

Less than full time in the School of Medicine

Yorkshire and the Humber guidance for TPDs regarding applications

Last reviewed October 2017

You're probably reading this following receipt of an application for less than full time (LTFT) training and have received 'form A' to complete. Alongside this you should have received a letter or email from a LTFT coordinator at HEE titled 'request to TPD for LTFT placement' asking you to complete and return form A.

Completing Form A

There are only 2 questions relevant to hospital medicine: out of hours/on-call work and details of a proposed placement including percentage whole time equivalent (WTE).

On-call work

The question of on-call is simple. The gold guide (paragraph 6.67) advises that in LTFT training posts:

“Day-time working, on-call and out-of-hours duties will normally be undertaken on a basis pro rata to that worked by full-time trainees in the same grade and specialty unless either operational circumstances at the employing organisation or the circumstances that justify LTFT training make this inappropriate or impossible, provided that legal and educational requirements are met.”

The vast majority of applications will therefore include being on-call on a pro-rata WTE basis unless circumstances dictate otherwise as above. It's important to note that on-call work is an important part of medical training and so not doing it for whatever reason may prolong training but this is more an issue for ARCPs than it is for this document.

Proposed placement

The question about proposed placements is far more complex. The gold guide (paragraph 6.57) states that HEE has

“a strong commitment to helping all doctors in training to reach their full potential and to supporting those with child-caring or other caring responsibilities, health concerns or individual developmental opportunities to continue training on a less than full-time basis.”

Clearly being unable to accept a request for either LTFT working or the requested percentage has significant implications for the trainee both in terms of work-life balance, financial considerations and potential care or health implications and may result in them being unable to continue with their chosen career path at all. We therefore strongly encourage you to support both the LTFT application and the preferred percentage if at all possible. It is certainly preferable to have a trainee working 0.6 instead of nothing or 0.8 instead of 0.6 if that is what they want.

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You are asked to “discuss this proposal with all relevant parties.” We would suggest that this would in most instances primarily be the Educational Supervisor in the unit you're proposing putting a trainee into. We would expect rota coordinators wouldn't need to be liaised with at this stage as the working out of an out of hours pattern that suits the trainee and hospital can be done later. Given that both an increasing number of trainees are requesting to work LTFT and that the numbers of trainees involved in rotas is substantial we feel any request should be able to be accommodated by flexible rostering approaches.

If one trust feels they are unable to support a LTFT trainee at a given percentage or that doing so would impact the training of other staff within the department then you would be expected to approach other trusts within your region to see if they are able to accommodate the trainee. This could be approached on a ‘first refusal’ basis where if the first trust approached doesn't feel they can accommodate a trainee then they may not be guaranteed a replacement trainee at all. Over a period of time it is expected trusts would be approached equally. If you're unable to find a suitable location for training for the period please inform the LTFT coordinator at HEE advising why it isn't possible at this time.

The HEEYH LTFT Training Policy states that “if possible, LTFT training should be accommodated within slot shares. Each slot share will be offered at 50% or 60%... if a slot share is not available or the trainee wishes to work at 80%, the option of the trainee remaining in their own placement but working reduced hours should be considered.” Supernumerary placements are covered in more detail in the same LTFT training policy and are primarily for applications related to health.

Timescales

We endeavour to be able to accommodate a LTFT trainee within 3 months of an application and this would include giving them a rota in sufficient time (at least 6 weeks prior to starting). We therefore request that you review the application, discuss with appropriate people and respond as quickly as possible, normally within a week or two.

As you can imagine, applicants find waiting for an outcome stressful and so if you're encountering difficulties or delays we request that you keep both them and ourselves apprised of this.

Other issues

LTFT trainees report a disproportionate number of issues with both rota distribution in a timely manner and difficulties in agreeing out of hours rosters. The basic work schedule (in Form C) would be expected to be completed between yourself or the ES and the trainee soon after Form A. If the applicant hasn't received their out of hours rota 6 weeks prior to starting (the national requirement), we've advised them to simply book things that they need to for the next 6 weeks (such as childcare arrangements) and inform the rota coordinator of this and that we'd expect these arrangements to be honoured. If they face difficulties with this they may benefit from support from their department and we'd appreciate it if you could therefore arrange this. Likewise, if they're unable to agree an out of hours schedule, we'd appreciate it if you could enlist the help of their ES in sorting this. If this proves unmanageable, consider placement in another trust as outlined above.