

# LTFT Update

April 2023

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1. Background to LTFT
2. Funding LTFT and Slot Shares
3. Issues with current process
4. Updated Application Process
5. Unresolved issues
6. FAQs
7. Questions

# Aims of LTFT Training

- i. Retain doctors in the workforce who are unable to continue their training on a full-time basis for a well-founded individual reason
- ii. promote career and personal development as well as work/life balance and wellbeing
- iii. ensure continued training in programmes on a time equivalence (pro rata) basis (but understanding that progression is competency based)

# General principles of LTFT Training

- All doctors in training, including academic doctors, can apply for LTFT
- LTFT trainees must meet the same requirements as those who train full time to achieve a CCT
- Reflect the same balance of work as WTE: generally work pro rata
- A balance needs to be maintained between the LTFT training arrangements, the educational needs of both full-time and LTFT trainees, and the needs of the service.
- LTFT trainees should have an ARCP every 12 months. Progress assessed on a pro rata basis

# Eligibility for LTFT Training

Employment legislation describing the statutory right to request flexible working sets the minimum standards with which an employer must comply.

**The legislation does not set a priority order around any reasons for requesting flexible working.**

Support to progress the application may be dependent on the capacity of the programme and available resources as well as compliance with relevant legislation relating to CCT requirements

# Changes to LTFT in the latest Gold Guide

- All well founded reasons to undergo LTFT will be considered.
- In every speciality
- i.e. NO Categories. The Gold Guide gives an indicative but not exhaustive list of who can train LTFT:

Includes:

Disability or ill health

Caring responsibilities

Welfare and well being

Unique career opportunities

Religious commitments

Non medical development e.g. law degree,

Development of a broad portfolio

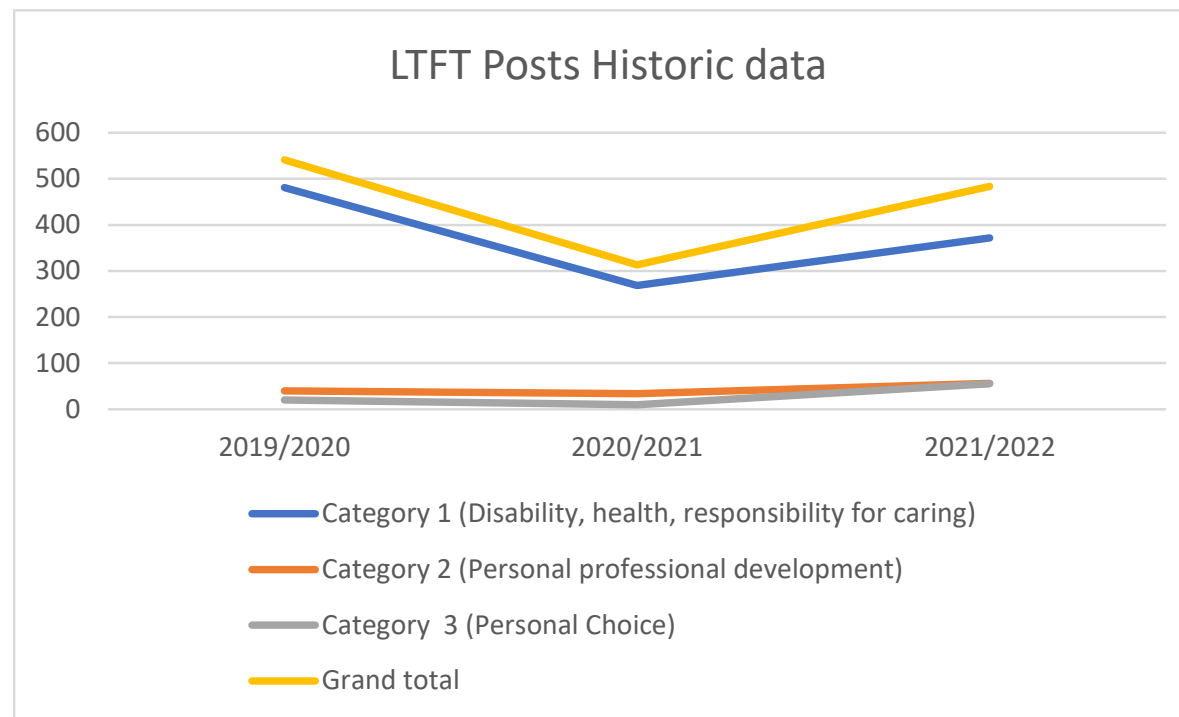
# LTFT in the East of England

# A Little bit of data....

- At any one time approximately 15% of trainees in EoE are LTFT
- Total no. of trainees in EoE approx. 5500, so about 850 LTFT trainees in the system currently



# Historical data



GMC Survey shows a national trend of increasing numbers of LTFT trainees

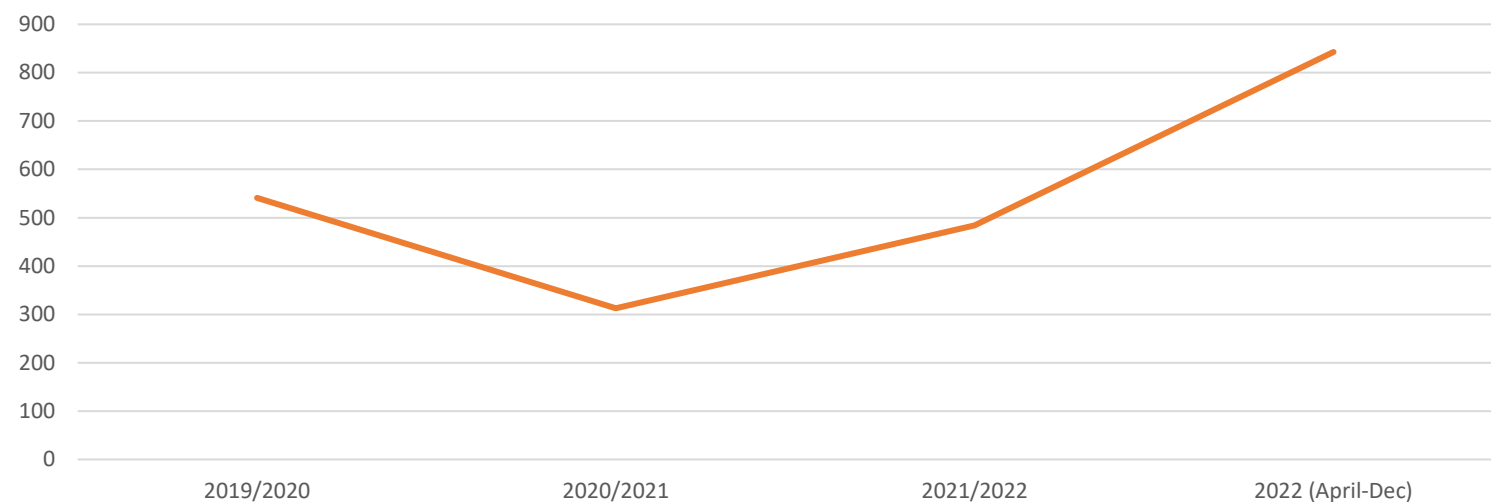
Table 1: LTFT approved applications by category: Source: LTFT tracker and tableau report

LTFT applications/Year	2019/2020		2020/2021		2021/2022
<b>Category 1</b> (Disability, ill health, responsibility for caring)	481	-44%	269	38%	372
<b>Category 2</b> (Personal/professional development)	40	-15%	34	+65%	56
<b>Category 3</b> (LTFT out of personal choice)	20	-50%	10	+450%	55
<b>Grand Total</b>	541	-42%	313	+54%	483

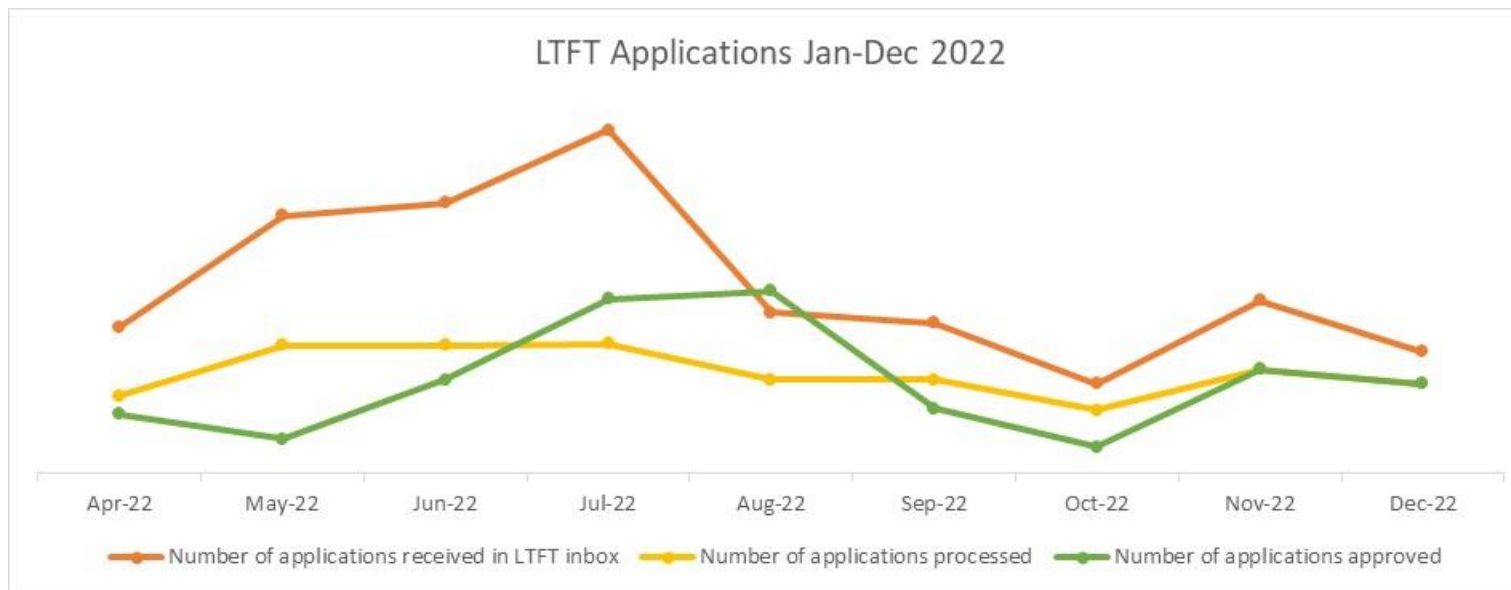
# What about this year?

## LTFT Applications 2019-2022

Number of LTFT applications/year

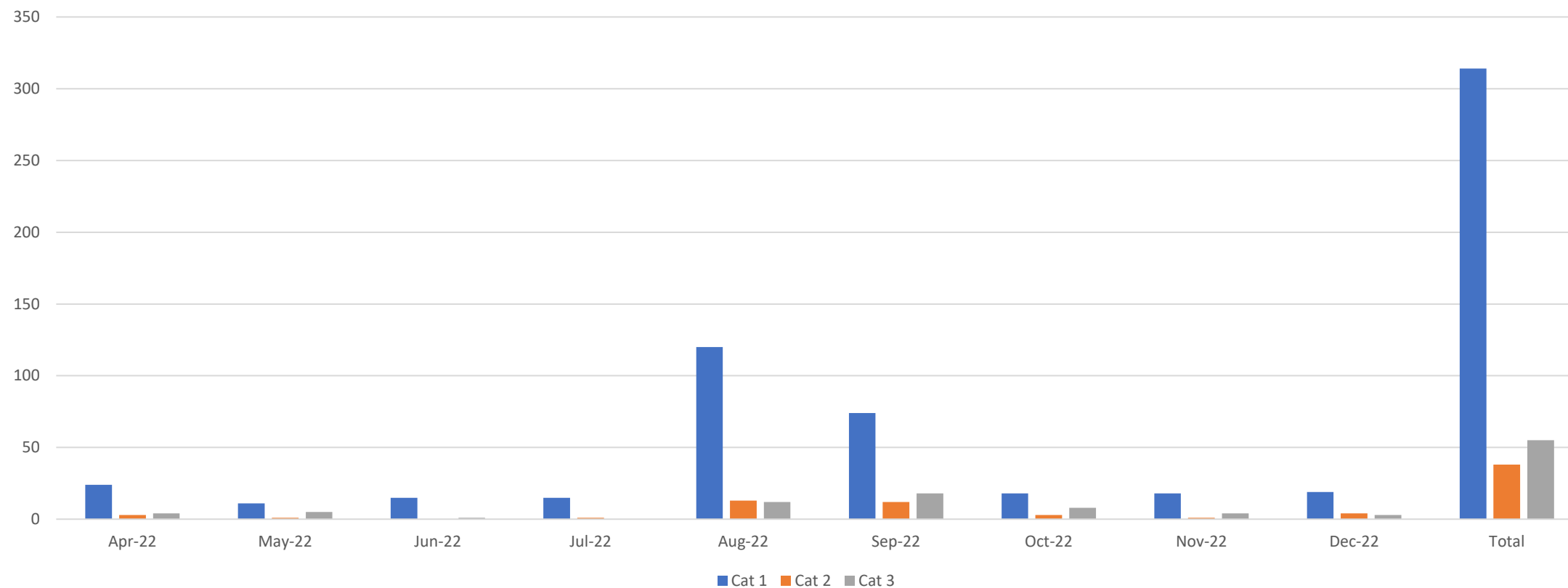


# What about this year?

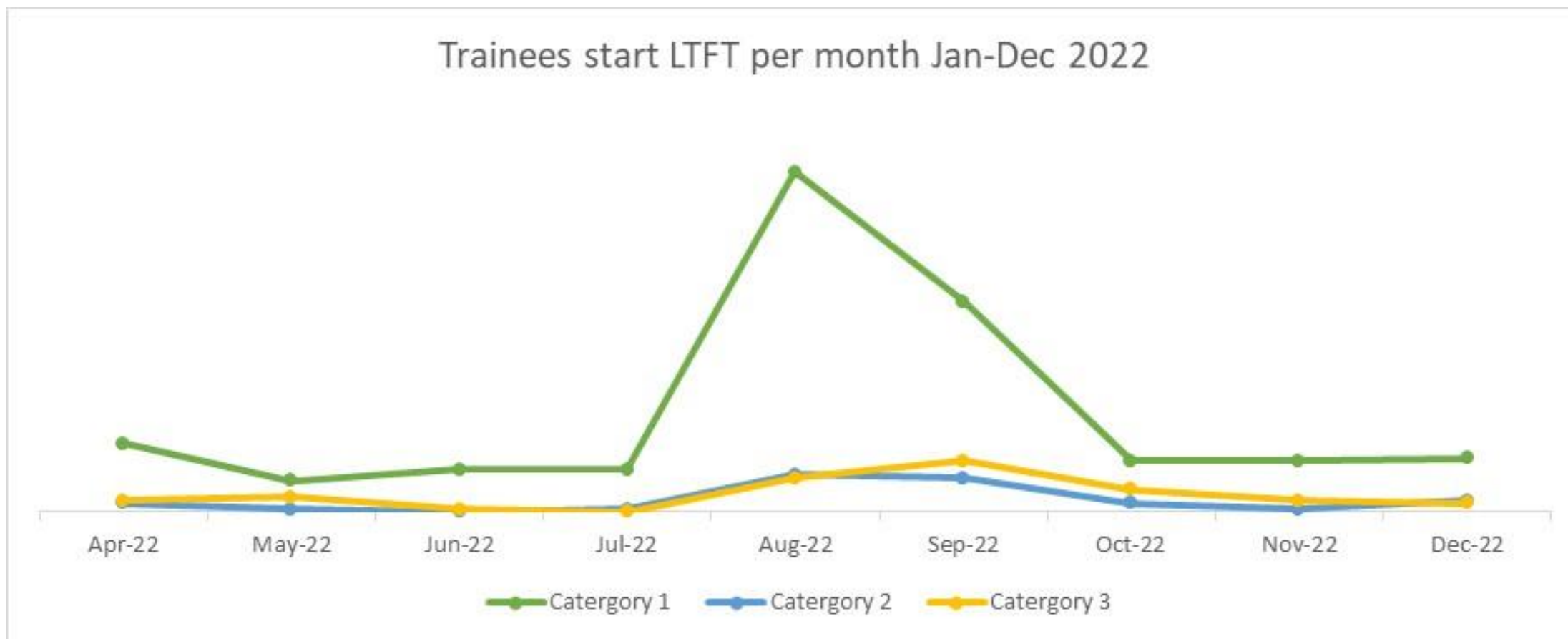


# Reasons for going LTFT 2022

LTFT Applications by Category 2022

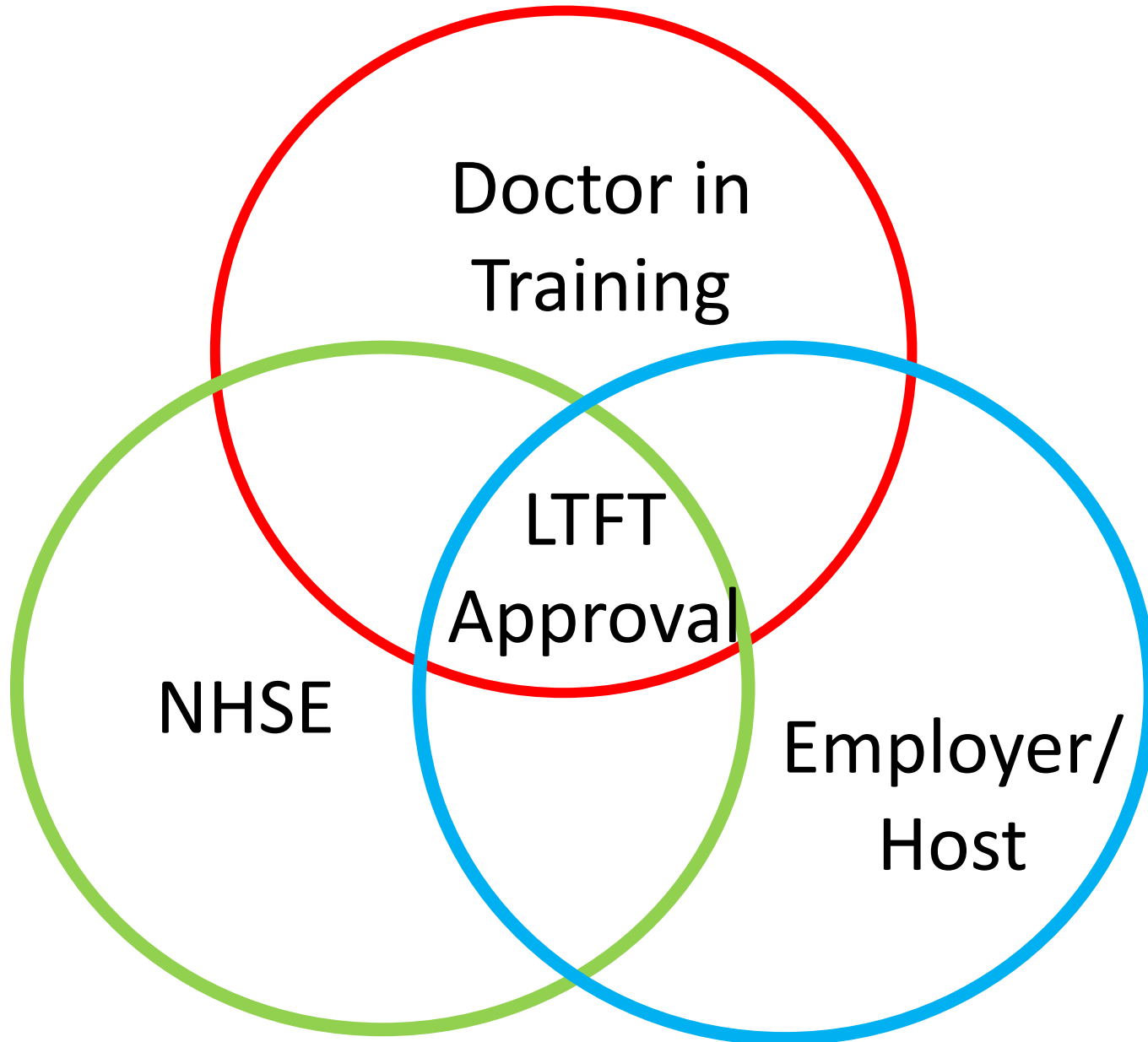


# When do trainees start their LTFT posts?



# Organising LTFT Training

- LTFT can be 50-90%
- Below 50% needs to be agreed by the Dean and is exceptional, and unusual
- Where possible we encourage the use of slot shares



1. The doctor in training
2. The UK statutory education body (NHSE): makes decisions relating to educational support
3. The Employer/host training organisation: decision about the employment aspects of any proposal including the placement and any associated out-of-hours work

# LTFT Application Process

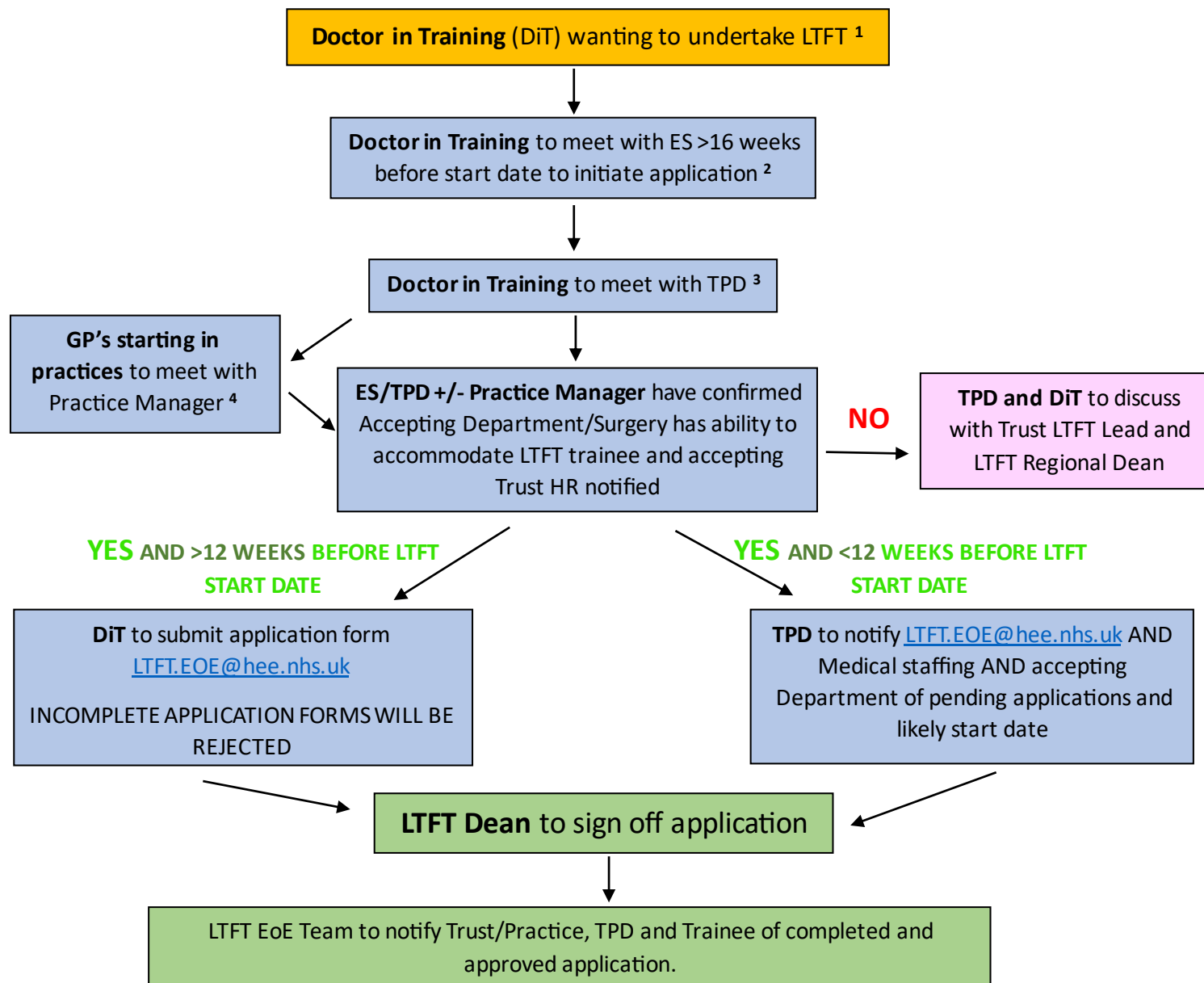
- Stakeholder meeting Jan 2023 with HEE, educators, HR with good representation from across region and across specialities
- Discussed issues with current system/processes of application and post management
- Process revised, SOP updated and flowchart redrawn
- Have sense checked with some individual LTFT trainees but needs a wider review (LTFT Fellow)

<https://heeo.hee.nhs.uk/faculty-educators/less-full-time-training>



**NOTES**

1. DiT starts application process at least 16 weeks before LTFT start date
2. ES signs the LTFT application form to confirm:
  - a) Has discussed LTFT process with DiT
  - b) Has signposted DiT to EoE LTFT web page
  - c) Has assessed and put in place any extra support needed e.g. PSW
  - d) Has agreement that accepting trust can safely accommodate DiT
  - e) Has initiated the LTFT online application form with the DiT
3. TPD signs LTFT Application form to confirm:
  - a) DiT can be accommodated LTFT in Training Program
  - b) To clarify any specific needs of the DiT regarding rotas, after hours work etc have been communicated to department in which doctor will be placed
  - c) To confirm has direct agreement from Department in which DiT will be placed for LTFT
  - d) If application is late (<submitting to HEE <12 weeks before start date) that all appropriate parties notified
4. Practice Manager signs LTFT application form to confirm:
  - a) DiT is allocated to the practice, including start date and ability to accommodate planned work schedule



# Differences to previous process of application

- Realistic time lines to meet code of practice
- Emphasis on early discussions with ES: early identification of DiT who may need additional support
- Clarity on roles and expectations of ES/TPD/Practice Manager/DiT
- Emphasis on discussions with accepting trust/department to ensure trainees can be accommodated and improve use of slot shares

# Issues with the process

## NHSE Perspective (last 12 months)

- Admin issues last financial year (NHSE recruitment freeze on the back of existing staffing issues)
- Late applications
- About 50% of forms rejected because incomplete
- For secondary care no confirmation on the form that the trust/department are aware and can accommodate the LTFT trainee. For GP the practice manager has to agree.
- Data collection

# Issues with the current process Trainee/TPD Perspective (last 12 months)

- Technical Issues with form n.b. 95% can use electronic form
- Need to fill multiple forms, especially slot shares. Trainees not always aware they are slot sharing and who with
- How to maximise/optimize the slot share funding at a program/trust level

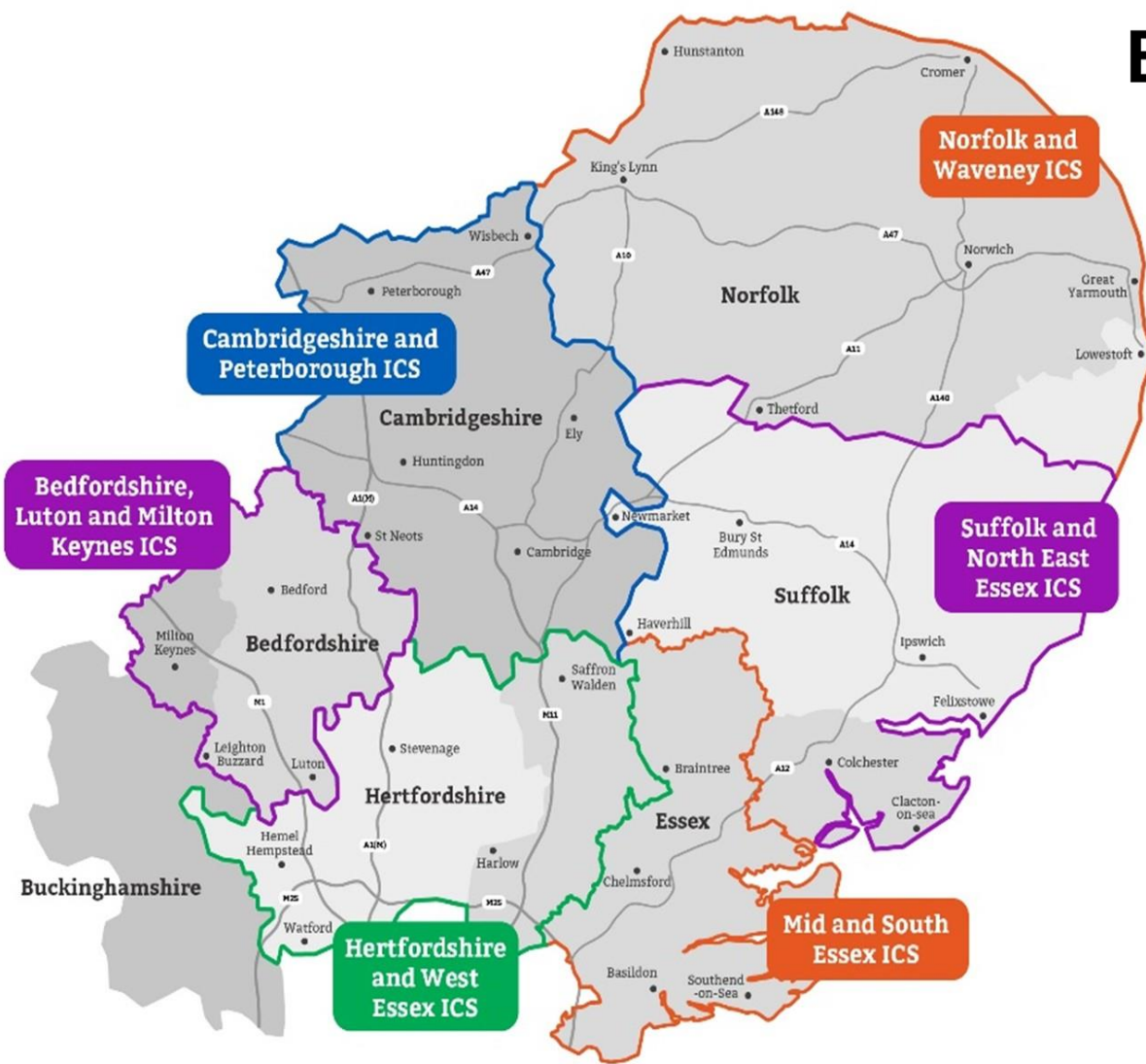
# Issues with the current process HR/Trust Perspective (last 12 months)

- Managing LTFT slots during peak periods of trainee onboarding: not always aware that trainees are LTFT esp when change hospitals but do not change LTFT status (so no need to change submit new form): needs TIS access
- Impact of late applications and lack of submission to LTFT means programmes team tell trusts trainees are WTE when the LTFT application is still in progress

# Changes in Funding arrangements for LTFT

# LTFT Funding Policy Update

Anna Stockburn, Senior Education Programme Manager – Expansion and Distribution



# Background

- DHSC Tariff Guidance and Prices
  - Contribution to Basic Salary Costs
  - Placement Fee (£12,398 + Market Forces Factor)
  - Study Leave
- The above guidance is not applicable to postgraduate doctors in training who are LTFT
- There are different types of LTFT post that HEE could fund
  - Slot Share top-ups
  - Supernumerary LTFT placements



Out of scope

Regional differences

## What was the problem??

Financial planning  
challenges

Lack of  
transparency

Lack of  
consistency

## The Aim?

A consistent and transparent  
funding policy for the funding  
of LTFT

# The New Funding Policy

## Supernumerary LTFT

- Maximum period of 3 months
- Salary contribution equivalent to Annex A of the DHSC Tariff Guidance
- Pro rata placement tariff, consistent with the latest version of the DHSC Tariff Guidance

## Example

Based on 2023 – 2024 prices, if an ST4 Paediatrics trainee works in a supernumerary placement at 60% WTE for 3 months, in the East Midlands.

The contribution from NHSE EoE will be as follows:

<b>Salary Contribution</b>	$\pounds 27,940 \times 0.6 = \pounds 16,764.00$ per annum
<b>Placement Fee</b>	$\pounds 12,398 + \text{MFF}^* = \pounds 12,835.65$  $\pounds 12,835.65 \times 0.6 = \pounds 7,701.39$ per annum  *MFF value of 1.03530 used in example.
<b>Total contribution from NHSE EoE</b>	$\pounds 16,764.00 + \pounds 7,701.39 = \pounds 24,465.39$ per annum  For a 3 month placement, HEE's contribution would therefore be: $\pounds 24,465.39 / 12 = \pounds 2,038.78$ $\pounds 2,038.78 \times 3 = \pounds 6,116.34$

# The New Funding Policy

## Slot Share Top-Ups

- Top up of the salary contribution where the WTE equals more than 1.0
- Top up of the placement tariff where the WTE is greater than 1.0
- For slot shares within Trust Funded placements, NHSE will top up the salary and placement tariff **only**

## Example One

Based on 2023 – 2024 prices, two CT1 Psychiatry trainees, each working at 60% and occupying a full-time placements for 1 year in London (WTE = 1.2).

The contribution from NHSE EoE will be as follows:

<b>Salary Contribution</b>	<p>Standard HEE salary contribution for a full time placement as per Annex A the DHSC education and training tariff guidance = £22,171</p> <p>20% top up of the <b>full salary</b> as per the new funding policy = £10,707</p> <p>London weighting has been applied in this example.</p>
<b>Placement Fee</b>	<p>Standard placement tariff contribution for a full time placement of £12,398 + MFF* = £14,550.54</p> <p>20% top up of the placement tariff = £2,910.11</p> <p>*MFF value of 1.17362 used in example.</p>
<b>Total contribution from NHSE EoE</b>	<p>£22,171 + £10,707 + £14,550.54 + £2,910.11 = <b>£50,338.65</b></p>

## Example Two

Based on 3 ST3 Obstetrics and Gynaecology trainees, each working at 80%, occupying two full time placements for 1 year in the Northwest (WTE = 2.4)

The contribution from HEE would be as follows:

<b>Salary Contribution</b>	<p>Standard HEE salary contribution for two full time placements as per Annex A of the DHSC education and training tariff guidance = <math>2 \times \text{£}23,713 = \text{£}47,426</math></p> <p>40% top up of the full salary as per the new funding policy = <math>\text{£}25,865</math></p> <p>Total salary contribution from HEE:  <math>\text{£}47,426 + \text{£}25,865 = \text{£}73,291</math></p>
<b>Placement Fee</b>	<p>Standard placement tariff contribution for two full time placements of <math>\text{£}12,398 + \text{MFF}^* = \text{£}12,862.55</math></p> <p><math>2 \times \text{£}12,862.55 = \text{£}25,725.10</math></p> <p>Plus, 40% top up of a single placement tariff  <math>\text{£}12,862.55 \times 0.4 = \text{£}5,145.02</math></p> <p>*MFF value of 1.03747 used in example.</p>
<b>Total contribution from HEE</b>	<p><math>\text{£}73,291 + \text{£}25,725.10 + \text{£}5,145.02 = \text{£}104,161.12</math></p>

# What next?

- The new LTFT funding policy has been applied across England from 1<sup>st</sup> April 2023.
- Evaluation and Feedback
- [frp@hee.nhs.uk](mailto:frp@hee.nhs.uk)





# Work in Progress/To do

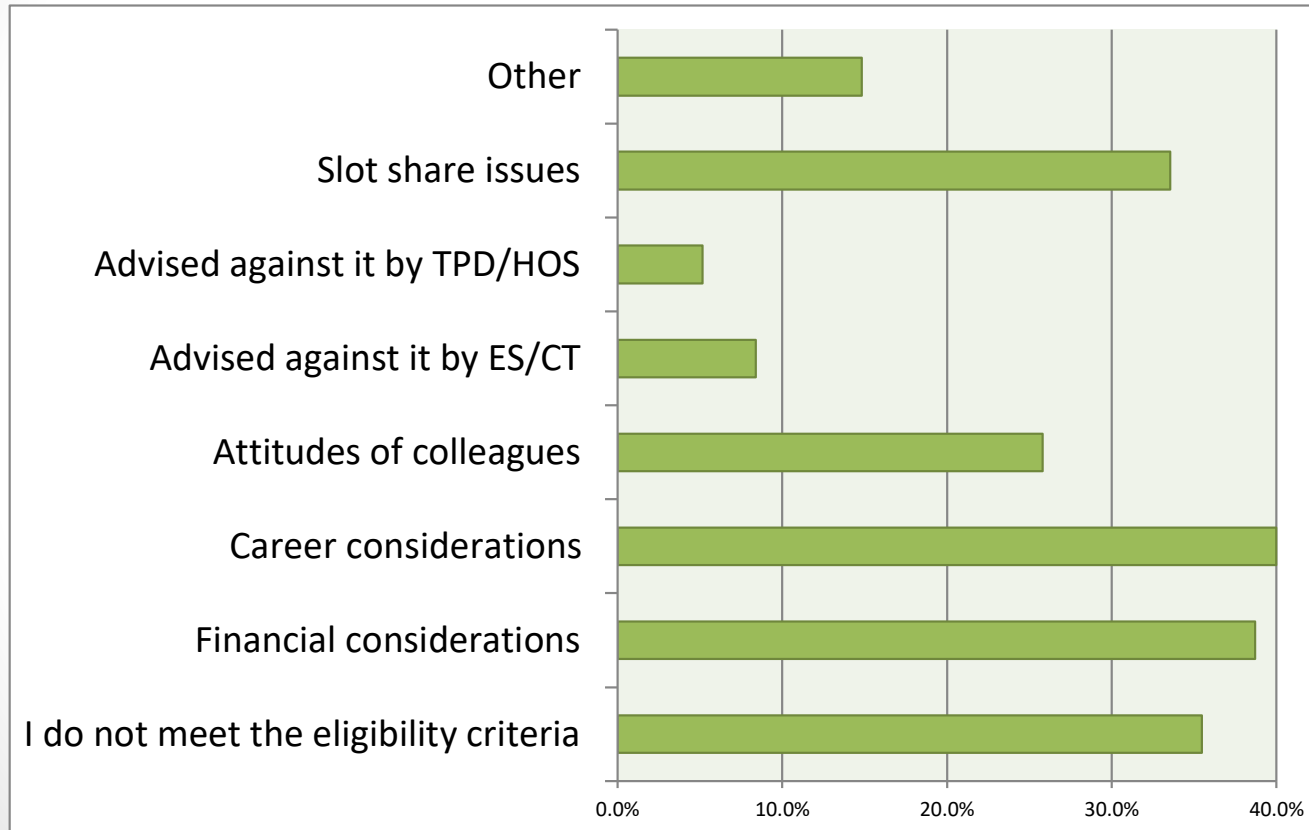
- Trainee perspective on “new” process
- Data collection
- Application form updating
- Understanding trends in need for LTFT training
  
- Maximising the use of slot shares

# Wider issues

- Will more trainees go LTFT for “personal choice”? Is 0.8 WTE the new norm?
- Competency based training and bringing forward CCT dates
- Increasing numbers of trainees coming into posts likely to result in more LTFT requests: how can we utilise the slot shares better?
- Understanding the impact of new funding arrangements on programs
- LTFT lead in each trust: trust appointment not NHSE (often combined with SUPORRT which is funded by HEE). No direct HEE funded time.
- How do we accommodate LTFT in small specialities/depts with small nos. of DiT

# Will 80% be the “new norm”?

## What has prevented you from applying?



HEE EoE Survey 2019  
Siobhan King et al

# Can we predict LTFT a bit better: trainees on OOPC

- In the last 5 years 412 trainees undertook OOPC. Biggest group was GP, followed by paediatrics
- Prior to OOPC most were WTE
- Following OOPC one third came back LTFT. Majority for childcare reasons
- Trainees who take an OOPC >12 months more likely to have an unsatisfactory ARCP outcome

# FAQs

- **Can LTFT undertake additional work?**

Yes but must be in accordance with Good Medical Practice and not have a negative impact on training. Should be acknowledged on Form R

- **Can you do an LTFT and OPP simultaneously?**

No

- **Can Foundation Trainees work LTFT?**

Yes. The only time limitation is that provisional registration (i.e. F1) can only be held for 3 years and 30 days but most trainees can complete their Foundation programme within that time working at e.g. 60% LTFT.

- **Can I choose which days I work?**

This needs to be negotiated with the local employer, and renegotiated each time the LTFT doctor rotates.

- **If I undertake an HEE Fellowship do I have to go LTFT?**

Depends on speciality/curricula and personal choice

- **How does on call work with slot shares?**

Slot share should cover the line on the rota on a pro rata basis (between slot sharers. On call above this can be negotiated with the local department

# Questions?