1. **INTRODUCTION**

**What is *Less Than Full Time* training?**

*Less Than Full Time* (LTFT) training is any arrangement for training by reduced working hours. LTFT must be undertaken at a minimum of 50% of the commitment of a full-time trainee and is undertaken through arrangement with the lead employer (LET). At the time of writing, this is in accordance with European law EC directive 93/16/EEC.

**Who is entitled to LTFT training?**

Any trainee regardless of gender is eligible to apply provided they are unable to train on a full-time basis as outlined in the two eligibility categories below, though conditions outside these categories can be considered on an individual basis depending on how these are relevant within ENT training.

### Category 1

These circumstances may professionally disadvantage the trainee, making them to be less able to fulfil their potential on a full-time basis:

- disability or ill health (including in-vitro fertility treatment)
- responsibility for caring children
- responsibility for caring for ill or disabled partner, relative or other dependant.

### Category 2

- unique opportunity for personal or professional development, e.g. training for national or international sporting events, short-term extraordinary responsibility such as a national committee
- religious commitment – e.g. training for a religious role which requiring time commitment
- non-medical professional development e.g. management or law courses

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2. **APPLYING FOR LTFT TRAINING**

**How can I apply for LTFT training?**

Administratively, the Deanery is responsible for LTFT training and therefore the first step is to enquire from the Deanery whether this is possible and if funding is available to support LTFT. Ordinarily, your start date should be within six months of application. If LTFT training is supported by the deanery, you will need to liaise with your Training Programme Director.
(TPD) to arrange a suitable placement. You should then work together with your department to ensure you have a suitable timetable to deliver your educational requirements. You may liaise with your Royal College flexible working advisor, flexible working guardian at your Deanery/LET (Lead Employer Trust) or TPD if you have any concerns or queries. Some deaneries have online applications, and others paper-based. You will initially be required to complete an Eligibility Form, and unless you intend to change the percentage commitment you work you will not usually be required to resubmit this documentation.

Does an LTFT trainee have to re-apply for each new training year?
LTFT applications are usually only for 12 months, but may be extended depending on your circumstances. Deaneries may require an LTFT Extension Pack is resubmitted for each placement please enquire about this in advance as you may find that there is a discrepancy in your JCST calculated CCT date and your salary until all documentation is up to date. Also contact the medical staffing at each department well in advance to notify them and to arrange your timetable with your educational supervisor’s approval.

Can my application be rejected?
If you do not meet the Category 1 requirements your application may be rejected. Category 2 applications are at the discretion of the Deanery. If you make an application which is rejected you may appeal this and the Deanery should be able to advise you on how to do so.

3. WORKING & TRAINING LTFT
What if I want to change my working commitment?
This will depend on your reason for working LTFT. For example, you may need to seek advice from Occupational Health if LTFT is on health grounds, or your supervisors if on grounds of educational activity. Furthermore, it also depends on the availability of a post which provides the necessary commitment and therefore as much notice as possible should be given. You will need to discuss this with your Educational Supervisor, your TPD and your department prior to notifying the Deanery.

What are the different working patterns for LTFT working and training?
Slot Share
This applies to training posts. There are a number of slot share patterns where two or more trainees are allocated to a department instead of full time trainees. Examples include:
• 2 LTFT trainees at 50% instead of 1 full time trainee
• 2 LTFT trainees at 60% in a fulltime slot.
• 3 LTFT trainees at 65% of 2 full time slots
Each trainee’s training requirements should still be met. These posts are paid on Band F rather than as a share of a full time salary, and slot-sharers are not required to cover each other’s leave.

Job Share
This generally applies to career-grade posts where two or more professionals share the duties, leave allowance and salary of a post. This is usually arranged through prior negotiation

Reduced sessions in a full-time post
An LTFT trainee in an otherwise full-time post takes on a reduced number of sessions. Rota gaps may then need to be filled by the department.

What should my timetable be?
LTFT trainees have the same training needs and requirements as full-time trainees as outlined by the JCST. To gain sufficient exposure to sub-specialist services, LTFT trainees may need to rotate through particular centers multiple times.

At the time of writing, the Joint Committee of Surgical Training Quality Indicators for Otolaryngology v10 states in QI 1:

‘Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than full time trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.’

The employer and training centre have a responsibility, where possible, to meet both training needs and non-work commitments with good notice from both parties required. It is good practice, as soon as you are notified of your next placement, to make contact with the department to advise them of your proposed working days and allow for any amendments to be negotiated as early as possible.

ARCP requirements are the same as those for full time trainee appropriate to year of training. However, these are pro-rata in accordance with your LTFT commitment over the calendar training year.

At what percentage should I work?
This depends on your individual circumstances, and your employer. The employer may request that you work at a commitment which is not suitable for you, and this may be appealed. It is highly unusual to train at less than 50%, and requires approval from the postgraduate Dean.

A degree of flexibility from the trainee is often required in order to meet service demands and sub-specialist training requirements. Advance notice in good time from both trainees and departments should help achieve this with minimal inconvenience.

How do on-calls work?
You may choose to undertake on-calls at the same commitment percentage as your LTFT training, or at an alternative commitment usually greater than 50%. In some circumstances,
your reasons for LTFT may mean that you are unable to undertake on-call and out-of-hours work. This is usually for no more than six months.

On-call commitments, regardless of the percentage, should be pro-rata. For example, if your on-call commitment is 80% and the on-call rota is 1 in 12, then you should work 0.8 x 1 in 12. ENT on-calls are frequently non-resident. If your on-call day falls on a non-working day for you, try to swap this to a more convenient day. If it is unavoidable, contact your medical staffing department for advice as you may be entitled to increased pay or time in lieu. The BMA has a rota-checker tool which may be helpful.

4. PART-TIME AND FLEXIBLE WORKING ON THE NEW NHS CONSULTANT CONTRACT
The NHS and the Department of Health are supportive of flexible to improve recruitment and retention of consultants. The NHS Improving Working Lives (IWL) initiative and the NHS Flexible Careers Scheme as part of this encourages employers to promote a healthy work-life balance, support doctors to transition between full-time and part-time working, or gradually reduce professional activity before retirement, or indeed gradually increase it on returning to the NHS. The scheme also provides central funding for consultants wishing to work less than 50% of full-time. Alternatively, consultants wanting to work as part of a job share or above these hours can apply for any substantive post.

As of 6 April 2003, amendments to the Employment Act 2002 state that all parents with children aged under 6 or disabled children aged under 18 have the right to request flexible working and employers have a duty to consider applications seriously.

The Part Time Guidance to accompany the 2003 NHS Consultant contract seeks:

To ensure that part-time doctors do not suffer direct or indirect discrimination because of contractual status.
To ensure that part-time doctors can keep up to date and continue their professional development.
To avoid penalty for employers who recognise the need for flexible working arrangements.

This guideline also has details on transitional arrangements and pay protection for Consultants currently working on a part-time basis and transferring to the new contract. Further guidance on professional activity, out of hours work, and pay progression is also detailed within this document.

If working part-time as a Consultant tin London, will my London Weighting be affected?
The 2003 NHS Consultant contract states in item 12, page 39 Part time consultants shall receive the appropriate proportion of London Weighting.
I have trained at LTFT for part or all of my training. Does this affect my Consultant contract agreement in any way?

The 2003 NHS consultant contract applies to consultants first appointed after 31 October 2003, as consultants who have chosen to transfer to it. The effect of prolongation of training due to LTFT on pay threshold should be recognised by the employer as stated in item 7, page 28

‘Where a consultant’s training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification, the employing organisation will, where necessary, credit appropriate additional seniority to ensure that the consultant is not prevented from reaching the pay threshold they would have attained had they trained on a full time or single qualification basis (e.g. training extended by two years counts as the equivalent of two years’ seniority as a consultant on first appointment as a consultant). See separate guidance on part time contracts.’

Within the referenced Part Time Guidance to accompany the 2003 NHS Consultant contract, it is stated in section 9 entitled Pay Progression:

‘There will be a small number of flexible trainees who, because of the length of time spent in the specialist registrar grade, would not be able to reach the top of the new consultant pay scale. Consultants whose training was lengthened because they were in a flexible training scheme will, where necessary, have their progress through the pay thresholds adjusted so that they will reach the threshold they would have attained had they trained on a full time basis (e.g training extended by two years counts as the equivalent of two years seniority as a consultant on first appointment as a consultant).’

5. SUPPORT NETWORKS

The Royal College of Surgeons of England Women In Surgery (WinS) forum and annual conference address contemporary LTFT issues. The College’s Flexible Training and Working Advisor works closely with WinS and The Academy of Medical Royal Colleges (AoMRC) and can be contacted via the WinS forum if local, regional and training support networks are not sufficient. Each deanery should have an LTFT representative at both Consultant and Junior level in each specialty who may be contacted if required.

The AoMRC suggests that absence of 3 months of more is likely to have a significant impact on a doctor’s clinical skills and knowledge, and have produced a very helpful Return to Practice guidance which is regularly revised. Additional helpful guidance includes the GMC’s 2017 Position Statement on LTFT, 2018 specialty training Gold Guide, and the Equality Act 2010.

It is now recognised that following a prolonged period of absence a trainee should not be expected to immediately return to full duties, including on-calls without a re-introduction period. An unsupported or unstructured return to work may have negative implications for the
trainee and patient safety. Therefore, Higher Education England (HEE) have recently launched a **Supported Return to Training (SuppoRTT) guideline** to improve the experience of doctors returning to practice, with the aim of helping trainees regain their confidence and skills quickly and safely. The SuppoRTT Guidance is intended to be flexible, considering variation in nature and length of absence, as well as the specialty and trainee experience. Each training region will have a SuppoRTT network of clinicians, and should provide region specific guidance on how to access and participate in the scheme.

6. **ANNUAL LEAVE, STUDY LEAVE AND BANK HOLIDAYS**

How much annual leave can be taken?
Annual leave would be on a pro-rata basis. For example, a trainee working 60% would be entitled to 60% of the annual leave, bank holidays (and statutory days of a full-time trainee. If you do not normally work on a Monday, you should not be disadvantaged by the majority of public holidays falling on these days, and therefore you are entitled to these back pro-rata (on 60% this equates to 4.8 days). Some Trusts may calculate annual leave in hours, according to your weekly basic contracted hours. This is usually rounded up or down to the nearest half hour. Annual leave entitlements depend on the number of years of NHS service. There is a usually a guidance table for this. Any discrepancy should be discussed with HR and your lead employer. The BMA can provide guidance if required.

How much study leave can be taken; what if this falls on a non-working day?
Study leave, study budget and exam revision leave are dependent on the Deanery. Some are pro-rata, others discretionary and some full entitlement. If you undertake mandatory training, attend a training programme teaching day or an essential course on a non-working day, you are entitled to this back in lieu. Other courses and conferences are at the discretion of your Educational Supervisor and TPD.

7. **SALARY & LOCUM WORK**

It is important that hours worked are monitored, as pay entitlement are in accordance with the actual hours worked. For example, if a trainee is training at 60% LTFT but hours worked are 70% then basic pay should be at 70%. On call pay should be at the appropriate banding, in accordance with your contracted on-call commitment. For trainees on the new contract, prospective hours calculation and predictability is the same as for pre-2016 contract. The BMA has developed an extremely helpful [pay calculator](#), which considers basic pay, on-call allowance, London weighting, pay premia and pay protection.

**Can I do locum work? What am I allowed to do outside of training hours?**
As of November 2017 as outlined in a [GMC position statement](#), LTFT trainees are free to undertake locum work as they wish, and the GMC has no role in determining what trainees can and cannot do outside of training hours.

**Is there any financial support for doctors who have trained at less-than-full-time?**
Please refer to section 4, *Part-time and flexible working on the new NHS Consultant contract*

8. **PROFESSIONAL SUBSCRIPTIONS**
The BMA, JCST, Royal College of Surgeons of England and the GMC offer reduced rates for LTFT doctors. It is always worth enquiring whether reduced rates can be offered as this may not be advertised.

9. **FOR EMPLOYERS**
Receiving an LTFT trainee can seem complex but it needn’t be. You should be contacted by the Deanery or Training Programme Director to notify in advance. Initially, if the trainee has not yet made contact with you, do contact them to establish:
  - The training logistics – will they be slot-share or reduced sessions?
  - Training percentage for elective and also for on-call work
  - Working days
  - Annual leave entitlement

The trainee will require forms to be completed by HR and finance departments. It is helpful if you can facilitate this. You may find the [BMA’s rota design](#) guidance and [rota-checker tool](#) helpful.

10. **FOR SUPERVISORS**
The Deanery and trainee should usually contact the department in advance as detailed above in the *For Employers* section.
A timetable sensitive to the trainee’s reasons for LTFT (e.g. caring commitments, health), and in accordance with JCST training guidelines should be developed. Some flexibility from trainees is expected in order to achieve this, with good notice given by both the trainee and the department.
Timetabling should be in accordance with the JCST Quality Indicators for Otolaryngology, and on a pro-rata basis. The JCST Quality Indicators (QI)state that a full-time trainee should undertake 4 operating lists, a minimum of 3 clinics (including one sub-specialist clinic) per week and one personal study session per week. For example, a 60% trainee should therefore be doing $0.6 \times 4 = 2.4$ operating lists and $0.6 \times 3 = 1.8$ clinics per week, which is commonly translated into 3 operating lists, 2 clinics and 1 study session per week.
Study leave, as with full-time trainees, should be in accordance with the trainee’s needs, Deanery policy and JCST QIs.
ARCP requirements are the same as those for full time trainee as appropriate to year of training. However, these are pro-rata in accordance with the LTFT commitment over the calendar training year.
There is a very helpful, short 20 minute e-Learning package on the supervision of an LTFT trainee, developed by Health Education England in partnership with-Learning for Healthcare, which can be found [here](#).

11. **RESOURCES & HELP**
Who can I contact if I have further queries?
Engage with LTFT networks and other LTFT trainees – unfortunately in the interest of GDPR we cannot share LTFT trainee details but in my experience they are always happy to help. Please do contact your WENTs LTFT representative and your regional Trainee representative who are also there to help.

There is a BMA LTFT Conference which was first held in April 2019. Details of future conferences can be found on the BMA website.

In addition, there are many other people you can contact depending on the nature of your query:

- Royal College flexible working advisor
- flexible working guardian at your Deanery/LET (Lead Employer Trust)
- BMA, BMA LTFT Forum
- Educational Supervisor
- TPD
- Lead Associate Specialty Dean or equivalent

Useful links
https://www.bma.org.uk/advice/career/applying-for-training/flexible-training-and-ltft
https://www.jcst.org/quality-assurance/quality-indicators/
https://www.e-lfh.org.uk/programmes/supervision-of-less-than-full-time-trainees/