

Less-than-full-time (LTFT) training 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.

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. This is achieved by all posts being available for any 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 1966, 2 years before the formal introduction of flexible training into the National Health Service (NHS). The number of LTFT trainees in psychiatry rose from 173 in 2008 to 315 in 2010. In its *National Training Survey* the General Medical Council (2014) stated that 11.3% of junior doctors were in LTFT training: 80.4% were female and 19.6% were male. Psychiatry has seen increased numbers of doctors in LTFT training, which reflects the commitment to support junior doctors working flexibly. This type of training is not a bar to a very successful career in psychiatry – Baroness Sheila Hollins and Dame Fiona Caldicott are notable examples.

## Who can apply for LTFT training?

Any doctor can apply for LTFT training if they fulfil certain eligibility criteria, which fall into two categories.

### 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 other relatives, they are likely to be offered LTFT training.

### Category 2

If a doctor wishes to work LTFT for other reasons

(personal reasons, professional development, religious commitments, etc.), the merits of their individual situation will be considered before LTFT training is offered.

Anyone wishing to train less than full time first has to obtain a National Training Number (NTN) in open competition with all other applicants. Once successful, application for LTFT training can be made by approaching the appropriate deanery. Approval for an application can take up to 3 months so some forward planning is required.

## 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 is 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 specialty may present problems to the training scheme if the length of time taken by the LTFT trainee limits its opportunity 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.

Currently, LTFT trainees are paid pro rata, with the main salary coming from the deanery and the trust paying for on-call duties.

Inter-deanery transfer is possible but it requires 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 and few of these posts exist outside London.

Individual deaneries will favour different solutions to requests for LTFT training depending on the availability of slot shares, the percentage of time the LTFT trainee wishes to work and the availability of funding 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.

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## How does it work?

The Royal College of Psychiatrists (2009) stipulates that LTFT trainees should have the same opportunities to work in a range of clinical settings as full-time trainees.

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

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 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 Royal College

of Psychiatrists' requirement for a job to be of 6 months' duration to qualify for training and examination purposes has now been addressed. So although an LTFT trainee may only have worked in a post pro rata for 4 or 5 months, this will still be considered adequate for training purposes.

An LTFT trainee can act up as consultant for a period of 3 months, can request a period of 6 months' grace, and can apply for consultant post 6 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 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

Each deanery's website has information about LTFT training as well as the name of the person responsible for LTFT training. The College has a director of 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 deanery leads or the College's director of LTFT training can provide information, give guidance on any difficulties encountered by trainees and generally offer advice.

Useful sources of information include:

- General Medical Council's [position statement on LTFT training](#)
- NHS Employers (2005) *Doctors in Flexible Training: Principles Underpinning the New Arrangements for Flexible Training*
- RCPsych QA Committee (2014) *ARCP for Less Than Full-Time & Academic Trainees*
- Academy of Medical Royal Colleges ([www.aomrc.org.uk](http://www.aomrc.org.uk))
- NHS Medical Careers ([www.healthcareers.nhs.uk](http://www.healthcareers.nhs.uk))
- *A Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide, Sixth Edition)*, February 2016
- [Deanery websites](#), which contain practical advice on how to apply for LTFT training
- British Medical Association (<http://bma.org.uk>).

## References

General Medical Council (2014) *National Training Survey*. GMC.

Royal College of Psychiatrists. *Acting Up Consultant (AUC) Guidance*. RCPsych, 2016 ([http://www.rcpsych.ac.uk/pdf/AUC\\_Guidance\\_March\\_2016.pdf](http://www.rcpsych.ac.uk/pdf/AUC_Guidance_March_2016.pdf)).

Royal College of Psychiatrists' Training and Workforce Unit. *Frequently Asked Questions for Trainees Undertaking Specialty Training in Psychiatry*. RCPsych, 2016 ([http://www.rcpsych.ac.uk/pdf/Specialty\\_training\\_FAQs\\_24-06-16.pdf](http://www.rcpsych.ac.uk/pdf/Specialty_training_FAQs_24-06-16.pdf)).

This information guide is intended for a trainee psychiatrist considering or currently working less than full time. The information can be used as a guide only and is not a substitute for professional advice. If you need further advice and support, please contact the Psychiatrists' Support Service.