

# PSS information guide

## Less than full-time training

Less-than-full-time training (LTFT) is becoming an increasingly popular way of achieving a positive work-life balance. The demand has been steadily increasing from both men and women, despite the reduction in trainees' working hours brought about by the introduction of the European Working Time Directive and new junior doctor contracts.

In response, **NHS Employers, Deaneries and Medical Royal Colleges** have made a commitment to meet this demand, with the underpinning principle that LTFT training will be integrated into mainstream full-time training. The NHS Long-Term Plan has also made a strong commitment to promoting flexible NHS working. This is achieved by all posts being available for a combination of part-time or full-time training and by guaranteeing equality of access to study leave, out-of-hours working and other employment rights and protections.

Psychiatry has an excellent record in relation to LTFT training, with psychiatrists working part-time in Oxford as far back as 1996, two years before the formal introduction of flexible training into the NHS. According to the General Medical Council's [National Training Survey](#) (PDF)(2017) 13% of psychiatry trainees were formally working on a LTFT basis and 50% of psychiatry trainees agreed or strongly agreed that a request to work on a long-term LTFT basis would be supported by their Deanery/LETB.

### Who can apply for LTFT training?

The only requirement for being permitted to train less than full-time is a well-founded individual reason. However, LTFT training is not guaranteed.

Categories have been created to identify which trainees will be prioritised. The needs of trainees in Category 1 will be prioritised.

Applications under Category 2 are usually for a

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fixed period.

Other well-founded reasons may be considered by the Postgraduate Dean in consultation with the GMC, but support will be dependent on the capacity of the programme and available resources as well as compliance with legislation.

#### Category 1

If a doctor experiences ill health, has a disability or is responsible for caring for dependent children (up to age 16 or 18 if the child has a disability) or has a caring responsibility for another relative, they are likely to be offered LTFT training.

#### Category 2

If a doctor wishes to work LTFT for other reasons (unique opportunities, religious commitments or non-medical professional development, religious commitments etc.), the merits of their individual situation will be considered before LTFT training is offered.

#### Category 3

As of 2021, there are pilot schemes to introduce a third category which would allow trainees to enter LTFT training by personal choice rather than by providing a reason. It is hoped that this will improve wellbeing and reduce attrition rates by providing an alternative to leaving training. As this is still in the pilot stages, there are large variations across the four nations, but it is expected to be implemented across all specialties in all areas. An application for LTFT training can be made when applying for entry into a training programme or at any time after being accepted onto a training programme. The process for appointing candidates to training posts should not be affected or influenced by an application for LTFT training. Approval for an application can take up to six months so some forward planning is required.

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### Look before you leap

Before applying for LTFT training, due consideration should be given to the impact this will have on various aspects of training and lifestyle. The minimum amount of time compatible with training is 50% of full time; this doubles the time spent as a trainee, so full-time peers will progress more rapidly. Every year or job change, approval for continuing LTFT training has to be agreed and each training post has to gain educational approval. Considerable negotiation between the trust, the training consultant and the deanery may be involved. Flexibility and willingness to compromise are needed on all sides. Each case will be taken on its merits in deciding whether LTFT training continues to meet the training needs of the individual and whether suitable posts are available. Although deaneries have attempted to reduce bureaucracy and streamline the process, it can nevertheless be time-consuming, and planning ahead is essential.

Certain career choices may be more difficult to accommodate than others (e.g., very few academic trainees are working LTFT). Similarly, obtaining an endorsement in a particular speciality may present problems to the training scheme if the length of time by the LTFT trainee limits opportunities for other trainees as such a person would be in the post for up to double the length of time. Career choices and training needs can be discussed with educational supervisors and training programme directors.

Trainees are required to rotate into different posts over the course of their training, so it may, at times, be necessary to change the days of the week worked to facilitate training needs. Flexibility will be needed to accommodate the changing work demands.

Inter-deanery transfer is possible but requires

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planning and timely discussion with educational supervisors and training programme directors.

### Types of LTFT training

#### Slot share

Two trainees share a training slot, with each working up to 60% of a full-time equivalent (FTE). The deanery tops up the 20% shortfall in the full-time salary. On-call duties are shared 50:50. In reality, the practicalities of finding a suitable slot-share partner mean that this option is uncommon.

#### LTFT training in a full time slot

This is the most usual situation but can only be accommodated if the service requirements can be met. Difficulties may arise for the trainee if the service requirements are too onerous or when expectations of consultants or other team members are based on the availability of previous full-time trainees. Colleagues will be asked to provide cover on the non-working days of the LTFT trainee, who may have to deal with this issue sensitively.

#### Supernumerary posts

The deanery agrees to fund an additional training post for LTFT training with an additional NTN. The employing trust has to approve extra funding for on-calls. In practice, there is little funding available for supernumerary posts. Occasionally, a training scheme may not be able to meet the individual trainee's needs in LTFT posts and permission to train less than full-time may not be granted.

### How does it work?

The Royal College of Psychiatrists stipulates that LTFT trainees should have the same opportunities to work in a range of clinical settings, as with full-time trainees.

Most trainees choose to work 50%, 60% or 80%

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of an FTE trainee and will therefore have access to pro-rata clinical experience, personal development, audit, teaching, and other experiences. The proportion of relevant experience per post may vary depending on the training needs at the time. For example, a requirement to attend an MRCPsych course may call for a higher percentage of time to be apportioned to education, which can be compensated for in subsequent posts. This will need to be discussed with the educational supervisor and approved by the training programme director.

Training or other work activities undertaken on non-working days should be compensated by time off in lieu, which will again require discussion with the clinical and education supervisors and the employing trust.

The specific hours worked by a trainee will depend on a combination of individual and service needs and educational opportunities. The pattern can be varied in different posts depending on changing needs, so that core clinical experience is gained from each post. The best fit will be achieved by early discussion with the educational supervisor.

### On-call

On-call commitment is usually on a pro-rata basis, although where an LTFT trainee is occupying a full-time post, they may sometimes be asked to do the same number of on-call duties as a full-time trainee. Trainees may be asked to be on-call on days that they would not normally be at work, especially if they work a full shift pattern. They may be expected to make arrangements to facilitate this. If a trainee has particular needs with regard to their hours of work, they will need to discuss the situation with their educational supervisor and the trust.

### Workplace-based assessments

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Workplace-based Assessments (WPBAs) should be completed on a pro-rata basis, although this should be considered a minimum rather than an absolute number.

### Progression through training

Training progression is achieved on a pro-rata basis. A trainee working (60%) of full time will move from one year of training to the next after 20 months. However, an annual review of competence progression (ARCP) will still take place on an annual leave basis, with a successful outcome being achieved by the presentation of evidence of training proportional to the time worked.

Rotation between clinical posts generally takes place at the same time as for the full-time trainees, except in cases of supernumerary posts where the situation allows more flexibility. The problem previously encountered whereby LTFT trainees did not satisfy the RCPsych's requirement for a job to be of six months' duration to qualify for training and examination purposes has now been addressed. So, although an LTF trainee may only have worked in a post pro-rate for four or five months, this will be considered adequate for training purposes.

An LTFT trainee can act-up as a consultant for a period of three months, can request a period of six months' grace, and can apply for a consultant post six months before their Certificate of the Completion of Training (CCT).

### Study leave

LTFT trainees have the same entitlement to study leave as full-time trainees on a pro-rata basis. The exception is mandatory training, which will need to be undertaken at the same rate as full-time trainees. Where training requires attendance on non-working days, time should be taken back in lieu. This will need to be discussed with the educational

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supervisor and the employing trust.

### Annual leave and bank holidays

Annual leave is pro-rata, as are bank holidays. A trainee working 60% of full time is therefore entitled to have 60% of bank holidays included in their leave allowance.

### Support

Networking with other LTFT trainees can provide an invaluable source of support. Be an opportunity for information sharing and may help to find job-share partners. Some trainees may seek a mentor and the deanery lead for LTFT training may be able to make useful suggestions in this regard.

### Further information

[Health Education England \(HEE\)](#), Local offices, [NHS Education for Scotland \(NES\)](#), [Health Education and Improvement Wales \(NEIW\)](#) and [Northern Ireland Medical and Dental Training Agency \(NIMDTA\)](#), which were previously called deaneries, have websites with information about LTFT training. Local trusts may have an LTFT training lead or champion who can provide more information. The College has a lead for LTFT training who sits on various committees and provides a link between the College, the deaneries, the BMA's Junior Doctors Committee, Medical Women's Federation, the LTFT Forum and the Intercollegiate Improving Working Lives Committee, thereby representing the needs of LTFT trainees.

The [RCPsych website also has a dedicated section to LTFT training](#) with useful information, resources, and FAQs.

### Other useful sources

- [The GMC's position statement on LTFT training.](#)

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- [COPMed A reference Guide for Postgraduate Speciality Training in the UK \(8th ed., 2018\).](#) (PDF)
- [NHS Employers Doctors in flexible training. Principles underpinning the new arrangements for flexible training \(2017\).](#)
- [NHS Medical Careers information on LTFT Training](#)
- Deanery websites, which contain practical advice about applying for LTFT training.
- [The BMA's LTFT section](#)

### Reference

[General Medical Council \(GMC\) National Training Survey](#)