined in section 5.2 occur.

5.5 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 The method for calculating pay for LTFT trainees can be found in the following national guidance from NHS Employers; [Equitable pay for flexible medical training](#).

6.2 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.

6.3 There are three ways a LTFT trainee may be accommodated within HEE EoE;

6.3.1 **LTFT in a full time slot**

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.

6.3.2 **Slot Share**

Slot shares often comprise of 2 trainees occupying one full time post, with both trainees arranging the out of hours component between them.

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 an uplift in funding of up to 20% of basic salary to enable both trainees to slot share, this is 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 is payable by HEE.

HEE encourages trainees to work at 60% each as this allows a handover period and supports trainee progression and continuity of patient care.

Please note that Out Of Hours is shared 50:50, whether the basic week is done at 50% or 60% FTE.

6.3.3 **Supernumerary**

HEE may agree to fund a supernumerary placement in exceptional circumstances (such as illness) for a limited period of time only. These exceptional circumstances will be the subject of discussion between the Deputy and Associate Deans, the Programme Director and the employing Trust.

**HEE does not fund out of hours or banding payments.**
7. **Additional Guidance**

7.1 **Information for Tier 2 Visa Holders**

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’. This threshold must be met throughout the duration of the sponsorship in order 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.

7.2 **Study Leave**

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.

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.

7.3 **Annual Leave**

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.

7.4 **Increase of Sessions**

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, taking into account training and service needs.

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.

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 back to Full Time, they can inform the LTFT Team via email rather than submitting a Change In Plan form.
7.5 **Additional Employment**

Trainees are permitted to engage in any other paid employment whilst undertaking LTFT training. However, there will be occasions when at short notice additional duties are required in order 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 the trainees’ Form R part B as stated in the [GMC position statement on less than full-time training](#).

7.6 **Acting Up as a Consultant**

LTFT trainees may apply for a period of acting up as a consultant, up to a maximum of three months. This is on a fixed-term basis and not pro rata. This requires completion of an [Out of Programme application form](#) and the agreement of the TPD, Educational Supervisor and HEE, EoE.

7.7 **LTFT training in Period of Grace (POG)**

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.

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 website](#).

7.8 **LTFT training for LATs, LAS and Locums**

Foundation LAT doctors may apply for LTFT training and must complete the process in the usual way. LAS and Locums are not associated with HEE and do not hold an EoE Training Number therefore may not apply to work less than full time through HEE channels.

7.9 **Public Health**

Public Health trainees working in the community are the responsibility of St Helens and Knowsley. Any LTFT applications should be authorised by the St Helens and Knowsley medical staffing/HR department.
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.

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 Trainees should discuss any of the below changes in circumstance with Medical Staffing/HR at the employing Trust, TPD’s and Educational Supervisors. If any of the below changes are agreed this must be confirmed in writing by email to HEE by the trainee:

   a) The planned LTFT start or end date
   b) Time out of programme including maternity leave
   c) Resignation from the training programme

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 a 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 a 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.

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**Document History**

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