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**Opportunities for Less Than Full Time Training Category 3: Guidance**

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1. **Introduction**
   1. The junior doctors’ contract negotiations highlighted wider, non-contractual concerns around flexibility in medical training. Health Education England (HEE) is exploring innovative solutions and developing new approaches to postgraduate training to improve morale and provide greater flexibility for junior doctors and dentists.
   2. The LTFT Category 3 pilot is supported by the Department of Health, HEE, NHS Employers, NHS Improvement, the General Medical Council, the British Medical Association Junior Doctors Committee. The current pilot extends to Emergency Medicine, Obstetrics and Gynaecology and Paediatrics.
   3. In response to COVID a revised model for LTFT Category 3 has been developed to support trainee wellbeing.
   4. This model will explore the provision of more opportunities and wider access to less than full time training (LTFT). It is thought that a more flexible approach may:
2. reduce ‘burn out’ and attrition;
3. improve morale;
   1. The 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.
   2. This model is led by HEE, who will share findings widely.
      1. The model will be extended to all trainees across all specialties with the following exceptions:
         1. Emergency Medicine, Paediatric and Obstetric and Gynaecology trainees where the full Category 3 model is already in place.
         2. Foundation trainees, Category 3 will be introduced in 2022.
         3. The revised model has now been expanded to Higher Physicianly specialties, Psychiatry, Radiology and Intensive Care Medicine.
4. **Background**
   1. A Reference Guide for Postgraduate Specialty Training in the UK, also known as the Gold Guide, sets out the current national arrangements for LTFT training.
   2. The Gold Guide stipulates that a Trainee may only apply or be accepted for LTFT training with a well-founded individual reason. *At this time the Gold Guide holds no reference to Category 3.*
   3. Applicants for LTFT training within the Gold Guide criteria are prioritised into two categories:

Category 1:

Those doctors in training with:

1. disability or ill health. (This may include ongoing medical procedures such as fertility treatment.)
2. responsibility for caring (men and women) for children
3. responsibility for caring for an ill/disabled partner, relative or other dependant

Category 2:

Unique opportunities: A trainee 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 trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.

Non-medical development: A trainee 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.

* 1. The Category 3 model models a third “category” which allows trainees to request the opportunity to undertake a period of LTFT for personal choice. The revised model for this expansion is outlined below:

“Category 3”: ‘Lead in year’ – trainees can go LTFT for 4 months at 0.8 WTE over a 1 year period. The standard period is 4 months, however, provided there is agreement between the trainee, employer and HEE Local Office the short term LTFT offer can be extended and this may be appropriate to align with rotation dates.  Approval of application is at the discretion of the HEE local office.

***\*Flexibility in WTE can be provided by local offices at the discretion of the Postgraduate Dean.***

Following the completion of the ‘lead in’ year, those specialties will then transition the following year into the full Category 3 model whereby trainees can undertake an unspecified period of time as LTFT Category 3.

1. **Core features of the model**
   1. The revised Category 3 model will initially allow trainees to undertake a 4 month period at 0.8WTE. This model will be in place for a 1 year period from the next planned rotation date. Flexibility on WTE may be granted at the discretion of the Postgraduate Dean.
   2. This will allow trainees 3 possible windows to undertake the 4-month LTFT period.
   3. Following the completion of the ‘lead in’ year, those 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.
   4. 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.
   5. Should there be a higher than expected demand, normal application processing times may be exceeded, and a waiting list may be required.
   6. Applications under “Category 3” will be managed by the HEE Local Office. Availability will be reviewed regularly to ensure stability of the workforce and to ensure any patient safety risks are identified and managed; approval of less than full time training will be dependent upon exigencies of the service.
   7. HEE Local Offices will manage and administer applications for the Category 3 within existing mechanisms.
   8. Applications for individuals who demonstrate they meet the Gold Guide criteria (Categories 1 and 2) will be prioritised.
   9. Trainee doctors are not able to choose which days and hours they wish to reduce. Working patterns need to be agreed with the employer/host organisation and trainees must be available to work across all shifts and days.
   10. Trainees who have a current Tier 2 Certificate of Sponsorship or require a Tier 2 Certificate of Sponsorship should discuss eligibility for the model with the relevant HEE Local Office and UK Visas and Immigration prior to submitting an application.
   11. Additional locum work by trainees should be periodic and not frequent. Trainees who wish to regularly undertake locum shifts may have the percentage LTFT reviewed and increased to account for this. This could result in a return to full time training status. Further guidance can be found here:

<https://www.copmed.org.uk/images/docs/publications/Guidance_on_Undertaking_Additional_Work_.pdf>

* 1. Trainees who feel pressured to undertake additional locum work should discuss with their Educational Supervisor and Head of School.
  2. As part of the evaluation process, trainees approved may be asked to declare where any locum shifts were undertaken (employer or other organisation), and the frequency of such shifts.
  3. Trainees applying to train LTFT must be aware that their salary will be apportioned in accordance with their contract of employment. Trainees are also strongly advised to discuss pay and pension arrangements with their employer, to understand the financial impact of LTFT training.
  4. Trainees who are Out of Programme or undertaking a period of Acting Up are not eligible to apply or participate in the short-term model.
  5. Trainees who are approved to train LTFT under “Category 3” and change specialty (i.e. resign their NTN in their specialty) or transfer programmes (i.e. Inter-Deanery transfer), may not be eligible to continue training LTFT upon transfer to another Training Programme but this will be down to local Dean discretion.
  6. Given the total increased trainee population, HEE expects LEPs to support where necessary an increased proportion of trainees training LTFT. An individual’s needs and expectations must be considered in the context of educational standards and service capacity, and LEPs have discretion to decline applications for LTFT training if deemed necessary. HEE Local Offices may choose to restrict the number of trainees permitted to train LTFT as “Category 3” to 10-15% of those currently training full time per 4 month window.

1. **The role of HEE**
   1. Local and regional HEE offices will play a key role in monitoring and support. This will allow flexibility for trainees and LEPs to apply within established processes and takes into account local needs.
   2. HEE will govern the Category 3 by ensuring nationwide communications, monitoring, evaluation, reporting, learning and provide a platform for the sharing of best practice.
   3. The Lead Deans will liaise with stakeholders as needed to support the short-term model and ensure an evaluation is undertaken.

1. **Timeline**

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Each HEE Local Office will manage the application window which must be timed to fulfil Code of Practice requirements. The principles for implementation that each local office will follow is outlined below:

* The lead in period go live for all remaining specialties must be no later than February 2022.
* Foundation is not included in this tranche and further communications will be circulated to advise when Category 3 will be expanded to Foundation.
* Approval of applications must be subject to service considerations via TPD approval.
* The number of windows available for trainees to undertake their 4-month LTFT period will be determined by the go live period e.g. may be between 2 to 3 windows. This is at local office discretion.
* Trainees must be in post at time of application.

Appendix 1 - Frequently Asked Questions

1. **Where did the idea of a Category 3 model come from?**

The ‘Improving Quality of Training for Junior Doctors Working Group’ met in March 2016 to discuss non-contractual matters relating to education and training that had been raised through junior doctor contract negotiations. Access to less than full time (LTFT) training was discussed, in particular the possibility of allowing **all** junior doctors the opportunity to work LTFT should they wish to, not just those who meet the existing criteria under *A Reference Guide for Postgraduate Specialty Training in the UK*, 2018 (more commonly known as the ‘Gold Guide’). Accordingly, Health Education England (HEE), the Royal College of Emergency Medicine (RCEM) and the British Medical Association (BMA) are implementing a pilot to explore the impact of allowing more flexibility within Emergency Medicine (EM) training. It is thought that a more flexible approach may reduce ‘burn out’ and attrition, improve morale and aid recruitment. This is one of a number initiatives being developed and implemented by HEE to enhance the working lives of postgraduate medical and dental trainees.

Whilst there is recognition of the potential benefits for junior doctors in allowing a more flexible approach to LTFT training, there is a degree of apprehension as the impact and popularity of a more flexible approach is not known. A pilot provides an opportunity to identify the benefits, and address obstacles and risks of having a more flexible approach.

RCEM volunteered to participate in the pilot. As a high intensity specialty which has experienced workforce issues in a number of areas, it was agreed that a pilot in EM would provide an excellent opportunity to identify any particular obstacles and to evaluate the benefits and issues. Following an evaluation of the pilot, it has been determined that LTFT Category 3 should now be extended to ST3 trainees where a high attrition rate has been identified, and to include the model to train at 70% to increase flexibility.

Aligned with the direction of travel for flexible training pathways outlined in the Long Term

Plan it was recommended that current arrangements for LTFT training in Emergency

Medicine were continued across EM and was extended to Obstetrics and

Gynecology and Pediatrics.

1. **Which trainees can apply to have their hours reduced?**

The programme permits all specialty trainees across HEE to apply as per the expansion plan below with the exception of:

* + - * Emergency Medicine, Paediatrics and Obstetric and Gynaecology trainees where the full Category 3 model is already in place.

The programme is an England-only initiative under Health Education England and involves all HEE Local Offices.

This programme is not applicable to trainees who are Out of Programme or undertaking Acting Up placements.

NIHR Academic Clinical Fellows and Clinical Lecturers in are included.

1. **Can trainees choose which percentage they wish to work at and which days they want to work?**

In this model, trainees can apply to reduce their hours to 80% of a full-time post over a 4 month period only. If a trainee wishes to reduce at a different % this will be at the discretion of the Postgraduate Dean.

Trainees within the model will not be able to choose which days they wish to reduce their hours; however this does not apply to LTFT trainees who meet the Gold Guide criteria as they may negotiate with their Employer as usual regarding meeting the responsibilities for which they have LTFT status. Working hours/days will be agreed with the Employer/Host Organisation.

1. **What happens after the window has closed?**

HEE Local Offices will manage applications and will be in touch with trainees directly to convey the outcome.

1. **What is the application process?**

Trainees will need to apply to their HEE Local Office through existing mechanisms.

1. **What would happen if a Trainee changes Employer/placement during their training? What about Inter Deanery Transfers?**

The LTFT training arrangement is an agreement between the Trainee, Employer and HEE Local Office. By approving the initial application, HEE have agreed to the Trainee reducing their hours for the specified period; this will need to be conveyed from the HEE Local Office to any new Employer/Host Organisation as part of any subsequent rotation.

If a Trainee changes HEE Local Office through the Inter Deanery Transfer process, the Category 3 model will need to be discussed with the new HEE Local Office. As this is an England only initiative organisations outside of England have no obligation to support this Short-term Category 3 model.

1. **How would this affect a Trainee doctor’s Tier 2 visa?**

Tier 2 applicants need to liaise with their HEE Local Office and UK Visas and Immigration (UKVI) to ensure that any proposed reduction in working pattern (and therefore reduction in pay) does not compromise their visa requirements. This is the responsibility of the Trainee.

**12. Are trainees who have reduced their hours as part of this model able to undertake locum shifts?**

Yes, please refer to 3.12 of the guidance.

**13. How will the model be evaluated?**

A full evaluation will take place involving feedback from all participating trainees (those training full-time, LTFT and part those involved in the pilot and revised model), BMA officials, organisations with LTFT trainees through the pilot, Colleges and HEE officials (including Heads of Schools).

It is a mandatory requirement for trainees accessing LTFT training under the pilot and short-term model to contribute to the evaluation process.

**14. If there is high demand for less than full time training under the programme, and an organisation feels unable to support a Trainee moving to LTFT training, what happens?**

If there is high demand for LTFT training, individuals who meet the Gold Guide (2018) Category 1 or 2 criteria will be given priority. HEE Local Offices may explore the use of a waiting list if necessary. Whilst every effort will be made to support all LTFT training applications, approval may be subject to exigencies of the service; this will of course require careful consideration. This aspect will require close monitoring and will form part of the evaluation process.

Ultimately, the Employer has a responsibility to approve/agree that the Trainee can be accommodated to train LTFT (this is part of the existing process which is already in place). Alternative training locations may be explored if an Employer feels unable to support a LTFT working pattern due to exceptional circumstances (i.e. exceptional workforce issues creating potential risks to patient safety).

**15. What effect will training less than full time have on my pay?**

Training and working LTFT will result in a proportional reduction in pay (including pensionable pay) when compared to that paid to full-time colleagues.  This will be calculated differently, depending on which contract trainees are employed. Trainees should seek advice as needed from their employer / Trust Human Resources.

**16. Will working and training less than full time have an impact on my pension?**

Trainees wishing to apply for LTFT training should consider carefully the implications this may have on their future pension provision and may wish to seek independent financial advice.  Further information is available on the NHS Business Services Authority webpage: <http://www.nhsbsa.nhs.uk/Pensions/4206.aspx>

**17. What effect will taking up this Short-term Category 3 model have on my estimated completion date?**

It should not be assumed that the estimated completion date should be adjusted, particularly where doctors in training are acquiring competencies at the expected speed (or more rapidly than expected). This will need to be considered on an individual basis based on the relevant specialty curriculum at ARCP.