

# Less Than Full Time (LTFT) Training – Category 3

Guidance for all postgraduate specialties for the August 2022 start

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## 1. Introduction

- 1.1. The junior doctors' contract negotiations which resulted in the 2016 contract in England highlighted wider, non-contractual concerns around flexibility in medical training. Health Education England (HEE) explored innovative solutions and developed new approaches to postgraduate training to improve morale and provide greater flexibility for junior doctors and dentists. Less Than Full Time (LTFT) Training Category 3 is one such initiative.
- 1.2. LTFT Category 3 is supported by the Department of Health & Social Care, HEE, NHS Employers, NHS England/Improvement, the General Medical Council and the British Medical Association Junior Doctors Committee.
- 1.3. This initiative is designed to enhance retention, reduce attrition and improve the working lives of trainees by offering an opportunity for improved work-life balance.
- 1.4. HEE recognises that a diverse and inclusive workforce can encourage improvements, innovations and new approaches to existing problems and this initiative is supportive of this approach. It is vital that all staff and learners we support are treated fairly and are enabled to reach their full potential.

- 1.5. HEE initially undertook a pilot for LTFT Category 3 in Emergency Medicine in 2017/18. This was then expanded to Paediatrics and Obstetrics & Gynaecology trainees in November 2019.
- 1.6. As a response in part to the Covid-19 pandemic, during the 2021/22 training year the LTFT Category 3 initiative roll-out was accelerated and made available to all postgraduate medical trainees in the form of a “Lead-in Year” model. In this model trainees were able to apply to train LTFT Category 3 for a period of four months working at 0.8 FTE. The August 2022 start marks the transition from this “Lead-in Year” model to full implementation.
- 1.7. A three-year external evaluation of this initiative is underway, and the findings will be shared widely once available.

## 2. Background

- 2.1. The Gold Guide 8<sup>th</sup> edition March 2020 sets out the current 4 Nation arrangements for LTFT training. It states:
  - “3.124 The only requirement to be permitted to train less than full time is a well-founded individual reason.”
- 2.2. Applicants for LTFT training within the Gold Guide criteria are currently prioritised into two categories:

### 3.125 Category 1:

- Those doctors in training with:
  - i. disability or ill health. (This may include ongoing medical procedures such as fertility treatment)
  - ii. responsibility for caring (men and women) for children.
  - iii. responsibility for caring for an ill/disabled partner, relative or other dependant.

### 3.126 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.

2.3. **“Category 3”** is not within the Gold Guide definitions, and it covers Trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.

2.4. This initiative does not remove rights under flexible working legislation.

### 3. Core features

- 3.1. Trainees accepted to undertake LTFT Category 3 who want to decrease and/or increase their hours (including returning to full-time training), 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.
- 3.2. Should there be a higher-than-expected demand, normal application processing times may be exceeded. Approval of less than full time training will be dependent upon exigencies of the service.
- 3.3. HEE Local Offices will manage and administer applications within existing mechanisms. Applications for individuals who demonstrate they meet the Gold Guide criteria (Categories 1 and 2) will be prioritised.

- 3.4. Trainees may apply for LTFT training at between 50% and 80% of a full-time equivalent (FTE) post, under “Category 3”.
- 3.5. Trainee doctors working LTFT under Category 3 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.
- 3.6. The demand for LTFT under “Category 3” is unknown; but the overall demand for LTFT is increasing. Trainees and TPD’s should be encouraged to have discussions around work schedules and slot shares.
- 3.7. Trainees who have a current Tier 2 Certificate of Sponsorship or skilled work visa should ensure that they continue to meet the minimum salary thresholds. They should discuss their eligibility with the relevant HEE Local Office and UK Borders Agency prior to submitting an application. Further helpful information can be found here, particularly in the FAQs:

<https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship>

- 3.8. Trainee doctors approved may undertake periodic locum shifts and must comply with the following guidance and contractual requirements:

[https://www.copmed.org.uk/images/docs/publications/Guidance\\_on\\_Undertaking\\_Additional\\_Work\\_.pdf](https://www.copmed.org.uk/images/docs/publications/Guidance_on_Undertaking_Additional_Work_.pdf)

- 3.9. In accordance with revalidation requirements, all locum work undertaken must be declared on the Trainee’s Form R (Part B). The exception to this is locum work in the unit where trainees are currently training.
- 3.10. Trainees who feel pressured to undertake additional locum work should discuss with their Educational Supervisor and Head of School.
- 3.11. 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.

- 3.12. Trainees who are Out of Programme or undertaking a period of Acting Up are not eligible to apply. LTFT is not available to doctors in training who are out of programme (including acting up) or in the grace period, it only applies to those in approved training posts. Any flexible working arrangements would need to be agreed with the local employer.
- 3.13. Trainees who are approved to train LTFT under “Category 3” and change specialty (i.e. resign their NTN), will not automatically be eligible to continue training LTFT. A new application to check eligibility is required when transferring to another Training Programme.
- 3.14. Trainees who are approved to work LTFT under category 3 and wish to undertake an inter-deanery transfer to Scotland, Northern Ireland and Wales will need to discuss their eligibility to train LTFT with their new Deanery.
- 3.15. Given the total increased trainee population, HEE expects the Local Education Provider (LEP) 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”.

## **4. The role of HEE**

- 4.1. Local and regional HEE offices will play a key role in monitoring the uptake of Category 3 training and facilitating the wider implementation of Category 3 across the system, whilst taking into account the needs of the service and the Training Programme itself.
- 4.2. HEE has governed the introduction of LTFT Category 3 by ensuring nationwide communications, monitoring, commissioning of an evaluation, reporting, learning and providing a platform for the sharing of best practice.

## 5. Timeline

- 5.1. All trainees in postgraduate medical specialties will have the opportunity to apply to train LTFT Category 3 from the August 2022 start. Twelve to sixteen weeks' notice is advised.
- 5.2. During the 2021/22 training year LTFT Category 3 was made available to all postgraduate medical trainees in the form of a "Lead-in Year" model. In this model trainees were able to apply to train LTFT Category 3 for a period of four months working at 0.8 FTE. The August 2022 start marks the transition from this "Lead-in Year" model to full implementation.

If you have any further questions, please get in touch via email: [MERP@hee.nhs.uk](mailto:MERP@hee.nhs.uk)