

North West School of Anaesthesia Guide to Less Than Full Time Training

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**Dr Victoria Hill LTFT Trainee
Dr Karen Kidner LTFT Advisor**

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Introduction

Less-than-full-time (LTFT) training is common in anaesthesia with 11% of trainees across the country choosing to work this way at the time of the 2013 GMC survey. We hope this guide will provide answers to some common queries. For further information please contact Dr Karen Kidner, LTFT training advisor: karen.kidner@lthtr.nhs.uk

Section 1: Beginning LTFT training

What is LTFT training?

Doctors in speciality training may work between 50 and 80% of full time. In exceptional circumstances, the Postgraduate Dean may reduce this time requirement to 20% with an expectation that trainees will not train at this level for more than 12 months. A survey of anaesthetic trainees in 2010 found that working at 60-75% of full-time led to a better experience of training and 60% is the most common proportion of hours chosen by LTFT trainees. The training programme will consist of fewer hours per week but must contain the same educational opportunities as a full time trainee, pro rata.

There are 3 ways to accommodate LTFT trainees:

Slot-shares

This is the preferred and most common form of accommodating LTFT trainees. Two trainees each work 60% and share a full time slot on the rotation. These partners do not job-share and their work patterns are mutually exclusive.

Reduced Hours in a full-time post (RHFT)

One trainee occupies a full-time post at reduced hours. These trainees may work between 50 and 80% of their full-time equivalents. They may choose to fulfill the full-time on-call commitment of their slot as long as their total hours worked do not exceed 40 hours per week, but are under no obligation to do so.

Supernumerary

These posts are unusual as their basic salaries are entirely funded from the LTFT training budget, so limit access to LTFT training for other trainees.

Who is eligible to train LTFT?

Any trainee with well founded individual reasons may apply. There are 2 eligibility categories:

Category 1 (priority) Trainees with:

- A disability or ill health
- Caring responsibilities for children (aged <17).
- Caring responsibilities for other dependents e.g. spouse/parent.

Category 2:

- Unique opportunities for personal/professional development.

If I am eligible, are the deanery obliged to provide LTFT training?

No. The deanery has a duty to consider each application positively, but may not be able to provide a LTFT training placement as the availability of LTFT training is governed by finite resources.

If I am found not to be eligible for LTFT training, can I appeal?

Yes. For further information please visit: <https://www.nwpgmd.nhs.uk/content/less-full-time-training>

How to apply for LTFT

Any trainee in a substantive deanery-approved post can apply. It is advisable to begin the application process as soon as you decide you wish to train LTFT. Trainees applying due to caring responsibilities for children can begin their application process as soon as they are pregnant. The steps are as follows:

1. Discuss your interest with Dr Karen Kidner, LTFT training Adviser.
2. Complete online eligibility screen:

<http://www.nwpgmd.nhs.uk/less-full-time-training-eligibility-screening-form>.

Your eligibility will be assessed by the Associate Dean with responsibility for LTFT training. If deemed eligible a confirmation of eligibility letter will be sent to you. This process usually takes less than two weeks.

3. Once eligibility has been confirmed, contact your Training Programme Director (TPD) to discuss your start date and possible placements.
4. You will subsequently have to fill in a 'post-approval' form. (See section 2: Placement arrangement.)

Returning to work (RTW)

Many trainees entering LTFT training will be returning to work after a period of sickness absence or maternity leave. The needs of the returning doctor will differ depending on:

- Their length of time away from work
- Their experience and stage of training prior to beginning leave
- Their personal circumstances.

In the case of maternity leave, the return to work will require a period of adjustment to the new role of 'working parent' or 'working parent of multiple children' as well as the challenges of re-entering training and professional responsibility.

It is the professional duty of the doctor to ensure they are safe to return to practice.

In 2013 the School of Anaesthesia introduced a 'Return to Work Programme'. The details of the programme and the associated paper work can be found at:

www.nwanaesthesia.org.uk

The School also provides a funded place at the North West Return to Work Simulation Training day which is held a number of times a year, depending on demand: Please contact Dr Karen Kidner for further information.

Is the RTW process different for those returning from sickness absence?

Yes, health issues should be addressed through occupational health processes.

Is the RTW process different for more junior trainee anaesthetists?

The RCoA suggest that trainees with less than 12 months experience before beginning their career break repeat the Initial Assessment of Competence as part of their RTW.

When should I restart my on calls?

The North West School of Anaesthesia recommend that most trainees undertake 10 days of supervised clinical activity with no on-call commitment during their RTW programme. This is in line with the established RTW programme of the Wessex Deanery: http://www.aagbi.org/sites/default/files/JuneAnaesthesiaNews_Web_0.pdf

As the needs of the returning doctor can differ greatly it is accepted that this is a guide only. Some doctors, particularly those with shorter periods of absence and those who have undertaken 'Keeping In Touch' days or RTW simulation training may require a shorter period of time with no on-calls. If you require a prolonged RTW programme without on-calls, this period of time may not count toward your training, although RCoA guidance states that a successful RTW period should not affect your CCT date.

Who needs to take part in a RTW Programme?

The AoMRC feels that any doctor who has been absent for 3 months or more should have their needs assessed. A proportionate response should then be devised which would have different levels of formality depending on the level of the needs.

Additional Resources for RTW

- North West School of Anaesthesia RTW simulation day (see school website.)
- Keeping in Touch Days (See section 3)
- RCoA Educational Programme resources, e.g. Regional Core Topics days.
- AAGBI RTW refresher seminars
- Out of region RTW Simulation days e.g. Giving Anaesthesia Safely Again (GAS Again): <http://gasagain.com/>

Section 2: Information for the LTFT Trainee

Placement Arrangement

There is a process of placement arrangement that **must be complete 3 months before you change trusts, every time you change trusts**. This is because the host trust will need to agree to meet the additional costs of having a LTFT trainee. The steps are as follows:

1. Request an e-approval form from the LTFT administrator at the deanery: nwd.ltft@nw.hee.nhs.uk. Fill in part one and forward to your TPD. For ST3+ this will be Dr G Briggs: geraintbriggs@mac.com
2. The TPD will forward your e-approval form to your Educational Supervisor at the potential placement.
3. The Educational Supervisor will first seek approval from the Clinical Director and then the trust's staffing and finance departments.
4. The e-approval form with all above signatures must then be sent to the LTFT administrator at the deanery.

Initiation of this process is the responsibility of the LTFT trainee. It is recommended that you ask all recipients of the e approval form to copy you in as they forward the form on to the person in the next step.

Pay

LTFT trainees' pay is calculated in a different way to their full-time equivalents. It consists of basic salary (determined by total hours worked) plus a supplement (reflecting intensity of on-call duties).

The actual number of hours you work falls into a bracket which determines your basic pay:

Title of Band	Hours worked per week	salary (as a proportion of full-time basic salary)
F5	20- 23.9	0.5
F6	24- 27.9	0.6
F7	28-31.9	0.7
F8	32-35.9	0.8
F9	36-39.9	0.9

For doctors who work full-shift rota patterns the supplement added is as follows:

Band	Conditions	Supplement payable as a percentage of the calculated basic
FA	Working 1 weekend in 6.5 or more frequently OR more than 1/3 of your duty hours fall outside 7am to 7pm Mon- Fri	50%
FB	Does not meet requirements for FA	40%
FC	On call, non-resident.	20%

Once your basic salary band and supplement band are known your total salary is calculated as follows:

Total salary = salary* + (salary x 0.5 if FA, 0.4 if FB etc.)

*salary = F5 to F9 as detailed above

For example, Vicky works 60%. She examines her rota and finds she is working 28 hours per week (Salary band F7). One third of her hours of duty fall outside the period 7am to 7pm Mon-Fri (Supplement band FA). Her overall banding is F7A and she will receive her basic salary plus 50%.

Hours are subject to monitoring and trainees will be re-banded as with their full-time colleagues should their actual hours worked fall into a different band than suggested by their rota.

The above is a summary of the pay structure as it is relevant to most anaesthetic trainees. For further detail or information please visit: http://www.nhsemployers.org/SiteCollectionDocuments/doctorstraining_equitable_pay_cd_080405.pdf

Adding up your hours

Although some trusts issue LTFT trainees with a template work pattern, it is unlikely to look much like the on-call rota when you get it. As a LTFT trainee it is important to assess your rota to ensure you are working the correct number of hours and that the correct proportion of this time is spent 'on call.' There are a few trusts in which your college tutor or rota master will assess your hours with you, but the majority of the time you must do this for yourself.

In order to work out how many hours you should be working, you need to know how many hours your full time colleagues on the same rota are working. If your colleagues are working the maximum 48 hours per week, and you are 60%, you should be working $0.6 \times 48 = 28.8$ hours per week.

As your training should be equivalent to that of a full time trainee, you should be on-call the same proportion of your total hours as the full time trainees are unless you are in a RHFT slot and have opted to do more on-call than you are required. The following example of a trainee working 60% is taken from the 'Less than Full Time Training in Anaesthesia: An A to Z Guide' which can be found at: <http://www.rcoa.ac.uk/node/1540>.

“To ensure that you experience equivalence training, the proportion of hours spent doing elective and emergency work should also be pro rata. Thus, you should be doing 0.6 of the out of hours’ work that the full time trainees do. To ensure this you need to know how many people are on your share of the rota, for example if there are 7 full time trainees and you that equates to 7.6 people.

The following example uses 8 weeks of rota with 7.6 trainees:

Work out the number of weekends (Fri/Sat/Sun); In 8 weeks there will be 8 days weekends and 8 nights weekends to cover i.e. in total there are 16 weekends to cover.

LTFT weekends to do in 8 weeks = $(16/7.6) \times 0.6 = 1.23$

So in 8 weeks you will do at least one weekend, you may do 2 but then in the next 8 week period that should even out.

Then work out how many weekday shifts; Each day Mon to Thurs will require a long day and a night shift meaning 8 shifts per week should be covered. So in 8 weeks there are 64 shifts to cover.

LTFT total weekday out of hours work = $(64/7.6) \times 0.6 = 5.05$

So in 8 weeks you should do 5 to 6 shifts, which should be split between days and nights.

Ideally your total shifts (weekends and weekdays) should be evenly spread between days and nights.

It will not work out exactly for each rota period unless you are on a fixed rolling rota but over 6 months it should even out. If you find you are doing virtually the same numbers of on call shifts as the FT trainees then something is going wrong – even if your hours on paper are still 28.8 (0.6×48) you are losing training daytime lists. It is wise to keep a diary of your weekly working hours and to discuss this with the rota maker as soon as possible to ensure you don’t lose training opportunities.”

Work Pattern

The trusts are not obliged to allow you to choose your days of work. Most LTFT trainees have a structured support system in place e.g. formal childcare sessions, which cannot be easily changed whenever they move placements, and most trusts appreciate this and do their best to accommodate your needs. However if there are several LTFT trainees in one department it may not be possible for all of you to work the same days as it may leave the department short on other days. In this situation it will be necessary for you as a group to come up with a solution to this that may involve working different days to those originally planned.

You may find that you need to work outside of your regular days from time to time e.g. to attend a particular list which offers educational opportunities unavailable on a day you usually work.

The deanery state that: “Trainees should not dictate the terms and conditions of their LTFT training placements to trusts. The process is one of negotiation between all relevant parties. The requirements of the relevant curriculum have to be met on a pro-rata basis.”

Common work pattern queries include:

Do I get the same post-on-call days off as my full-time colleagues?

Most rotas include 'zero hour days' to bring average hours worked down after a period of on-call. Trainees working LTFT will most likely need 'compensatory days off' to bring their hours down as well. It is sensible to take the zero hour days where they fall in the rota and negotiate which other days you take off should they be needed to bring your hours to the correct amount.

Do I have to work Friday day on-calls if I don't usually work Fridays?

This should be negotiated with the trust. Most trusts will allow LTFT trainees to begin their Friday on-call at 5pm however this may not be acceptable if continuity of the on-call anaesthetist throughout the day is required, for example in some intensive care units. Trainees may be able to swap their Friday on call shifts or may elect to work Friday as part of their normal working week to avoid the issue.

Any extra hours accrued by working during Friday day must be taken account of when calculating your total hours worked, which may result in the need to take off another day of work to bring your hours down.

Annual Leave

Leave entitlement is dependent on your position on the NHS pay scale. This position is determined by the number of years you have worked after completing the foundation programme. The first year post-F2 has the pay scale point StR 00, the second year StR 01 etc. The pay scale does not depend on grade and so does not reset should a doctor enter a new specialty at ST1. Your pay grade is written on your payslip.

Annual leave entitlement for LTFT trainees changed in August 2014 (outlined below).

The full Lead Employer Organisation Annual Leave Policy can be found at:

http://www.pat.nhs.uk/education-and-research/Lead%20Employer/Lead%20Employer%20Documents/Lead%20Employer%20Annual%20Leave%20Policy_June%202014.pdf

Annual Leave calculated in DAYS for salary points min- 02

Average hours of work	Annual leave entitlement inclusive of statutory days (days)
24 hours (F6)	16
28 hours (F7)	19
32 hours (F8)	22
36 hours (F9)	24
40 hours (FT)	27

Annual Leave calculated in DAYS for salary points 03 and above

Average hours of work	Annual leave entitlement inclusive of statutory days (days)
24 hours (F6)	19
28 hours (F7)	22
32 hours (F8)	26
36 hours (F9)	29
40 hours (FT)	32

Study Leave

Time and funding is given pro-rata. Full time trainees may take 30 days of study leave per year and their funding is currently £805. A LTFT trainee working 60% is therefore allowed 18 days and £483 per year. The study leave year is the 1st October until the 30th September. The budget year for funding runs from 1st March to 28th/29th February.

If you take approved study leave on a day that you do not usually work, you are entitled to arrange a day off in lieu.

Bank Holidays

Pro-rata entitlement to the 8 bank holidays per year is outlined below:

Average hours of work	6 Bank holidays whole year (days)	8 bank holidays whole year (days)	10 bank holidays whole year (days)
24 hours (F6)	3.5	5	6
28 hours (F7)	4	5.5	7
32 hours (F8)	4.5	6	8
36 hours (F9)	5	7	9
40 hours (FT)	6	8	10

The 8 public holidays (pro rata for LTFTTs) within the year are:

New Year's Day, Good Friday, Easter Monday, May Day, Late Spring Bank Holiday,

August Bank Holiday, Christmas Day and Boxing Day.

Depending upon whether the Easter Public Holiday falls within March or April, there can be a variation in the number of public holidays that fall within a financial leave year: For example if 2 Easter Public Holidays fall within the same financial year, an entitlement of 10 public holidays will be applicable. Subsequently, public holiday entitlement will be 6 days in the following annual leave year.

How this works in practice depends on the days that you usually work:

If none of the bank holidays fall on days that you usually work, then your allocation is simply added to your annual leave.

If there are more bank holidays per year falling on your usual days of work than you are allocated then the options are:

- Take annual leave on the bank holiday
- Re-arrange that day of work for another day
- Take unpaid leave

In practice, the simplest way to manage your bank holiday allocation is to compare your allocation with the number of bank holidays which fall on your usual days of work. Those bank holidays which fall on your days of work but you are not entitled to should not be included in your calculation of hours of work for that placement. This is, in effect, using the bank holiday as a 'zero hour day' to bring your hours down to the correct proportion of full-time.

It is up to you decide to which bank holidays you will count as 'entitled to' and 'not entitled to' as you will only get a day in lieu for working on a bank holiday that you are 'entitled to.'

For example:

Vicky works 0.6 (28.8 hours).

Entitled to 5.5 bank holidays per year.

Works Monday, Tuesday and Friday therefore 6 bank holidays in 2013 landed on her usual days worked.

Vicky choses half of one of the bank holidays which she is not put on the rota to work on and doesn't include it in her calculation of hours worked in that placement.

Any other bank holidays are taken as usual with the hours that day included in calculations for hours worked.

For any of these bank holidays worked on-call, a day in lieu will be given.

An alternative method of managing your bank holiday allocation is to add it to your annual leave entitlement. Any bank holidays which then fall on days you usually work must be booked off as annual leave.

On-Call and Additional Employment

The North West Deanery position states that LTFT trainees must do the same amount of on call work pro-rata as full-time trainees as a minimum requirement. They may choose to do more than this, and can carry out full-time on-call as long as the total hours worked per

week is not more than 40 hours (This is 80% of 48, the maximum number of hours allowed in LTFT training.)

The North Western Deanery does not permit LTFT Trainees to undertake locum/extra duty work except in very exceptional circumstances to meet the needs of the service/patient care.

LTFT trainees are not permitted to undertake additional employment within or out of the NHS. This condition may be waived after discussion with the Associate Dean with responsibility for LTFT training if the employment presents additional opportunities for the trainee, e.g. Medical Education Fellowships.

The RCoA takes a slightly different position and has stated that LTFT trainees working 60% as a slot-share may choose to work 50% full-time equivalent on-call in conjunction with an increase to 70% for their daytime hours. When this occurs, close monitoring of the out-of-hours experience gained by the trainee must occur via the ARCP process.

ARCP

ARCP continues to be an annual appraisal. It is advisable to prepare a summary to take along with you which details where you are up to (full-time equivalent) in your training.

CCT Date Calculation

You must let the RCoA know when you switch to LTFT. They will recalculate your CCT date once you have completed your intermediate training.

Guidance regarding 'Time out of training' issued by the GMC in November 2012 ended the previous position where trainees could apply to have 3 months 'exceptional leave' out of a period of maternity leave count towards their CCT. Any application for recognition of time out of training must now be supported by evidence of completed competencies at ARCP.

The 6 months post CCT 'grace period' is the same for LTFT trainees and full-time trainees.

New Starters

The RCoA has stated that commencing as a novice anaesthetic trainee on a 50-60% LTFT basis is extremely stressful for both trainee and department. They note that many of the trainees in this position have failed to achieve their initial competencies by 6 months. It is therefore their advice that new starters work full-time if at all possible whilst gaining their initial competencies.

Pastoral Care and Mentoring

Attempting to balance training in anaesthesia and other personal demands and responsibilities, be they caring for a dependent or your own ill-health can be very stressful. Sympathetic and knowledgeable pastoral care can be accessed by contacting Dr Karen Kidner, LTFT training advisor, Dr Gerraint Briggs TPD or Dr Sarah Thornton, Head of School.

CT 1 and CT2 anaesthetic trainees who train LTFT may wish to access the support of their more experienced LTFT trainee colleagues via the School's mentorship programme: www.eanaesthesia.com/buddy

A deanery LTFT google group is used to communicate with LTFT trainees from other specialities. Invitation to the group is managed by the LTFT administrator: LTFT@nwpgmd.nhs.uk

A North West LTFT Trainees 'closed group' exists on Facebook as an informal way of providing other LTFT trainees with support and information. To join please e mail: victoriahill@doctors.org.uk.

What do I do if I no longer wish to work LTFT?

You must contact the LTFT training advisor, Dr Karen Kidner and your TPD. You will not be able to return to full-time work until the next changeover, subject to training capacity within the rotation and funding.

Section 3: Trainees Having Children

The Pregnant Anaesthetist

EWC: Expected week of confinement: The week baby is due, calculated from Sunday to Saturday

LEO: Lead Employment Organisation (Pennine Acute Trust)

In addition to family and friends, there are a number of people you must notify of your good news:

- Your employer: Human Resources at Pennine Acute Trust as your Lead Employing Organisation (LEO) needs to be informed of your pregnancy. This must be done before the end of the 15th week before the end of your EWC, roughly week 25. You will then need to send them a copy of your MAT1B Certificate (Your midwife will give you this certificate at around 20 weeks.) The LEO HR will inform the host trust HR department, Payroll and the Deanery.
- The HR Maternity Leave Officer at LEO is Aileen Mowbray: aileen.mowbray@pat.nhs.uk, 0161 604 5837 and the helpdesk: PAHT-LEO.Helpdesk@pat.nhs.uk. It is useful at this point to inform the LEO of the date you wish to start maternity leave as they appreciate as much notice as possible. This date can subsequently be changed with 28 days notice.
- Your training programme director
- Your 'clinical supervisor' who should then, in conjunction with LEO HR and the HR department of your host trust, carry out a risk assessment.

You are entitled to paid time off to attend antenatal appointments.

What if I am off sick whilst pregnant?

Any illness before the beginning of the 4th week before the EWC will be treated as normal sickness absence. Illness after this date unrelated to the pregnancy will also be treated as sickness absence. If your sickness after this date is related to your pregnancy, however, then your maternity leave will start, although odd days of pregnancy-related illness may be disregarded if you wish to continue working.

What should I do about my on-calls when pregnant?

All pregnancies are different (as are all anaesthetists). There is therefore no prescriptive advice regarding when you should stop your on-call commitment but an article in Anaesthesia News advises that most trainees have stopped night work by 29 weeks, the date at which you can first choose to begin your maternity leave: <http://www.aagbi.org/sites/default/files/oct08.pdf>. Some trainees may be forced to stop on-call duties much earlier than this due to complications of pregnancy.

Advice to plan to do 'your share' of the out of hours work in the earlier stages of your pregnancy is unhelpful and puts pressure on trainees to work beyond that which is sensible or may even be possible at a time of major physiological change.

Maternity Leave

The earliest your maternity leave can begin is the beginning of the 11th week before your EWC.

You continue to accrue annual leave and bank holidays on maternity leave, however only 5 days (pro-rata) can be carried over from one leave year to another. The annual leave year for trainees runs from 1st August until the 31st July. For example, if you begin your maternity leave in February, any annual leave you accrue between February and August (the beginning of the leave year) will be forfeit unless you take it **before** you begin your maternity leave. This is because you can only be on one form of leave at any time i.e. maternity leave OR annual leave.

You will only have access to study leave in exceptional circumstances.

If you wish to return early from maternity leave, you need to give 28 days notice. If you wish to prolong your maternity leave you must give 8 weeks notice.

You must record your maternity absence in section 2 of the Form R which you will submit as part of the ARCP process.

Maternity Pay

SMP: Statutory maternity pay

MA: Maternity allowance

For trainees who have had 12 months continuous NHS employment at the beginning of the 11th week before the baby is due and are planning to return to work maternity pay is as follows:

8 weeks: full pay.
18 weeks: half pay plus SMP or MA
13 weeks: SMP or MA
13 weeks: unpaid leave

Trainees with less than 12 months NHS continuous service will be paid:

6 weeks: 90% of pay
33 weeks: SMP or MA
13 weeks: unpaid leave

Maternity Allowance is a weekly benefit paid by the benefits agency which will be paid to trainees who have not worked for LEO for long enough to be entitled to SMP (26 weeks ending in the 15th week before the EWC). The value of the 2 benefits is the same (currently £138.18 per week). LEO will inform you of how to arrange MA should this apply to you.

Your maternity pay is based on your final 2 salaries prior to week 25 of your pregnancy. These amounts are added together, multiplied by 6 and divided by 52 to obtain average weekly earnings.

You may request that your maternity entitlement is paid differently, for example, the total maternity pay could be spread evenly across the maternity period.

You will be incremented as normal during your maternity leave.

I have recently returned from a period of OOPE in a foreign country. Do I still qualify for full maternity entitlement?

Yes. This break in NHS service will be disregarded, as will any breaks of less than 3 months.

Keeping In Touch (KIT) days

You may take up to 10 KIT days in your maternity leave. These days may be used for work or for training and will be paid at your basic rate (minus a maternity payment) for any hours done. The KIT days must be agreed with your host trust and LEO must be informed of any KIT arrangements you have made.

The process of arranging KIT days is as follows:

1. E mail LEO Medical Personnel HR Officer Aileen Mowbray with the date(s) and actual number of hours you wish to work for each day (Payroll calculate KIT pay in HOURS, not DAYS): aileen.mowbray@pat.nhs.uk
2. Aileen Mowbray will then forward this information to your host trust for their authorisation as they will be charged for these hours.
3. Your maternity pay/ SMP will be adjusted by payroll to take account of the KIT pay.

It is the deanery position that a doctor cannot insist on working their KIT days, as they are subject to the Host Trust's agreement to be charged for them.

Paternity Leave

Partners of pregnant women are entitled to paternity leave. If they have been working for LEO for 26 weeks continuously ending with the 15th week before the baby is due they will receive full pay, otherwise this leave will be unpaid. This leave must be taken in a block (not odd days) and can be taken at a time of your choosing within 8 weeks of the date of the baby's birth, or the due date, whichever is later.

You must apply to LEO at least 28 days before you intend to take the leave.

Partners of pregnant woman are also entitled to paid time off to attend antenatal classes, subject to the needs of the service.

The GMC has determined that within each 12 month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work) this will trigger a review of whether the trainee needs to have their CCT date extended.

You must therefore record your paternity absence in section 2 of the Form R which you will submit as part of the ARCP process along with any other leave taken (e.g. jury service, sickness absence etc.) Annual leave and study leave need not be declared.

Additional Paternity Leave (APL)

Partners may also take between 2 and 26 full weeks of the mother's maternity leave at any time between the date 20 weeks after baby's birth and baby's 1st birthday. APL can only be taken after the mother has returned to work. Any outstanding SMP the mother is entitled to will transfer to the partner on APL. Partners are also entitled to 10 KIT days.

Breastfeeding

If you are breastfeeding when you return to work you may require time and privacy to express breast milk. As a guideline, LEO considers 2 breaks per day of up to an hour adequate, the timing of which must be discussed and agreed with your clinical supervisor. The family policy states that suitable rest facilities will be provided.

Childcare Vouchers

LEO is part of the Edenred childcare voucher scheme. The scheme allows you to sacrifice some of your salary in exchange for childcare vouchers which are exempt from national insurance and tax, thus saving you money.

The vouchers are issued in electronic or paper form and you can use them to pay childcare providers who are registered with the scheme.

The amount you can sacrifice is £243 per month if you joined the scheme before 5th April 2011, saving up to £1224.72 per year per higher rate tax payer. If joining after this date, higher rate tax payers can sacrifice a maximum of £124 per month.

To join the scheme you should contact payroll services at LEO: **0161 918 4432**

The pregnant anaesthetist who receives childcare vouchers should be aware that your maternity pay is based on your final 2 salaries prior to week 25 of your pregnancy. It may therefore be financially sensible to reduce the amount of salary you sacrifice to the voucher scheme between weeks 17-25 of your pregnancy. This should be discussed with payroll services.

Parental Leave

Each parent can take a total of up to 13 weeks unpaid parental leave for each child up to their 5th birthday. This allowance is pro-rata for LTFT trainees and is dependent upon having 12 months continuous NHS service (including periods of maternity/paternity leave.)

Parents of disabled children have the right to take off up to 18 weeks of parental leave up to the child's 18th birthday.

You can take parental leave immediately after maternity leave provided sufficient notice is given.

Important contacts

Deanery

LTFT Training Advisor: Dr Karen Kidner: karen.kidner@lthtr.nhs.uk

StR Training Programme Director: Dr Gerraint Briggs: geraintbriggs@mac.com

Associate Dean: Dr Shirley Remington. S.Remington@nw.hee.nhs.uk

Deanery LTFT Administrator: nwd.ltft@nw.hee.nhs.uk

Royal College of Anaesthetists

RCoA Training Directorate: training@rcoa.ac.uk

The RCoA Bernard Johnson Advisor for LTFT training is Dr Carolyn Evans, Consultant Anaesthetist at Bradford Teaching Hospital Foundation Trust:
carolyn.evans@bradfordhospitals.nhs.uk

Lead Employer Organisation

Aileen Mowbray: LEO HR Officer for Maternity Leave: Aileen.Mowbray@pat.nhs.uk, 0161 604 5837

LEO Helpdesk: PAHT-LEO.Helpdesk@pat.nhs.uk

Victoria Cooney: Adult and Child Care Co-ordinator, Human Resources Dept, LEO: 0161 918 4293, adult.childcare@pat.nhs.uk

Payroll at LEO: 0161 918 4432. Email: nwdeanery.payrollhelpdesk@pat.nhs.uk. Fax: 0161 720 2786

Useful Resources

'Less than Full Time Training in Anaesthesia: An A to Z Guide':

<http://www.rcoa.ac.uk/node/1540>.

GMC Position Statement on LTFT training: http://www.gmc-uk.org/education/education_news/11915.asp

Royal College of Anaesthetists resources: <https://www.rcoa.ac.uk/node/218>

North West Deanery resources: <http://www.nwpgmd.nhs.uk/content/less-full-time-training>

Equitable Pay for Flexible Medical Training, NHS Employers 2005:

http://www.nhsemployers.org/SiteCollectionDocuments/doctorstraining_equitable_pay_cd_080405.pdf

AoMRC Return to Practice Guidance: <http://aomrc.org.uk/about-us/news/item/academy-reports-and-resources.html>

AAGBI/ RCoA Returning to Work guidance:

<http://www.aagbi.org/sites/default/files/RCoA%20PUB-ReturnToWork2012.pdf>

Anaesthesia News: Returning to Work The Wessex Way:

http://www.aagbi.org/sites/default/files/JuneAnaesthesiaNews_Web_0.pdf

RTW Simulation Day: <http://gasagain.com/>

Anaesthesia News: The Pregnant Anaesthetist:

<http://www.aagbi.org/sites/default/files/oct08.pdf>

Pennine Acute Trust Family Policy:

http://www.pat.nhs.uk/uploads/20120622_Family%20policy%20and%20procedure.pdf

www.childcarevouchers.co.uk

Pennine Acute Trust: FAQ: Terms and conditions:

http://www.pat.nhs.uk/uploads/20120208_FREQUENTLY%20ASKED%20QUESTIONS%20-%20TERMS%20%20CONDITIONS.pdf

HMRC: Paying for childcare: <http://www.hmrc.gov.uk/leaflets/ir115.pdf>

Details of NW Return to Work Programme:

[http://www.nwanaesthesia.org.uk/NW%20Anaesthesia%20October2011/25jan13_ReturnToWorkPolicy_2\[1\].pdf](http://www.nwanaesthesia.org.uk/NW%20Anaesthesia%20October2011/25jan13_ReturnToWorkPolicy_2[1].pdf)

Lead Employment Organisation Annual Leave policy: http://www.pat.nhs.uk/education-and-research/Lead%20Employer/Lead%20Employer%20Documents/Lead%20Employer%20Annual%20Leave%20Policy_June%202014.pdf

GMC Position statement on time out of training: <https://www.rcoa.ac.uk/system/files/TRG-TOT-GMC-PS.pdf>

