

**East Midlands Local Education & Training Board**

**LESS THAN FULL-TIME TRAINING**

**for**

**GENERAL PRACTICE**

**July 2013**

# **LESS THAN FULL TIME TRAINING IN GENERAL PRACTICE**

## **EXECUTIVE SUMMARY**

### **KEY PRINCIPLES AT A GLANCE**

1. LTFT is the exception and not the rule.
2. Responsibility for applying for LTFT and liaising with employers lies with the GP Registrar. The GP Registrar must allow adequate time frames, i.e. 4 months notice in advance of the commencement of a post.
3. Responsibility for approving that a Registrar may undertake LTFT lies with the East Midlands LETB. The Registrar must submit evidence that the local training programme and employer are able to support this.
4. Part time working may be permitted under employment legislation, but registrars should bear in mind that posts must also be adequate to qualify for the CCT. The East Midlands LETB will assess whether the planned activity is adequate for qualification for the CCT.
5. LTFT posts in hospital placements will be 50%.
6. LTFT posts in General Practice placements will be 50% at ST1 and ST2 and 60% at ST3.
7. In General Practice posts the 50% rule for ST1 and ST2 level allows the trainee to be in sync with Hospital posts. The posts in this instance will mean that they will either be 4 or 8 calendar months duration. It is recommended that a trainee starts at 50% does 4 months of GP at ST1 and 8 months at ST2 (or vice versa) to avoid there being an excessive amount of GP left to do in ST3.

8. In General Practice posts at ST3 the 60% rule permits the GP Registrar to attend half day release training weekly, but should the Registrar choose to do this independent learning time will be reduced to allow for this. A 60% post permits the Registrar to spend 20 hours (50% time) in General Practice per week and 4 hours (the additional 10%) at half day release. Where programmes operate a weekly whole day release this equates to 4 hours per week or 8 hours every two weeks.
9. Requirements for COTs, Mini-Cex's and CbDs are pro-rata as from 1st February 2012.
10. Registrars in LTFT posts are not permitted to undertake Innovative Training Posts.

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## Who's Who and Where to Get Advice

**Important - before you contact the relevant person in the East Midlands LETB please read the information in this Handbook. The answer to your enquiry is likely to be contained in the Handbook and will avoid you contacting East Midlands LETB staff unnecessarily.**

### **Cherry Cadiente**

**GP North West** Administrator with responsibility for GP Less Than Full-time Training  
East Midlands LETB  
Contact details: (0115) 847 4895  
Fax: (0115) 846 7111  
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East Midlands LETB  
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East Midlands LETB  
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[davidpoll@nhs.net](mailto:davidpoll@nhs.net)

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Head of Academy for GP North West  
East Midlands LETB  
Contact details:  
[nigelscarborough@nhs.net](mailto:nigelscarborough@nhs.net)

## **Addresses**

East Midlands LETB (North Office)  
Headquarters Office  
Kings Meadow Campus  
Lenton Lane  
University of Nottingham  
Nottingham  
NG7 2NA

East Midlands LETB (South Office)  
Rutland House  
11 Merus Court  
Meridian Business Park  
Leicester  
LE19 1RJ

**From the 12<sup>th</sup> August 2013 East Midlands LETB will be based at the new address below:**

1 Mere Way  
Ruddington Fields Business Park  
Ruddington  
Nottingham  
NG11 6JS

## **Introduction**

The number of medical trainees requesting to work on a less than full-time basis is increasing and the East Midlands Healthcare Local Education & Training Board (EM LETB) is supportive of this choice. Less than full-time training must be an accurate reflection of full-time training, but on a pro-rata basis. Doctors undertaking less than full-time training should participate in all the medical activities carried out by the department where they work, including on-call duties in the evenings and weekends. They should be prepared to and expect that they will be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues.

This does not preclude doctors making local arrangements for particular fixed working patterns where these can be accommodated without prejudicing training and continuity of service delivery. However, if a doctor is unable to fulfil the basic requirement of availability on a regular basis, it may be that less than full-time training is inappropriate at this stage of their career. In other words, both employers and doctors in training must be flexible to a reasonable degree.

In the past most doctors undertaking less than full-time training have been supernumerary but this is expensive and as numbers have increased has become unsustainable. In addition many Trusts are declining to fund the Out of Hours element for supernumerary placements. Working in a slot-share arrangement or exceptionally part-time in a full-time post are the preferred East Midlands LETB options as these mainstream the less than full-time doctor in line with national guidance.

Less than full-time training is not an easy option and takes time to organise. It is particularly difficult for general practice training as doctors may rotate through several specialties.

**The East Midlands LETB will give guidance but it is the responsibility of the doctor in liaison with the Training Programme Director to organise their less than full-time training.**

Even though a doctor meets the eligibility criteria, it is still up to the Trust whether they are prepared to employ them on a less than full-time basis. However all employers must seriously consider requests to work less than full-time and must give good reasons if they say no.

Each doctor must ensure their training programme complies with General Medical Council regulations for a Certificate of Completion of Training. It is recommended that doctors register with the RCGP Certification Unit at the beginning of their training as they will offer advice if the training programme is appropriate.

This Handbook is an amalgamation of various documents and some have been adapted for general practice training. Some of the information is repeated in various documents and this is deliberate to ensure the information is fully understood. The Handbook will be available on the website and updated regularly.

**Please make sure you read the Handbook thoroughly before deciding to train on a less than full-time basis.**

We do hope that you enjoy your training.

Drs David Poll and Nigel Scarborough

**Heads of GP Academies**

# General Medical Council (GMC)

## Certificate of Completion of Training (CCT)

### Introduction

The GMC Certificate of Completion of Training is the legal licence to work in UK general practice. Applicants must be in receipt of their certificate and on the Performers List of their Primary Care Trust before starting work in general practice in any capacity. If an application for a certificate is pending, employment must be deferred until the certificate is issued.

A CCT will only be awarded to an applicant where all the training posts undertaken had the prior, formal approval, for GP training, of the GMC (formerly PMETB or Joint Committee on Postgraduate Training for General Practice (JCPTGP)).

Applicants must be fully registered with the GMC at the time their certificate is issued.

Doctors are responsible for preparing their own application and the accompanying required documents. Applicants should keep copies of all the documents they submit.

### Who can apply for this?

A doctor who is training in the UK in posts that had prior approval for training by the GMC, CPTGP or PMETB and follow the Training Programme detailed below. If you are not sure whether you meet this requirement you should contact the Certification Unit of the Royal College of General Practitioners.

### Training Programme

*Note: The GP training programme and criteria and process for the award of certificates may change over time.*

The length and content of the UK GP training programme leading to the issue of a CCT in general practice is, in broad terms, prescribed by regulation - The General and Specialist Medical Practice (Education, Training and Qualifications) Orders 2003 and 2010.

Training programmes leading to the award of a Certificate of Completion of Training (CCT) in general practice should be designed to enable the GP trainee to acquire all the competencies necessary to practise safely and competently in NHS general practice. The three year programme should:

- Be broad and balanced
- Be based in general practice
- Provide the trainee with managed exposure to a range of relevant specialist disciplines

All components of a CCT training programme must have the prior, formal approval for general practice training.

Doctors must:

- Complete specialist training in general practice totalling not less than three years full time employment, or the equivalent part time, in an approved programmes.
- Pass all three components of a the new MRCGP examination – the Applied Knowledge Test (AKT), Clinical Skills Assessment (CSA) and Workplace-based Assessment (WPBA)

Non-training grade posts and posts only approved for speciality training only will not count towards the award of a CCT but may be accepted as part of an application for a Certificate of Equivalence for General Practice Registration (CEGPR). Training in the Foundation Years cannot contribute to GP specialist training.

### **How do you apply?**

Applicants will need to be registered with the RCGP Certification Unit and have provided them with evidence of their Primary Medical Qualification, their GP training and proposed training.

### **What evidence will the Royal College of General Practitioners require?**

Applicants must provide details of current GMC registration.

*Please note that for doctors commencing in training after 1<sup>st</sup> August 2007, documentation is held within the e-portfolio and progress through training monitored by Annual Review of Competence Progression (ARCP) processes in line with 'A Guide to Specialty Training in the UK' (The Gold Guide)*

### **VTR1 and VTR2 forms**

These forms are no longer in use from August 2007. Periods of training prior this date, as a ST registrar in general practice must be recorded on a VTR1 form and periods of training in hospital medicine on a VTR2 form.

Detailed advice on these forms for registrars whose training commenced before August 2007 can be obtained from the Associate Postgraduate Dean for less than full-time training.

### **Useful Contacts**

#### **The Royal College of General Practitioners**

30 Euston Square  
London  
NW1 2FB

Tel 020 3188 7400 <http://www.rcgp.org.uk/>

#### **The General Medical Council, Registration Division**

3 Hardman Street  
Manchester  
M3 3AW

Tel: +44 (0) 0161 923 6602  
845 357 3456  
<http://www.gmc-uk.org/>

#### **Modernising Medical Careers**

<http://www.mmc.nhs.uk/pages/home>

## **ELIGIBILITY FOR LESS THAN FULL-TIME TRAINING FUNDING**

### **How do I apply for less than full-time training?**

Download the Less than Full Time Training Eligibility Application Form from <http://www.eastmidlandsletb.net/> then email or post the form to either Cherry Cadiente [cherry.cadiente@nhs.net](mailto:cherry.cadiente@nhs.net), or Debbie Collington [debbie.collington@nhs.net](mailto:debbie.collington@nhs.net) . If eligible we will contact you to arrange a meeting or telephone discussion with the Associate Postgraduate GP Dean.

### **Who is eligible for less than full-time training?**

Less than full-time training is accessible to doctors in training who have a well-founded reason for being unable to work full-time. In practice, the majority of doctors are women and men who wish to look after their young children for part of the week, and there are a small number who look after other family members. Also eligible are people who have physical or psychological health problems, who would like to continue their training but are unable to do so full-time. The national guidance on eligibility for less than full-time training is that the following groups are automatically eligible and take priority for funding (Category One):

- Parents of young children who wish to spend part of the week at home
- Trainees with caring responsibilities for sick or dependent relatives
- Trainees who are unable, for health reasons, to work full-time

The East Midlands LETB will consider the following Category Two applicants for less than full-time training. These are:

- Trainees with unique opportunities for their own personal/professional development, e.g. training for national/international sporting events
- Trainees with a religious commitment – involving training for a particular role which requires a specific time commitment
- Non-medical professional development such as management courses, law courses, fine arts courses, etc.

The following are not currently considered eligible for either category of less than full-time training:

- Doctors wishing to spend part of the week on research or an academic course. (In these circumstances it may be possible to arrange reduced working hours through direct negotiation with an employer).

***Please not that being eligible for LTFT training is not a guarantee that suitable posts will be available***

# ORGANISATION OF LESS THAN FULL-TIME TRAINING

## GENERAL PRACTICE COMPONENT

The general practice component of training is generally easier to organise than the hospital component of training and is usually undertaken at 60% of full-time.

### The normal working week

COGPED has defined the normal working week as ten sessions of four hours. This should consist of the equivalent of:

- 7 clinical sessions [28 hours]
- 1 session [4 hours] for the locality half-day / day release course
- 1 session [4 hours] of structured practice education e.g. tutorials, debriefs
- 1 session [4 hours] independent learning

The independent learning session may be utilised for completing audit or other written work, maintenance of the e-portfolio, external clinics, or private study e.g. MRCGP preparation. The Trainer should monitor the content and learning outcomes of independent learning.

Clinical and educational times are both reduced on a pro-rata basis for less than full-time training.

**Example** Working at 60% the less-than full-time doctor's working week would be:

- 4.2 clinical sessions [16.8 hours]
- 0.6 session [2.4 hours] for the locality half-day / day release course
- 0.6 session [2.4 hours] of structured education e.g. tutorials, debriefs
- 0.6 session [2.4 hours] independent learning

If a doctor wishes to attend the half-day release on a weekly basis then this is at the expense of independent learning time.

For a twelve month (full-time equivalent) period in general practice the minimum out-of-hours experience of 72 hours applies, but the less than full-time doctor will have a longer period to acquire this requirement.

## HOSPITAL COMPONENT

### Slot Sharing

Historically, when few individuals undertook less than full-time training, posts were provided on a supernumerary basis, with additional funding provided by the East Midlands LETB and the employing hospital Trust. Since 2005 national policy has been to ensure that less than full-time training is 'main stream'.

Slot sharing of a substantive full-time hospital post will generally provide a better educational experience than being supernumerary. Being more than an additional pair of hands, the training experience derived from occupying a substantive post is more easily a proportional reflection of the full-time doctor as the slot-sharers are participating in mainstream training.

Another advantage of slot-sharing is that the doctors will be placed in a post that already has GMC approval for general practice training. A supernumerary post may sometimes require specific 'ad personam' PMETB approval – a process which can be prolonged and needs detailed information regarding the post's education provision to be submitted.

East Midlands LETB promotes slot sharing on a 50% basis, each individual undertaking 50% of both in-hours and out-of-hours work and will no longer support supernumerary placements other than in exceptional circumstances.

If a slot share breaks down (maternity leave, etc) the remaining slot share can be accommodated either as part-time in the full-time post or exceptionally a supernumerary placement may be negotiated (subject to GMC approval) and agreement of the employing Trust to fund the out-of-hours banding payments.

For slot-share doctors to gain a full experience of the post, it may be necessary for the slot share partners to swap their sessions half way through the post.

**Each doctor should send for approval to the East Midlands LETB (Associate Postgraduate GP Dean) details of their proposed individual timetable for the whole period of each post.**

## **INNOVATIVE TRAINING POSTS AND LESS THAN FULL-TIME TRAINING**

Many GP specialty training programmes have innovative training posts (ITPs) as part of their full-time schemes. Innovative training posts are based in general practice but incorporate secondments to relevant community and hospital settings.

For example, an innovative training post in women's health might include three days each week based in general practice with attachments to family planning and sexual health clinics for the other days.

However, undertaking an ITP on a less than full-time basis means that both the general practice and hospital secondment experience risk being diluted within the working week. **ITP TRAINING POSTS ON A LESS THAN FULL TIME BASIS ARE NOT PERMITTED SINCE THE DILUTION OF TRAINING IN GENERAL PRACTICE IS CONSIDERED INAPPROPRIATE.**

## **ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCP)**

### **ARCP Panel Review**

In line with provisions of A Guide to Specialty Training in the UK (The Gold Guide), each year doctors in training have an annual review of competence progression to determine whether they can progress from one ST year to the next. For general practice these are known as the ST1/2 and ST2/3 gateways.

For a doctor in less than full-time training, these gateway dates would not occur on a yearly basis but would be further apart and may also be delayed following maternity leave or other absence, i.e. the gateway date is determined by the full-time equivalent experience accumulated.

However the Gold Guide paragraph 7.46 states that doctors in training should have a review at least annually, therefore those training on a less than full-time basis will have an annual review even though a gateway may not have been reached. If an annual review and gateway review fall within two months of each other, these will normally be combined into a single review.

## **Workplace based assessments**

In order to have sufficient evidence to determine an appropriate outcome at an ARCP review, the panel require a minimum data set of workplace based assessments. So for each gateway review the less than full-time doctor will need to produce evidence of adequate progress towards the following WBPA requirements.

For **each gateway:**

Whilst in ST1 or ST2 training

6 case-based discussions (CbD)

6 mini clinical examinations (mini-CEX) or consultation observations (COT)

Whilst in ST3 training

12 case-based discussions (CbD)

12 mini clinical examinations (mini-CEX) or consultation observations (COT)

Additionally multisource feedback and patient satisfaction questionnaires may be required.

**For simplicity the LTFT annual WBPA requirement will need to be calculated at each gateway rather than part way through an academic year, but the Educational Supervisor should check that progress is adequate at each Educational Supervisor's Review and that the Registrar is in line to complete the requisite number of assessments by the time he or she reaches his or her gateway.**

## WORKINGS FOR LESS THAN FULL-TIME TRAINING

<b>1</b>	<b>1a</b>	<b>2</b>	<b>OR</b>	<b>2a</b>
<b>Worked 60% for</b>	<b>60%</b>	<b>60% registrar requires extension to training FULL TIME of (n) days where (n) equals:</b>		<b>60% registrar requires extension to training at 60% of (x) days where (x) equals:</b>
<b>1 month</b>	1.7	12	$100/60 \times 12 =$	20
<b>2 months</b>	3.4	24	$100/60 \times 24 =$	40
<b>3 months</b>	5.0	36		60
<b>4 months</b>	6.7	48		80
<b>5 months</b>	8.4	60		100
<b>6 months</b>	10.0	72		120
<b>7 months</b>	11.7	84		140
<b>8 months</b>	13.4	96		160
<b>9 months</b>	15.0	108		180
<b>10 months</b>	16.7	120		200
<b>11 months</b>	18.4	122		220
<b>12 months</b>	20.0	136		240

**100% =40 HOURS PER WEEK**

**60%=24 HOURS PER WEEK**

**1 month = 30 days**

**Example: For every month at 60% the registrar needs to extend their training by 12 FULL days or 20 days at 60% in order to reach their gateway.**

<b>1</b>	<b>2</b>	<b>OR</b>	<b>2a</b>
<b>Worked 50% for:</b>	<b>50% registrar requires extension to training FULL TIME of (n) days where (n) equals:</b>		<b>50% registrar requires extension to training at 50% of (x) days where (x) equals:</b>
<b>1 month</b>	15	$100/50 \times 15 =$	30
<b>2 months</b>	30	$100/50 \times 30 =$	60
<b>3 months</b>	45		90
<b>4 months</b>	60		120
<b>5 months</b>	75		150
<b>6 months</b>	90		180
<b>7 months</b>	105		210
<b>8 months</b>	120		240
<b>9 months</b>	135		270
<b>10 months</b>	150		300
<b>11 months</b>	165		330
<b>12 months</b>	180		360

<b>1</b>	<b>2</b>	<b>OR</b>	<b>2a</b>
<b>Worked 80% for:</b>	<b>80% registrar requires extension to training FULL TIME of (n) days where (n) equals:</b>		<b>80% registrar requires extension to training at 80% of (x) days where (x) equals</b>
<b>1 month</b>	6	$100/80 \times 6 =$	7.5
<b>2 months</b>	12	$100/80 \times 6 =$	15
<b>3 months</b>	18		22.5
<b>4 months</b>	24		30
<b>5 months</b>	30		37.5
<b>6 months</b>	36		<b>45</b>
<b>7 months</b>	42		52.5
<b>8 months</b>	48		60
<b>9 months</b>	54		67.5
<b>10 months</b>	60		75
<b>11 months</b>	66		82.5
<b>12 months</b>	72		90

## Notes

1. Remember the usual minimum experience in an individual specialty for certification purposes is three months (FTE). The RCGP Certification Unit may accept periods of less than three months provided:
  - There is evidence of learning related to the specialty e.g. log entries
  - There is evidence of workplace-based assessments undertaken in the post
  - There is a positive Clinical Supervisor's report for the post
2. Part-months should be calculated on a 30 day basis
3. Calculations should be rounded up where necessary to ensure that minimum requirements are clearly achieved

## Worked example

### Dr A works:

#### ST1:

Full time

COTs or MiniCex 6

CbD 6

#### ST2:

Full time for 8 months followed by 4 months at 60%

By month 12 reasonable progress would be:

COTS or MiniCex 4.2

CbD 4.2

Additional days required at 60% before ST2/3 Gateway reached = 80

Additional WBPAs required:

COTS or MiniCex 1.8

CbD 1.8

Total WBPAs required by ST2/3 Gateway:

COTS or MiniCex 6

CbD 6

#### ST3

Full time

COTs or MiniCex 12

CbD 12

## Your Responsibilities

### Before starting your less than full-time post

- Discuss and identify with your training programme director / manager appropriate slot-share opportunities locally. The East Midlands LETB can assist in identifying possible links with other training programmes.
- Draw up a training programme / timetable with the appropriate consultant. Less than full-time posts should provide equivalent experience, on a pro rata basis, to full-time training.

**The ability to undertake one placement on a less than full-time basis does not guarantee that subsequent posts can be organised on the same basis. Arrangements for each post on the training programme will need to be negotiated independently.**

### Keep the East Midlands LETB informed

*The following must be notified as early as possible:*

- Maternity leave dates or absence from training
- Moving from one Trust to another, or extending a contract at the same trust
- Resigning a post, changing specialty, taking time out of programme
- Intention to return to full-time training
- Completion of training, with future plans.

## YOUR TRAINING

### On-call

Less than full-time doctors are expected to work on-call on a pro-rata basis. The underlying European legislation is incorporated into the Order regarding specialty training. European employment legislation allows women in late pregnancy, or who are breast-feeding, to be exempt from on-call duties, however the impact on training must be considered and in some circumstances training may need to be extended.

### Study and annual leave

Less than full-time doctors are entitled to the same amount of study leave funding as full-timers and pro rata time allowance for study and annual leave.

### Returning to full-time training

If you would like to return to full-time training at any time, you should discuss this with your training programme director **as early as possible**, to enable a suitable post to be identified, and notify the East Midlands LETB office of any changes.

### Completion of training

Your training period will be extended on a strictly pro-rata basis. If there are any changes to your training (maternity leave, sick leave, changing number of sessions etc), your Programme or the East Midlands LETB can recalculate the length of your remaining training and your revised CCT date. You may wish to confirm this with the RCGP Certification Unit.

# Regulations

## PART-TIME TRAINING FOR GENERAL PRACTICE

### Introduction

GP training in the UK can be done part-time/flexibly. A mixture of full and part-time posts is also acceptable. Part-time/flexible training should be organised in consultation with the Director/Dean or Postgraduate General Practice Education (DPGPE) to ensure that it complies with these requirements.

For financial reasons, it will not always be possible for deaneries and/or trusts to offer part-time/flexible training to all trainees who apply for it.

### Regulatory Framework

Whilst the European Directive stipulates no minimum percentage for working, the GMC has recently issued guidance that the normal minimum for less than full-time working is 50%. In very exceptional circumstances this can be reduced to 20% for a maximum of 12 months.

### Registrar Training in general practice

In normal situations a full-time registrar will be employed by the trainer within a training practice on a contract. The registrar will:

- a) Work the normal working week (this is assumed to be ten sessions).
- b) Work an appropriate share of extended hours if these are part of the practice rota.
- c) Participate in appropriate out-of hours work.

Tutorials in the practice and protected educational time outside the practice are of educational importance and should be counted as part of the normal working week.

For doctors training for general practice part-time, the amount of out-of-hours work, protected educational time and extended hours worked should mirror, in percentage terms, the full-time registrar contract.

Trainers and deaneries should ensure that all training practices establish the arrangements under b) and c) precisely, in writing for both full and part-time contracts before the start of any period of training.

### The Hospital Component

The European Directive requirements on part-time training apply to both the general practice and hospital components of training. The full-time working week should be as defined by the NHS Hospital Medical and Dental Staff (England and Wales) Terms and Conditions of Service.

The full-time and part-time equivalent hours of training posts will vary depending on the speciality, the duties of the post, the nature of the training and workload. There is no rigid definition of what constitutes full-time training and, therefore, what its part-time equivalent should be. When planning flexible training the East Midlands LETB should ensure that a part-time post offers the incumbent adequate experience of all the key components of the full-time post.

In order to comply with the regulations during the hospital component of training:-

- a) The trainee will have to work for the negotiated percentage of the normal working week (but no less than 50%), as is defined in the terms described above.
- b) That this time will include protected educational time.
- c) That out-of-hours, and on-call commitments will be at the relevant percentage of the hours and commitments expected of a full-time post holder.

1. *BMA Model Contract for Employment for GP registrars*
2. *Out of Hours Training for GP Specialty Registrars, COGPED, August 2010*

Appendix 1a          European Directive 2005/36/EC

1b                      The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010

## **Funding arrangements for Less than full-time training**

### **Equitable pay for flexible training**

In 2005 NHS Employers (in consultation with the BMA) published two documents to support the new funding arrangements.

1. NHS Employers (2005). *Doctors in flexible training: Equitable pay for flexible medical training*. NHS Employers, Leeds.
2. NHS Employers (2005). *Doctors in flexible training: Principles underpinning the new arrangements for flexible training*. NHS Employers, Leeds.

National policy, as defined in the NHS Employers June 2005 arrangements, was that all Trusts should employ 5% of their medical training workforce on a flexible basis in 2005/2006, subject to demand. This percentage rises to 20% in five years. Trusts will be performance managed on these percentages, which gives programme directors an opportunity to develop their GP specialty training programmes by helping their trust meet these targets. However, some Trusts have been increasingly reluctant to accept less than full-time doctors on cost grounds. Typically, this situation arises in Trusts where they already take significant numbers of trainees and are weathering an adverse financial position.

Some Trusts are much more likely than others to experience high demand for less than full-time training, because they offer posts in the specialties where doctors are most likely to train flexibly e.g. paediatrics. In other words, the skewed distribution of less than full-time doctors amongst specialties results in a skewed demand for less than full-time training amongst Trusts.

All doctors, full-time or otherwise, are currently funded by the East Midlands LETB at the midpoint of the basic pay scale, but all obtain their increments at the same rate. However, as less than full-time doctors are in the training grades for longer, it stands to reason that they are more likely to be paid at the higher end of the pay scale. Therefore, Trusts that take significant numbers of less than full-time doctors are likely to incur significant excess costs in basic pay.

### **Doctors can be employed by Trusts on a less than full-time basis in the following ways:**

#### **Slot shares**

The East Midlands LETB already funds 50% an existing approved full-time post. This is expected to be the norm, with each slot-share partner undertaking 5 sessions and the appropriate share of OOH.

#### **Reduced sessions in a full-time post**

Full-time posts are already 50% funded by the East Midlands LETB even if no one is in post. If a department has a vacant full-time post then this must be used instead of a supernumerary placement.

#### **Supernumerary posts**

In very exceptional circumstances, the East Midlands LETB may fund a supernumerary post. This funding is cash limited. For supernumerary posts the East Midlands LETB funds the daytime sessions worked e.g. 5 sessions for 50% doctors and the Trust funds the

additional costs associated with any additional hours of actual work and the OOHs supplement.

### **Summary of less than full-time training funding guidance**

- 1) Doctors must demonstrate that training full-time is not practical for well-founded reasons. Priority is given to those who have personal health problems or are the main carer for young children or other dependents.
- 2) Eligibility for less than full-time training funding is reviewed annually. Those who are no longer eligible for less than full-time training funding may have to return to full-time work.
- 3) Doctors must be recruited to a GP training programme through the national recruitment process.
- 4) Pay is proportional to full-time doctors working at the same grade in the same department, providing the less than full-time trainee works OOHs. The East Midlands LETB pays an amount towards the basic daytime educational sessions but the Trust has to pay for any additional hours of actual work and the supplement. The average salary would be approximately two-thirds East Midlands LETB funded and one-third Trust, but there will be extremes at both ends. Some Trusts may be reluctant to pay their proportion, which may prevent the less than full-time training post being implemented.
- 5) The East Midlands LETB gives approval for less than full-time funding but it is up to the Trust whether they will agree to employ the doctor on a less than full-time basis. The East Midlands LETB cannot force a Trust to employ a doctor on a less than full-time basis.
- 6) Trusts will be expected to employ 5% in 2005/06 of their doctors on a less than full-time basis rising to 20% in 5 years, subject to demand.
- 7) Approval for less than full-time training must be obtained BEFORE starting in post. This may sometimes involve gaining educational approval for supernumerary posts on an "ad personam" basis from the East Midlands LETB GP Academy Board / GMC.
- 8) The less than full-time doctor must do pro rata daytime working, on call and OOHs of a full-time trainee in the same grade and specialty.
- 9) Slot sharing of a substantive post is strongly encouraged by the East Midlands LETB but may be difficult to organise for GP training as each doctor rotates to a different specialty after each post.

## **Less than full-time Training - Frequently asked questions**

### **If I am eligible for less than full-time training, does that mean I am guaranteed a placement?**

Eligibility for less than full-time training is not a guarantee of a placement. Whilst placements in general practice can be relatively easy to organise with appropriate notice, hospital slot-shares can be more problematic. However, the number of people requesting less than full-time training is growing all the time which is improving availability of placements. It may be necessary to travel from your 'home' programme to make up a slot-share elsewhere. Occasionally, subject to Trust approval you may be placed in a full-time post on reduced sessions.

### **What if I need to reduce my hours urgently?**

Sometimes a doctor needs to become less than full-time urgently, perhaps because of ill health either in themselves or a member of their family. In these circumstances we will try to expedite the process but an occupational health assessment may still be required.

### **What are the minimum and maximum hours that can be worked by a less than full-time doctor?**

Less than full-time doctors are expected to work at 50% of a full time programme in hospital posts. For General Practice posts it is 50% at ST1 and ST2 and 60% at ST3. While hours used to be measured in daytime sessions, with one session being a half-day (four hours), the move to shift and other patterns of working has rendered this approach inappropriate in most cases. For hospital placements 50% slot-share arrangements are the norm. For GP placements it is usually 50% at ST1 and ST2 and 60% at ST3, except in special circumstances.

### **If I want to be less than full-time but I'm not currently in a training programme, how do I go about it?**

All doctors have to be appointed in **open competition**. This means obtaining a GP specialty training programme through the national recruitment process. You should consult the East Midlands LETB to establish your eligibility (as above). If you apply for full-time posts you are not obliged to state that you would like to train on a less than full-time basis until after you have accepted the post.

### **May I be asked about my intentions to train on a less than full-time basis at interview?**

No. It is against equal opportunities legislation to ask questions at an interview that relate to the candidate's ability to work full-time, or indeed any other aspect of a person's private life that has no direct bearing on their competence to do the job. Many people are concerned that if they apply for a full-time post without mentioning their intention to work less than full-time, prospective employers will be annoyed if they do so once they have been offered the post. For this reason, some prefer to mention their intention at the application stage. Anyone may decide to do this, but you are not obliged to by law.

### **I am a full-timer and having a difficult pregnancy. Can I become a less than full-time now?**

Your terms and conditions of work allow you to modify your hours and duties if you are unable to work normally due to pregnancy. Talk to your occupational health department.

## **FOR DOCTORS WHO HAVE BEEN ACCEPTED FOR LESS THAN FULL-TIME TRAINING**

### **How do I obtain educational approval for my programme?**

Less than full-time training undertaken in hospital posts on a slot-share basis will be in posts that already have GMC approval for GP training.

Should exceptionally a supernumerary placement be agreed, educational approval must be obtained prior to starting in post. Detailed information regarding the proposed post requires submission to the GMC on Form B(GP). The **GMC will not grant retrospective approval** and Article 11 application will be necessary at the end of training. Form B (GP) needs to be signed by both your Clinical Supervisor and Training Director and countersigned by the East Midlands LETB.

***Failure to obtain educational approval before you start leaves you open to training not being recognised at a later date.***

### **What will my pay banding be?**

Guidance notes as to banding arrangements for less than full-time training can be found in the document "Equitable pay for flexible medical training" available on the East Midlands LETB website. For more detailed or personal guidance, please consult the BMA and/or your human resources department. The East Midlands LETB cannot negotiate banding on behalf of individual doctors.

### **Is it possible to be exempted from on-call?**

EU Regulations regarding medical training state that the less than full-time training shall meet the same requirements as full-time training and involve participation in all the medical activities of the department where training is carried out, including on-call duties. European employment legislation allows exemption from on-call if breast-feeding, and you should be able to obtain exemption, or other modification of working hours, if you are pregnant. However it is important to note that these regulations refer to employment and the East Midlands LETB would have to consider whether there is an adverse impact on training and whether an extension to training might be required.

### **Can I increase/decrease my sessions?**

This may be possible in exceptional circumstances. You will need to contact the East Midlands LETB Office giving adequate notice of any proposed change, which will need to be discussed with you. If a change is agreed, your CCT date will then need to be recalculated.

### **What should I do if I am going on, or returning from maternity leave?**

Please inform the East Midlands LETB office in writing as soon as you know when your maternity leave will start and give a rough indication as to when you plan to return if possible.

When planning to return from maternity leave, please contact your programme director and consultant in order to agree the arrangements for your return, at least four months in advance.

### **How much study leave do I get?**

Less than full-time doctors are allowed the same amount of funding as full-timers, on the basis that it is not desirable to attend half a course. The time taken out for study leave, however, should be pro rata on average.

### **How do slot-shares work?**

Slot-sharing is an arrangement whereby two less than full-time doctors work at 50% in the same department, sharing a full-time slot. You do not share a salary, each doctor's salary being calculated separately.

### **Advantages of slot shares**

- Less than full-time doctors are doing 'proper jobs', rather than being additional pairs of hands, leading to greater integration with the team and less marginalisation.
- Fewer problems with educational approval.
- No 'dilution' of available experience, especially in specialties where practical skills are an important element, as in surgery and cardiology.
- Useful experience and skills development for those who go on to job shares as GPs.
- Discourages the minority of less than full-time applicants who try to 'cherry-pick'.
- Less cost, both to Trust and East Midlands LETB and, therefore, reduces problems of Trusts refusing to accept flexible trainees.

### **Both slot share doctors have equal status**

- Both are paid on the appropriate flexible pay band for the hours worked
- Both doctors may wish to share the work contained in the full-time post, or it may be more appropriate for the doctors or department for them to work independently.

### **What happens if the slot share breaks down?**

Inevitably share arrangements break down from time to time, either because one person is leaving or going on maternity leave, or because their training requirements take them to another post. In these instances, the options are:

- Forming another slot share arrangement with another doctor either from the same Programme or a neighbouring Programme – the East Midlands LETB can help facilitate this
- The remaining doctor reverting to full-time while their partner is away
- With the agreement of the Trust the remaining doctor occupying the full-time post on reduced sessions
- With the agreement of the Trust and East Midlands LETB the remaining doctor becoming supernumerary, however GMC educational approval may be necessary

## **APPENDIX 1A**

### **EU Directive 2005/36/EC**

#### **Article 22**

##### **Common provisions on training**

With regard to the training referred to in Articles 24, 25, 28, 31, 34, 35, 38, 40, 44 and 46:

(a) Member States may authorise part-time training under conditions laid down by the competent authorities; those authorities shall ensure that the overall duration, level and quality of such training is not lower than that of continuous full-time training;

#### **Article 25**

##### **Specialist medical training**

3. Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full range of medical activities of the department where the training is given, including duty on call, in such a way that the trainee specialist devotes all his professional activity to his practical and theoretical training throughout the entire working week and throughout the year, in accordance with the procedures laid down by the competent authorities. Accordingly, these posts shall be the subject of appropriate remuneration.

### **EU Directive 93/16/EEC**

#### **Article 25**

1. Without prejudice to the principle of full-time training as set out in Article 24 (1) (c), and until such time as the Council takes decisions in accordance with paragraph 3, Member States may permit part-time

specialist training, under conditions approved by the competent national authorities, when training on a full-time basis would not be practicable for well-founded individual reasons.

2. Part-time training shall be given in accordance with point 2 of Annex I hereto and at a standard qualitatively equivalent to full-time training. This standard of training shall not be impaired, either by its part-time nature or by the practice of private, remunerated professional activity. The total duration of specialized training may not be curtailed in those cases where it is organized on a part-time basis.

3. The Council shall decide, not later than 25 January 1989, whether the provisions of paragraphs 1 and 2 are to be maintained or amended, in the light of a re-examination of the situation and on a proposal by the Commission, with due regard to the fact that the possibility of part-time training should continue to exist in certain circumstances to be examined specialty by specialty.

Part-time specialist training begun before 1 January 1983 may be completed in accordance with the provisions in effect before this date.

#### **Article 34**

1. Without prejudice to the principle of full-time training laid down in Article 31 (1) (b), Member States may authorize specific part-time training in general medical practice in addition to full-time training where the following particular conditions are met:

— the total duration of training may not be shortened because it is being followed on a part-time basis,

— the weekly duration of part-time training may not be less than 50 % of weekly full-time training,

— part-time training must include a certain number of full-time training periods, both for the training conducted at a hospital or clinic and for the training given in an approved medical practice or in an approved centre where doctors provide primary care. These full-time training periods shall be of

sufficient number and duration as to provide adequate preparation for the effective exercise of general medical practice.

2. Part-time training must be of a level of quality equivalent to that of full-time training. It shall lead to a diploma, certificate or other evidence of formal qualification, as referred to in Article 30.

### **ANNEX I**

Characteristics of the full-time and part-time training of specialists as referred to in Articles 24 (1) (c) and 25

#### **1. Full-time training of specialists**

Such training shall be carried out in specific posts recognized by the competent authority. It shall involve participation in all the medical activities of the department where the training is carried out, including on-call duties, so that the trainee specialist devotes to this practical and theoretical training all his professional activity throughout the duration of the standard working week and throughout the year according to provisions agreed by the competent authorities. Accordingly these posts shall be subject to appropriate remuneration. Training may be interrupted for reasons such as military service, secondment, pregnancy or sickness. The total duration of the training shall not be reduced by reason of any interruption.

#### **2. Part-time training of specialists**

This training shall meet the same requirements as full-time training, from which it shall differ only in the possibility of limiting participation in medical activities to a period at least half of that provided for in the second paragraph of point 1.

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

Appropriate remuneration shall consequently be attached to such part-time training.

## **APPENDIX 1B**

### **The General and Specialist Medical Practice (Education Training and Qualifications) Order 2003 (Updated as the 2010 Order)**

#### **Article 6**

#### **Paragraph 2**

Part-time specialist training is permitted where training on a full-time basis would not be practicable for well-founded individual reasons, and accordingly, the Board may approve part-time training which satisfies -

- (a) any conditions imposed by the Board;
- (b) the conditions set out in paragraph (1)(a)(i), (iii), (iv) and (v);
- (c) the following conditions -
  - (i) the standard of training must not be lower than that of full-time training,
  - (ii) the total length of training in the specialty in question must not be less than that of full-time training in the same specialty, and
  - (iii) the training must comply with the requirements of point 2 of Annex I to the Directive (the characteristics of the part-time training of specialists).

## **APPENDIX 2**

### **COGPED Guidance on Less Than Full-Time (LTFT) Training for General Practice** (also known as Flexible Training)

#### **Introduction**

The PMETB became the official body for approving postgraduate medical training in September 2005 and then became incorporated into the GMC from April 2010. NHS Employers published new guidance on the pay arrangements for LTFT training in 2005.

- 1) NHS Employers (2005). *Doctors in flexible training: Equitable pay for flexible medical training*. NHS Employers, Leeds.
- 2) NHS Employers (2005). *Doctors in flexible training: Principles underpinning the new arrangements for flexible training*. NHS Employers, Leeds.

Mainstreaming LTFT training should be encouraged and supernumerary posts should only be granted when other options are not possible. Slot sharing is more cost effective and allows more trainees to work part-time.

#### **Summary of the main points in the NHS Employers funding guidance (hospital and community trusts)**

- East Midlands LETB funding (NES in Scotland) provides the educational component of the basic salary and banding arrangements are the responsibility of the employer.
- The East Midlands LETB gives approval for LTFT training funding but it is up to the trust whether they will agree to employ the trainee on a part-time basis.
- Trusts were expected to employ 5% of their doctors LTFT in 2005/06 rising to 20% over five years, subject to demand.
- LTFT trainees should normally do pro rata day time working, on call and OOHs of full-time trainees in the same grade and specialty.

#### **Appointment process**

All LTFT trainees must be appointed under equal opportunities through the national recruitment process and only those who are successful can organise a LTFT placement. Applicants are requested to indicate they would like to train LTFT on their application form, although they can choose not to inform the East Midlands LETB until after they have been appointed.

#### **LTFT training posts in hospital and community trusts**

There are four main ways of organising LTFT training in hospital or community trust posts.

- The LTFT trainee takes up a full-time post on reduced sessions.
- Slot sharing a full-time post where each LTFT trainee can work more than 50%, subject to available East Midlands LETB funding.
- The East Midlands LETB creates a pool of prospectively approved supernumerary LTFT posts that are filled according to need.

- A trainee organises an ‘ad personam’ supernumerary LTFT training post, subject to available East Midlands LETB funding.

### **Educational approval (hospital and community trusts) of LTFT training**

Deaneries, in conjunction with the RCGP, take responsibility for ensuring that all GP LTFT training is undertaken in prospectively approved posts and programmes. The GMC does not require a separate application for LTFT training if the post is within the approved maximum capacity of the specialty training programme. If a new training opportunity is in excess of the GMC approved maximum training capacity then the East Midlands LETB must apply for additional approval by sending GMC an updated Form A.

Deaneries must ensure that individual trainees working part-time in a full-time post or in a slot share cover the same timetable as the full-time post during their placement. This may mean changing the days of work during the post unless duties can be reorganised.

***Educational approval must be obtained from the individual LETB before starting in post and retrospective approval cannot be granted. If a trainee fails to submit the appropriate documentation requested by their LETB the experience will not count as approved training towards a CCT. Under these circumstances the trainee would have to apply to the GMC under Article 11 at the end of their training programme.***

### **Part-time specialty registrar placements in general practice**

The part-time timetable should be based on a full-time registrar working in the same practice. The GMC requires the part-time registrar to work the same percentage of clinical sessions, educational sessions and out of hours (OOHs) as a full-time registrar. The registrar cannot reduce the number of clinical sessions but continue with a 100% of educational activities. At the end of their period of training as a part-time registrar they should have completed the same amount of clinical and educational training as a full-time registrar.

For the purposes of this guidance one session equates to four hours and a full-time working week comprises 10 sessions (COGPED guidance), which equates to 40 hours per week plus OOHs.

### **MRCGP**

LTFT trainees need to ensure they do their MRCGP assessments at the correct time during their training. This is particularly relevant to Workplace Based Assessments (WPBA) as the review and assessment schedule is not considered and collected on a pro rata basis. Full details are beyond the scope of this guidance and information is available on the RCGP website.

[http://www.rcgp-curriculum.org.uk/nmrgcp/less\\_than\\_full\\_time\\_trainees.aspx](http://www.rcgp-curriculum.org.uk/nmrgcp/less_than_full_time_trainees.aspx)

### **Seven year rule**

This was an old JCPTGP rule, which required GP training to be completed within a period of seven years in order for a doctor to be awarded a CCT (previously a certificate of prescribed experience). Therefore, a trainee who has completed all their training in an approved programme and/or posts will be eligible for a CCT even if they take longer than seven years to complete the programme, providing they demonstrate that they have met the curriculum requirements through the relevant assessments for GP training. There are a small number of trainees where summative assessment forms part of their programme. The seven-year rule still applies for these doctors.

## **Summary**

The number of trainees working part-time is increasing and some deaneries and trusts may be unwilling to fund the additional cost of supernumerary placements because of budget constraints. Slot sharing helps to mainstream LTFT trainees, can usually be organised at minimal cost to the trust and allows more part-time training opportunities within a limited East Midlands LETB budget. Supernumerary posts may allow a LTFT trainee to continue their training when other alternatives are unavailable.

## APPENDIX 3

### Personal Development Plan - Example

Part-time for 4 months averaging 2.5 days per week, making this approximately 50% of a full shift pattern.

#### Supervising Consultant:

#### Learning objectives to be covered during the training

(based on the RCGP new curriculum <http://www.rcgp-curriculum.org.uk>)

The Learning Objectives will cover knowledge, skills and attitudes that a GP requires when a GP is caring for children and young people.

#### Primary care management

- Manage primary contact with children and their families, or older children on their own.
- Demonstrate inter-professional working
- Co-ordinate care, demonstrating advocacy for the patient and family
- Deal effectively with child abuse
- Describe the principles of clinical governance and risk management
- Ensure children and their carers receive adequate information and access to services
- Demonstrate an understanding of the welfare of the unborn child

#### The knowledge base

- Symptoms
- Common and important conditions
- Prevention

#### Person –centred care

- Adopt a family centred approach
- Develop the primary care consultation
- Provide or facilitate longitudinal continuity of care
- Help young people and their families with chronic diseases negotiate transition

#### Specific Problem-solving skills

- Decision making process determined by prevalence and incidence, being aware of normal growth and development
- Recognising the seriously ill child
- Recognising children at risk
- Being aware of the presentation of postnatal depression and its effect on the child.
- Significance of non attending, and when to be concerned
- Acknowledging that difficulties with service access may make attendance difficult

### **Other learning objectives**

- A comprehensive approach
- Community orientation
- A holistic approach
- Contextual aspects
- Attitudinal aspects
- Scientific aspects
- Psychomotor skills
- Clinical Training

Most of the learning objectives set out above will be covered practically whilst working in the hospital/community setting, either in clinic or on the ward.

### **Experience**

This will involve:

1. Working in a supervised clinic setting seeing new patients
2. Going to see ward referrals with the consultant
3. Sitting in consultant clinics and observe management of difficult clinical situations
4. Attending and assisting in minor operations clinic/theatre
5. Acquiring practical skills under supervision
6. Acquire knowledge of referral to different specialties

### **Educational Plan**

1. A named clinical supervisor is appointed, responsible for the overall educational experience of the job
2. Progress and activities are recorded in a logbook
3. Teaching will be mainly in clinics where management of different conditions observed will be discussed and by workplace based assessments.
4. Teaching should also be self directed based on clinical scenarios met whilst at work
5. Should study hospital and national guidelines and protocols and apply them in clinical practice
6. Should have the opportunity to attend paediatric or related study away days
7. Should attend medical grand round

### **Provisional Timetable** (to be confirmed by the clinical supervisor)

Wednesday	am	Paediatrics dermatology OPD
	noon	Grand round
	pm	OPD clinic/ Ward referrals
Thursday	am	self directed learning day / VTS
Friday	am	Child development
	pm	Community clinic/ OPD clinic

In between sessions self-directed learning and recording events in a logbook.