

# A guide to less than full time training in paediatrics

Royal College of Paediatrics and Child Health

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## Background information

Less Than Full Time (LTFT) training used to be available to doctors in training who are unable to work full time (FT) for “well founded individual reasons” (EU council directive 93/16/EEC1993) but since 2022, all doctors can apply to train LTFT for personal choice.

LTFT trainees work a reduced number of hours compared with FT trainees, and less than 40 hours per week in total. People may choose to train LTFT because of childcare or other caring responsibilities, personal physical or mental health issues, or commitments outside of medicine (national or international sport or religious roles, for instance), or simply because of wanting a different work-life balance.

The purpose of this guide is to bring together information on LTFT training from a variety of sources in order to improve understanding and aid both trainees and trainers in making the most appropriate decisions for their circumstances.

## Types of post

There are different types of ways in which doctors can work if they train LTFT.

- In a **slot share**, two doctors share a single full time FT slot on the rota (e.g. two doctors working at 60% is common). This is a slot share arrangement – not a formal job share, so they have no responsibility to cover each other when absent. This is the commonest arrangement. They can work at different percentages. It is sometimes possible to have more complex rostering arrangements, such as three 80% trainees sharing two FT slots. It requires negotiation between the job share partners and the department over splitting the working days, and dividing up any out of hours component. It allows exposure to both in and out of hours work.
- Some LTFT trainees work **LTFT in a FT slot**, if they do not have a job share partner. The remainder of the post is unfilled, which can be a challenge for the trust. The doctor is not responsible for

covering the rest of the week (and neither are the FT doctors on the same rota), this should be put out for cover. This arrangement also gives exposure to in and out of hours work.

- Some trainees work in a **supernumerary capacity** – either for a limited period of time or a longer period of time. This is a fairly unusual arrangement, as it is expensive for the department – an extra slot needs to be found for the doctor in training, or extra cover alongside their shifts. This might occur in the context of, for example, a supported return to training (SuppoRTT), or if a separate post had to be created for someone. In a lot of cases, out of hours work is not included and needs to be arranged by separate negotiation with the trust; this can lead to a lower salary, as well as reduced exposure to out of hours training opportunities; therefore, these posts need a separate assessment of their educational value.

### **Hours**

Postgraduate doctors in training can work at a variety of training percentages. Usually, only posts over 50% are approved for educational purposes as per the GMC requirements, but it is possible to work at a reduced percentage, down to 20% in some cases, in special circumstances and for a limited amount of time.

LTFT trainees will usually work their shifts and hours pro-rata to FT trainees, which means that if you work 50%, you will usually do approximately 50% of what the FT doctors on your rota work; if you work 80%, you will do approximately 80% of what your FT colleagues work. You will do approximately your percentage of their hours, and approximately your percentage of each different type of shift (Source: [Gold Guide](#)).

Some LTFT trainees have other arrangements under special circumstances such as occupational health recommendations or particularly challenging caring responsibilities, or when [breastfeeding](#) a young infant less than one year of age, which involve less or no out of hours work.

### **Days of the week**

If you work in England, and you work LTFT, you are contractually entitled to a fixed working day pattern wherever possible; “where requested by a doctor, all reasonable attempts should be met to facilitate set working day patterns in line with their statutory right to request flexible working provided that service needs can be met” ([Terms and conditions of service](#) schedule 4 paragraph 18). Some people choose not to do a fixed working day pattern (and so not have a fixed day off every week, but do their share of all shifts across all days of the week) if it suits them and their department. You should then not have any shifts rostered on non-working days if you have a fixed working day pattern (terms and conditions of service schedule 4 para 19) but you can if it suits you and the department. Some people find that it suits them to work nights or on call shifts, for instance, in and out of non-working days as this makes it easier to do their percentage of each type of shift, but this is not suitable for everyone.

What that exact working day pattern is will be determined by negotiation between you, the department and your job share if applicable. It is unfortunately not always possible to keep the same working day pattern between different jobs, because educational opportunities, supervision and the needs of the department and trainees vary from job to job. If you work in England, the good rostering guidance agreed between the BMA and NHS Employers states that you should have “adequate notice” of a change of working days between rotations (to plan for caring or other responsibilities).

You should discuss your needs and preferences at the earliest opportunity with your next placement and enter into negotiation. Take into consideration factors such as local or regional teaching days, and

we would recommend being open about any flexibility that you have, and any genuine constraints or needs.

### ***Salary calculation***

The salary of a LTFT doctor in training will depend on their contract of employment and as to which UK nation they work in.

Here are some resources you can turn to for further information:

- England: [Less than full-time trainees' pay explained](#)
- Wales: [Pay arrangements for employees covered by medical and dental terms and conditions of service in Wales](#)
- Scotland: [Placement Board contacts](#)
- Northern Ireland: [NIMDTA Policies & Procedures](#)

### ***Reduced subscription rates for LTFT trainees***

**RCPCH** - We provide concessions on membership and training for trainees working seven or fewer sessions per week - apply for a concession.

**British Medical Association:** Membership fees are salary based (up to 7th year following qualification). A salary link can be claimed by any member whose gross professional income is not expected to exceed £33,724. In addition, there are spouse/partner concessionary rates available to married couples or to unmarried partners in a long-term relationship with financial interdependence and a joint home.

**Medical Protection Society:** Concessions are available for part-time doctors. Trainees in run-through grades: ST4 – ST7 pay a flat rate, lower grades pay the same fees as full-time. There are separate rates for part-time specialist registrars for those working 28 hours and 28 – 40 hours (trainees working 40 hours/week or more pay full-time rate).

**Medical Defence Union:** Concessions are available for part-time doctors, defined as those working six sessions or fewer (three days/week), from ST4 onwards. At lower grades, part-time workers pay the same fees as full time.

**General Medical Council:** 50% reduction for anyone with a gross annual income of £21,862. You need to complete a lower income discount form. Any overpayment of retention fee will be refunded following receipt of form. Need to inform GMC when reduction is no longer required. If not using registration and off the register, then a restoration fee of £410 is payable in addition to annual retention fee.

### ***The RCPCH's LTFT advisory network***

The RCPCH has a LTFT advisory network which is made up of a consultant representative from each deanery, and trainee representatives.

### ***Application process***

You need to apply for LTFT training as soon as possible – there is usually a deadline of 16 weeks before you are due to start (although occasionally in truly exceptional circumstances applications with less notice can be facilitated).

**England:** Application is done through your own deanery, who will be able to provide you with the relevant forms and information about process. You also need to inform your TPD and discuss your application with your educational supervisor.

**Wales:** Wales has had an overhaul of the LTFT application process. It is now centralised and managed by HEIW. Please see the [HEIW less than full time training page](#) which will have up-to-date information. It contains information related to the HEIW LTFT Pilot policy of December 2022, HEIW FAQ and the Application forms.

**Northern Ireland:** The application process for LTFT training is centralised through NIMDTA. You will be required to complete a LTFT application form and send to the current Head of School. It is helpful to contact the Head of School in advance to discuss your intention to apply for LTFT training.

If working in the Belfast Trust, you will be required to slot share at LTFT 50% or 60%. In the other hospital trusts, there is flexibility to work at all percentages as approved.

You will be required to complete a rota template which will be checked by HR in your department to ensure you are working the correct number of hours and on-call commitments.

F5 50% - Equal to 20 hours, less than 24 hours

F6 60% - Equal to 24 hours, less than 28 hours

F7 70% - Equal to 28 hours, less than 32 hours

F8 80% - Equal to 32 hours, less than 36 hours

F9 90% - Equal to 36 hours, less than 40 hours

LTFT trainees are required to submit an [LTFT application form](#) annually, even if you plan to continue working at your current LTFT percentage.

**Scotland:** Discuss LTFT training and your eligibility criteria with your Training Programme Director (TPD). Download and complete "Form A", This form is signed both by you and by your TPD. Arrange an initial appointment with the local Associate Dean for Flexible Training bringing your completed Form A to this meeting. The Associate Dean for Flexible Training will then take this request forward to the local educational supervisor and service to indicate that the trainee is eligible and to request whether this is supported by the Service and local trainers, known as the "Form B", and once formally approved you will be updated.

Please see the [Scotland deanery webpage for trainee info on LTFT](#). This includes the up-to-date details of the relevant Associate Postgraduate Dean for Flexible Training in each of the four regions. [Application forms are available online](#).

### ***Changing your LTFT percentage or returning to FT work***

If you wish to change your LTFT percentage or return to FT work, you again need to apply to your deanery and complete the relevant forms, and there is a 16-week deadline to do so. Sometimes it is possible to do this with less notice, but changing percentage or returning to FT work cannot always be done automatically.

### ***Doctors on a tier 2 visa***

If you are training in the UK on a tier 2 visa and you have had a reduction in your salary (e.g. if you start training LTFT) a change of employment application must be made to the UK Border Agency. This is the responsibility of you and your sponsor, as you must meet certain criteria around hours and pay. Some links below may be useful.

- [Skilled worker sponsorship](#)
- [Immigration rules](#)
- [The Savvy IMG](#)

### ***Progression while a LTFT trainee***

Progression within paediatrics is competency based – it is possible to shorten training if you are acquiring your competencies at greater than the expected rate. However, this is **not** automatic – you should not assume, for instance, that if you are working 80% you will progress as a FT doctor. You will progress at your training percentage, and your CCT will be extended pro rata. This is unless you have specifically planned and discussed with your educational supervisor your desire to progress faster, requested this to be considered in advance of your ARCP, and demonstrated your acquisition of all relevant competencies.

In particular, applications for an earlier CCT must be planned well in advance – please discuss this with your educational supervisor.

If you are within one year of your anticipated CCT date you are eligible for a period of acting up as a consultant. This is for a fixed term period of three months but is pro rata for LTFT trainees.

After you have completed your training and not yet obtained a consultant post, you can have a grace period whereby you continue on the training contract for six months while you look for employment. This is six calendar months and is **not** pro rata. You need to apply for this with six months' notice.

### ***Leave arrangements***

**Annual leave and bank holidays:** LTFT trainees are entitled to pro-rata annual leave and bank holidays. This applies regardless of the days of the week that you work. The fairest and easiest way of calculating your bank holiday leave allowance is to roll it into one big pot with your annual leave.

- Add up your FT leave allowance (which will depend on length of NHS service in calendar years, regardless of whether you are FT or not) and your FT bank holidays in that post.
- This will tell you your FT leave allowance.
- Calculate your own percentage of this leave allowance.
- This will tell you your personalised total leave allowance in that job.

You can then use these days to book leave for annual leave and bank holidays.

- If you are working any part of a bank holiday, do not use a day from your total leave pot.
- If a bank holiday falls on your non-working day, do not use a day from your total leave pot.
- If a bank holiday falls on a zero day on the rota, do not use a day from your total leave pot.
- If you are on a standard day on the rota and you are not / do not want to be working that day, request / book it off as you would annual leave (arrangements vary in different jobs – in some places, they do need certain people on the standard day on bank holidays; so, the application / granting leave on those days should be equitable between full and less than full time trainees).

See also: English terms and conditions of service, schedule 10, “public holidays” section.

This ensures that everyone has equitable amounts of leave, whichever days of the week they work. Note that in terms of practicalities, it means that postgraduate doctors in training who do not work

Mondays tend to have more annual leave to take at a time of their choosing; those who do work Mondays tend to work more bank holidays or use more leave to book bank holidays off.

**Study leave:** Your study leave entitlement is pro rata. The exception to this is that if you work LTFT and have to undertake a specific training course required by the curriculum, exceeding your pro rata entitlement, you should be facilitated to take extra study leave (an example would include resuscitation courses), the wording in the English contract is “provided that this can be done while ensuring safe delivery of services” (terms and conditions of service, schedule 10, paragraph 41).

**Parental leave:** Parental leave allowances parallel Agenda for Change – please consult the relevant section of their handbook for details. Note that parental and adoption leave are a day one benefit (you are entitled to parental and adoption leave from the moment you start your job), but pay levels depend on length of service. Continuous length of NHS service on a rotational training programme determines your eligibility – even if you are rotating between different employers.

You accrue annual leave and bank holidays whilst on parental leave.

**Sick Leave:** You do not accrue bank holidays while on sick leave. If you are on sick leave and you had annual leave booked for the time of that sick leave, you should inform your employer immediately as that annual leave becomes sick leave and you still have the annual leave allowance.

### ***Locum work***

LTFT trainees are allowed to work outside of their medical work. However, remember that you cannot be guaranteed that your days of the week will always stay the same across different placements – this is open to negotiation.

All locums must be declared on your Form R for ARCP, and you must not breach any safety limits on hours when you do locum shifts. In England, you have to offer your time to an NHS staff bank before you can take up agency work on a particular day. You do not have to locum in your particular department or trust. There is no hard and fast rule about how many locums you can do, but you should be reasonable with the number of locums that you do – if you are locuming to FT, your LTFT eligibility may come into question. For pensions and training etc. it might also be sensible to consider increasing your LTFT percentage working rather than frequent locum shifts.