

**Less Than Full Time (LTFT) Training for London and Kent,
Surrey & Sussex**

Trainee Applicant Guide

September 2019

Version 2



Less than full time training for GP Trainees : A quick guide

Section 1: Applying for less than full time GP training

You are eligible to apply for LTFT training if you have young children or for health reasons. For more detailed information [see](#).

Frequently asked questions have been created to answer the majority of straightforward LTFT questions immediately and are [listed](#).

For more information about LTFT please see the [GOLD guide](#)

Trainees must submit LTFT request a minimum of 16 weeks before they intend to go LTFT.

Requests to start training LTFT received after 16 weeks must be informed that the start date for their new arrangement may need to be moved to allow compliance with the 12 week Code of Practice. (LTFT falls under the Code of Practice reporting and so this must be managed to ensure 12 weeks is not breached)

Exceptions to this are where there is a health issue. There must be exceptional reasons why the trainee is not able to wait the agreed 12 weeks.

Any requests received within 6 weeks will be escalated and will need to the relevant Deans' for approval before approaching the trust/employer. SDMs should be copied in to the email to the Dean.

We are only able to authorise LTFT within 12 weeks once we have confirmation from the trust/employer that they are willing to accommodate.

Step 2: Organising your timetable

Less Than Full Time GP training requires a less than full time timetable to be educationally approved whether in General Practice or a Hospital based GP training post.

A) General Practice posts

Please review the recent guidance on the new GP contract regarding timetables for full time GP posts, as a less than full time trainee you will draw up a timetable

that is 60%, 70% or 80% pro rata of these sessions.

The up to date guidance with examples can be found at NHS employers website by following this [link](#).

Discuss and draw the timetable up jointly with your practice and your trainer and submit this to your Programme Director for approval prior commencing work on a Less Than Full Time basis.

The GP Trainee Timetable when based in General Practice

Full time GP specialty training

In line with GMC requirements, full-time registrars are expected to work a 40-hour week, and to undertake 28 clinical hours and 12 hours of education divided nominally as

- 7 clinical sessions, which may include extended hours
- 1 session to attend the half day release course
- 1 flexible planned educational session
- 1 session for a tutorial

The full-time timetable will vary according to local arrangements e.g. full-day release course, but it is important all registrars get sufficient clinical experience.

Although a session should be four hours on average, it is recognised that some sessions may be longer and others shorter, but the overall full-time working week should be 40 hours (28 clinical and 12 educational).

Registrars and trainers should therefore look at the total workload/hours rather than the hours of an individual session.

Timetables are approved by the Patch Associate Director when the practice is reapproved. If significant changes are made between approvals, or if there is any dispute, the timetable should be re submitted to the Patch Associate Director.

The educational session

This session should be planned in discussion with the educational supervisor, in line with the registrars and practices identified educational and development needs. These will vary according to the stage of

training and should be documented in the learning log.

Practice computer access should be available to the trainee during this

session. Suitable work might include:

- Practice based audit or project work
- Attendance at specialised clinics where there is a gap in experience
- Involvement with CCG work.
- An additional clinical session or joint surgery where a need is identified e.g. to assist with CSA preparation.
- Sessions with members of the primary health care team to extend experience e.g. palliative care team, diabetes nurse specialist or
- GPSI.
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Focused private study or work with colleagues to prepare for the CSA

VTS sessions outside term

VTS sessions are taken from the study leave allowance of 30 days. When the VTS is not meeting, the session should normally be worked as a self-directed study session. Many schemes are working with trainees to develop a menu of possible educational activities, such as outpatient clinic attendances.

Organising a part-time timetable in general practice

Registrars usually work at least 60% of full-time during their general practice placement and cannot work less than 50% of full time.

In summary,

- The part-time registrar works the same percentage of clinical sessions, educational sessions and out of hours (OOHs) as a full-time registrar in the same practice.
- Registrars should work at least 50% of full-time during their general practice placement.
- The Deanery will not approve a percentage of more than 60% over three days or 80% over four days.

- The clinical sessions of a part-time registrar should reflect the proportion of morning and afternoon/evening sessions undertaken by the full-time registrars i.e. the part-time registrars cannot normally work mornings only.
- The registrar cannot reduce the number of clinical sessions but continue with a 100% of educational activities.
- Some degree of flexibility around educational activities such as the half day release scheme is acceptable providing it is at the appropriate percentage and supports the registrar’s learning needs.
- A part time timetable for LTFT in general practice must cover all aspects of the full-time post on a pro rata basis. This includes:
 - GP OOHs
 - Extended hours
 - Day time on call

OOH sessions are taken from the 40-hour week as time off in lieu.

You either apply to do 60, 70 or 80%

Percentage	50%	60%	70%	80%	100%
Hours	20	24	28	32	40
Clinical hours	14	16.8	19.6	22.4	28
Education	6	7.2	8.4	9.6	12

Timetables should be agreed by your ES, in consultation with the patch AD if there are queries and submitted to the LEO.

B)GP training hospital posts

If you are planning to work less than full time in a GP training hospital post this will either be as a slot share or reduced hours in a full-time post. All trusts will have a LTFT champion – please contact your LEO.

Please see think link for more information on [rostering](#).

Example of Hospital Post LTFT proposed timetable 60% of full time

	AM	Lunchtime	PM
Monday			
Tuesday			
Wednesday	8am morning report followed by Ward round, ward work	Medical admission teaching	Ward or clinic work
Thursday	8.30am handover followed by Ward round/ward work/attend clinic	Grand round	VTS (ward work when no VTS in session)
Friday	Consultant led ward round/ward work	Ward MDT meeting	Ward work

ONCALL ROTA split 50:50 with slot share partner and zero days adjusted accordingly.

Example of a proposed job plan for LTFT hospital post

Rheumatology/acute medicine: 60% of full time ST2 Job
Plan Supervising Consultant: XXXXX

Learning objectives

- Knowledge of common Rheumatological problems and presentations including Rheumatoid arthritis, SLE, Ankylosing spondylitis, giant cell arteritis, – diagnosis, investigation and management
- Knowledge of medical conditions managed in secondary care
- Discharging planning and communications with GPs about continued care for patients
- Medical emergencies – diagnosis, safe management
- Improve rheumatology examinations
- Practical skills – joint injections,
- Gain experience in a range of Rheumatology clinics -
- Rheumatology clinic referral pathways and criteria
- Medical on take experience
- Understand how the multidisciplinary team works on the ward for management and discharge planning
- Review trust protocols and national guidelines for management of medical conditions presenting to hospital

Clinical training

Learning objectives will be achieved by gaining experience in the following areas,

- 1) Wards _ Rheumatology/general medical ward
 - Working as part of team on the wards
 - Supervised patient care on wards
 - Seeing ward referrals with consultant
 - Ward round teaching
 - Acquire knowledge of referrals to different specialties
 - Practical skills acquired under supervision
 - Ward cover out of hours' duties
- 2) A and E
 - Going to see A and E referrals and discussing with senior colleagues
 - Seeing GP referrals in A and E with senior supervision
 - Practical skills acquired under supervision
 - Out of hours duties as part of acute block
- 3) Clinic – Rheumatology specific clinics
 - Sitting in clinic with the Consultant – observing management of difficult conditions
 - Working in a supervised clinic setting seeing both follow up and new patient

Educational Plan

- 1) Regular contact with appointed education supervisor
- 2) Experiences and progress recorded in logbook
- 3) Regular departmental teaching
- 4) Teaching in clinical setting e.g. clinics, ward rounds
- 5) Self-directed learning
- 6) Audit
- 7) Workplace based assessments
- 8) Review and update PDP regularly
- 9) Attend study away days
- 10) Review hospital protocols and national guidelines and use them in clinical practice

A) Slot share

You will be assigned another LTFT trainee who will become your 'slot share partner' for the post.

You will both have decided at what percentage you plan to work (60%, 70% or 80%) however you will share the out of hours' responsibilities 50:50.

You will need to obtain a copy of the full-time timetable for this post from the rota co-ordinator and divide it accordingly to ensure all the responsibilities of the post are met and the percentage you plan to work is achieved.

It is important to discuss the timetable with your Clinical Supervisor and rota manager as things can change last minute with regards to rotas/posts/roles.

Please see think link for more information on [rostering](#).

Once agreed by them submit this to the HET team and your PDs for approval prior commencing work on a Less Than Full Time basis. (see appendix 4 for example)

B) Reduced hours in a full-time post

On some occasions a slot share may not be available or may fall through due to unforeseen circumstances in these cases you will be offered reduced hours in a full-time post.

Discuss and draw the timetable up jointly with your Clinical Supervisor for the post and submit this to the HET team and your PDs for approval prior commencing work on a Less Than Full Time basis.

A Job plan (personalised PDP) will also need to be attached to your proposed timetable to show how you will meet learning needs in this post as an LTFT (see appendix 5)

NOTE this is only required for hospital posts.

Section 2: Training and assessments as a LTFT GP trainee

Please see below extract from BMA guidance for less than full time training which explains how long training will be extended at different percentages (full BMA guidance can be accessed via this [link](#)).

Training and Assessments

If less than full time, your post will normally be longer than the full time equivalent, therefore overall your training programme will be extended. You should speak with your deanery/LETB to discuss how long your training will be extended for.

As with full time trainees, the length of your training will depend on the successful completion of competency based annual reviews. Your expected CCT date will therefore be reviewed as you progress through your training programme.

Example

Conversion table: full time to less than full time

Example full time equivalent (months)	6	12	18	24	30	36	
Example percentage of full time equivalent	50%	12	24	36	48	60	72
	60%	10	20	30	40	50	60
	70%	8.5	17	25.5	34	42.5	51
	80%	7.5	15	22.5	30	37.5	45

As an example, if a full time post is intended to take 24 months and you work 60 per cent of the hours of a full time equivalent, you would be expected to take 40 months to complete the same post.

Assessments:

As explained above in the BMA guidance the length of training will depend on the successful completion of competency based annual reviews.

Work based assessments (COTS/CBD/CEX/PSQ/MSF) - undertaken on a pro rata basis, according to the percentage worked. [Click here](#)

Clinical Examination and procedural skills (CEPS) - as appropriate to achieve competencies

Other requirements - Audit/QUIPP, CPR/AED cert, out of hours, child protection certificate should be completed by end of training as per a full-time trainee.

Clinical supervisor report - to be completed at the end of **each** post, whether full time or less than full time training

Educational supervisor review - to be completed every six months whether full time or less than full time. A self-rating will need to be completed prior to this meeting.

ARCP - ARCPs will be done annually.

Important notes:

Childcare or providing care for a dependent inevitably has to be adjusted to work around the requirements of GP training including on call, OOH and extended hours so that the GMC duties of a doctor are fulfilled.

Part time training for doctors who have been granted an extension following ARCP failure

Trainees in difficulty may be recommended to work less than full time for exceptional reasons. The principles above apply, but the timetable should be submitted to the AD responsible for overseeing their educational progress in extension.

General ARCP Guidance document (including LTFT)

Workplace Based Assessments (WPBA) is one of the three components for the MRCGP exam. The timescale of the WPBA minimum evidence requirements is different for trainees who are working less than full time.

Less than full time trainees (LTFTTs) normally take WPBA on a pro rata basis, according to the number of hours worked. However, it may be more than the pro rata equivalent; this will depend on your performance, progress and recommendations from your previous review.

You'll have an educational supervisor's review every six months, and a review of competence progression at least once a year.

It is helpful to recognise that there is a burden of assessment that comes with training LTFT.

LTFT trainees are able to incorporate many posts into their training programme.

It is the trainee's responsibility to be aware of how many assessments are required and to arrange timely meetings with the supervisor. If you need advice on this look at the ARCP Decision Aid

LTFT ARCP processes and dates are affected by four factors:

1. **The mandatory requirements of the GOLD guide and our college/RCGP** The Gold guide requires a trainee to have an ARCP every 12 months.
2. **The timing of placements and the points at which a trainee may start and stop training.** Your training dates may depend on maternity leave and sickness leave that is unpredictable. However, any transition into and out of training may affect panel dates and timing of ARCP
3. **Training Percentages.** Whether the trainee works 60, 70, 80, or 100 % will affect how much training you complete in a post
4. **Your communication with the HET officer.** This is especially important as ARCPs need to be organised and assessors contacted. Early communication with the HET team should ensure that you have at least two months' notice for a panel.
 - To be best prepared for your ARCP the general rules of thumb are as follows:
 - All trainees must have an annual panel (one every 12 calendar months) regardless of percentage of training
 - Trainees are responsible for ensuring they have a CSR in place for every post
 - Trainees are responsible for ensuring their WPBA and EP entries match the pro data requirements at the time of panel
 - ESRs can only comment on what has been achieved which will reflect pro rata time spent in training at the time of the ARCP

Planned break

If a trainee is about to have a planned break in training and has not had a panel in the last year or is likely to miss a scheduled panel, it is recommended to have an ESR marking progress before the pause in training.

LTFT Cat 1 Health – flowchart

1. Initial contact PD/ES

- Are you fit to work?
 - Have you seen your GP?
 - How long is the illness expected to last, if <6-8 weeks can it be managed with a fit note and amended duties/hours?
 - If predicted to last >6-8 weeks' escalation to patch AD

2. Illness >6-8 weeks

- Review by patch AD:
 - review illness and initial questions above
 - ensure trainee fit for work and ensure immediate period covered by fit note from GP with necessary adjustments put in place (max 8 weeks)
 - arrange OH via GP LEO informing HET team
 - consider with trainee and finalise the % LTFT proposed
 - set date when LTFT should start in discussion with the trainee
 - ensure educator note in e-portfolio
- Application for LTFT cat 1 health filled by trainee via Portal
- trainee and ES/CS to agree and finalise timetable (plus personalised PDP/job plan in hospital post) for approval by PD as per LTFT guidance
- final educational approval patch AD (LTFT advisor to be contacted if any queries)
- HET to inform GP LEO for employer approval and if approved update e-portfolio
- AD to consider frequency of reviews and if trainee would benefit from being added to trainee support list

See [Gold Guide](#) for the most up to date information about LTFT training approval

More information about the application process can be found [here](#).

There is an excellent and comprehensive FAQ section which has answers to almost all the queries, that can be found [here](#).