

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

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**Dr. Insiya Susnerwala  
LTFT Trainee**

**Dr. Victoria Hill  
Consultant Anaesthetist**

**Dr. Bernadette Lomas  
Consultant Anaesthetist**

**Dr. Karen Kidner  
Consultant Anaesthetist  
Regional LTFT Advisor**

**Contributors: Dr. Jennifer Gwinnutt, LTFT Trainee**

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## Section 1: Beginning LTFT training

### What is LTFT training?

The Improving Working Lives (IWL) Initiative, NHS Policy 2002, aims to improve doctors' working lives by improving their work/ life balance and providing employment conditions which enable all doctors to work and train in the NHS to their full potential. Less Than Full Time (LTFT) is included as one of the IWL standards.

The aims of LTFT training are to support doctors in training who have caring responsibilities, health concerns or individual development opportunities and allow better workforce retention and career development for those choosing to train on a pro-rata basis.

A balance needs to be maintained between LTFT training arrangements, the educational requirements of both full-time and LTFT trainees, and service need.

Trainees are expected to reflect the same balance of work as their full-time colleagues and such will carry out comparable duties to their full-time counterparts on a pro-rata basis.

This guidance is designed to inform trainees who are either considering or have already embarked on Less Than Full Time training and has been drawn on from published guidance:

- a) NHS Employers document [Principles Underpinning the New Arrangements for Flexible Training](#) (2005)
- b) [The Gold Guide- a reference guide for Postgraduate Specialty Training in the UK](#) (2018)
- c) [HEENW LTFT Policy and Guidance](#) (2019)
- d) GMC's position statement on [LTFT training](#) (2017)
- e) [BMA LTFT guide](#) (2015)
- f) [Less than Full Time Training in Anaesthesia: An A to Z Guide'](#) (2015)
- g) [Enhancing Junior Doctors' Working Lives- Progress Report](#) (2019)

### Who is eligible to train LTFT?

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

#### Category 1

- A disability or ill health
- Caring responsibilities for children up to and including the age of 16
- Caring responsibilities for other dependents e.g. spouse/parent.

#### Category 2

- Unique opportunities for personal/professional development e.g. national/international sporting events, membership on national committees, continuing medical research

- Religious commitment
- Non-medical development e.g. management courses, law courses or fine arts courses

Applicants whose circumstances place them into Category 1 will always take priority over Category 2 applicants, though HEENW will do its best to accommodate all those who are eligible.

It should be noted that while a trainee has the right to **request** LTFT training and HEENW has a duty to consider each application positively, there is no right to LTFT training in itself.

If the trainee is deemed not to be eligible for LTFT training they have a right to appeal that decision. Further details about Appeals can be found in the HEENW LTFTT Policy and Guidance.

## Forms of LTFT Training

The GMC's Postgraduate Board states a minimum time requirement of 50% for doctors in specialty training who work on a less than full-time basis. There will be provision for Postgraduate Deans to further reduce the time requirement to a minimum of 20% where trainees are experiencing exceptional difficulties. However, doctors in training should not normally undertake a placement at less than 50% for a period of more than 12 months.

There are currently three ways a LTFT trainee can be accommodated within HEENW.

### 1. *Slot-shares*

Two trainees occupy one full-time slot and each trainee works at 60% of their full-time colleagues. This is different to "job-sharing" where the trainees are expected to split the duties of a working week.

### 2. *Reduced Hours in a full-time post (RHFT)*

One trainee occupies a full-time post at reduced hours. These trainees may work either 60% or 80% of their full-time equivalents. They may choose to fulfil 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.

### 3. *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. These posts are usually temporary and exist for a specific post rather than the entire duration of training. Trainees in the post are permitted to work up to a maximum of 60%.

## How to apply for LTFT

It is essential to discuss your intentions for LTFT Training with the LTFT Training Advisor, [Dr. Karen Kidner](#). It is also wise to inform your TPD as will help in planning your placements. Following this, you need to have your eligibility assessed against the standard eligibility criteria mentioned above. A trainee can have their eligibility screened for the scheme by submitting an online [eligibility screening form](#).

Following submission of the eligibility screening form, the trainee's eligibility is assessed by the Associate Dean with responsibility for LTFT Training or a representative. You will be informed of the decision within two working weeks however this may be extended if you have applied for health reasons as further screening by occupational health may be required.

If the trainee is deemed to be eligible a confirmation of eligibility letter and a LTFT training post approval pack will be sent to them. If the trainee is deemed not to be eligible they have the right to appeal as mentioned above.

There may be occasions where the Associate Dean for LTFT training wishes to interview a trainee who has applied for LTFT training.

The [LTFT Flowchart](#) will help you understand the steps involved in the application and implementation of less than full time training.

## 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](mailto:ltft.nw@hee.nhs.uk) from the LTFT administrator at the deanery: [ltft.nw@hee.nhs.uk](mailto:ltft.nw@hee.nhs.uk)
2. Complete the **Trainee Details** section and forward to Karen Kidner.
3. The form will then get forwarded to your Departmental Lead/College Tutor at your rotating Trust.
4. After completion by your Departmental Lead/ College Tutor, the form will be sent to the **LTFT Flexible Training Champion of the Trust**. Note, this is different to the LTFT Champion within the Anaesthetic Department.
5. The LTFT Flexible Training Champion will liaise with HR and Finance on your behalf and forward the forms back to 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.

### LTFT Flexible Training Champion

During negotiations for the new junior doctor contract, ACAS, the BMA and the government agreed on a role of a LTFT Champion to be appointed within each Trust. This was introduced to act as a local support system for all LTFT trainees and is common for all specialties and grades. Recommendations from the HEENW LTFT Associate Dean have now given LTFT Champions the additional role of streamlining the HR and Finance process which each trainee must complete on rotation to a new post.

### LTFT Champion Anaesthesia

There is now a designated [LTFT Champion](#) within the Anaesthetic Departments in HEENW who you can turn to for any queries/issues. They are there to provide support and guidance whilst you are on rotation and have been appointed by HEENW Anaesthesia in a pastoral capacity to smoothen the transition between Anaesthetic Departments. They will be a valuable resource to you during the process of post approval, work schedules, rota's, pay and any other issues you may find with LTFT Training.

### Pay

Due to the changes in the Junior Doctor Contract 2016, there are a number of different ways in which you may be paid.

There are one of four ways you could have transitioned onto the new contract/ pay terms:

1. 2016 contract TCS- You started on this contract as you started a new job.

2. 2016- Section 1- You were on the old contract and transitioned to the new one and are being paid according to the new pay guidelines however have a cash floor protection from your previous contract. This will usually apply to trainees who were CT1 and above at the time of transition.
3. 2016- Section 2- You were on the old contract and have transitioned to the new TCS however, you are being paid as per the old 2002 terms. This will usually apply to trainees who were ST4 and above at the time of transition.
4. 2002- You were on the old contract and continue to remain on it for both contractual and pay obligations. This will only apply to those trainees who are employed by a Lead Employer and if that employer has chosen to continue this contract.

Pay on the Junior Doctor Contract 2016 is dependent on your grade and your personalised work schedule.

### 1) 2016 Contract

#### Base Pay

This is calculated from the base pay for your nodal point and then pro rata for the hours you work.

#### Foundation Doctors Nodal Point

Grade	Stage of Training	Nodal Point	Value (£)
Foundation Year One	FY1	1	27,146
Foundation Year Two	FY2	2	31,422

#### Specialty Registrars Nodal Point

Grade	Stage of Training	Nodal Point	Value (£)
Specialty Registrar (StR) (Core Training)	CT1	3	37,191
	CT2		
	CT3	4	47,132
Specialty Registrar (StR)(Run-Through Training) and Specialty Registrar (StR)(Higher-Training) and Specialist Registrar (SpR)	ST1	3	37,191



	ST2		
	ST3	4	47,132
	ST4		
	ST5		
	ST6		
	ST7		
	ST8		

e.g You are ST3 and work 28 hours. Your full-time colleagues work 40.

Base Pay = Base pay for your nodal point x 1/40 (pay per hour for full time trainees) x 28

Base Pay = (47,132 x 1/40) x 28

Base Pay = 32,992.40 per annum

However, as you are more than likely going to be working Night Shifts, the basic pay for your grade will be altered to take into account the enhanced hours. See section on Night Duty below.

#### **Fifth nodal point**

During the June 2019 contract re-negotiations, a fifth nodal point was introduced to recognise the significant service contribution from senior trainees.

This will be introduced through a staggered approach from October 2020 as follows:

- In October 2020 the value will be £3,000
- In October 2021 the value will increase to £6,000
- In April 2022 the value will increase to £7,200

#### **Weekend allowance**

Weekend allowance is calculated using the nodal point you are on and the frequency of weekends your full-time colleagues are working. This is then pro rata for the number of weekends you actually do.

<b>Weekend Frequency</b>	<b>Nodal Point</b>	<b>Value (£)</b>
1:2 weekends (10%)	1	2,714.60
	2	3,142.20
	3	3,719.10
	4	4,713.20
<1:2 upto and including 1:4 weekends (7.5%)	1	2,035.95
	2	2,356.65
	3	2,789.33
	4	3,534.90
<1:4 upto and including 1:5 weekends (6%)	1	1,628.76
	2	1,885.32
	3	2,231.46

	4	2,827.92
<1:5 upto and including 1:7 weekends (4%)	1	1,085.84
	2	1,256.88
	3	1,487.64
	4	1,885.28
<1:7 upto and including 1:8 weekends (3%)	1	814.38
	2	942.66
	3	1,115.73
	4	1,413.96
Less frequently than 1:8 weekends (0%)	1	0.00
	2	0.00
	3	0.00
	4	0.00

During the June 2019 re-negotiations, the weekend frequency allowance rates for those working one in two, one in three, and one in six weekends will be uplifted in order to ensure these trainees are not paid less per hour for working more intense frequencies.

The rate for those working one in two weekends will be 15 per cent of their basic salary; for those working one in three weekends it will be 10 per cent of their basic salary, and for those working one in six it will be five per cent of their basic salary. This change will come into effect in December 2019.

e.g. ST3 LTFT working 1:7 weekends. Full time trainees work 1:4 weekends.

Weekend pay = 2,827.92 x 4/7

Weekend pay = 1,615.95 per annum

According to the new contract a weekend is defined as a shift beginning on a Saturday or a Sunday.

### Night duty

Night shifts are paid at an enhanced rate of 37% (per hour's pay) for any hours which are worked between 21:00 and 07:00. If the shift starts no earlier than 20:00 and lasts at least 8 hours, then the enhancement is still applied for all hours worked.

They are calculated by adding up your total night shift hours in any given rota period. This is then divided by the number of weeks in the rota to give you a weekly amount. This is then converted to an annual figure (using the pay scales table) and you are then subsequently paid 1/12<sup>th</sup> of that for each complete month.

Essentially this will alter your basic pay. On the [Pay Scales Table](#), you would need to read off where the full-time trainees would sit after they have had their enhanced hours added. The LTFT pay will be pro rata of this pay of this assuming your night shifts have been proportioned accurately according to your LTFT percentage.

e.g. Full-time ST3 working ten night shifts across a 13 week rota. Average working hours per week is 48.

Enhanced hours = (Number of nights x Number of hours in night shift) / 13

Enhanced hours = (10 x 12.5)/13

Enhanced hours = 9.61

Therefore, on the pay scale, you would read across and note that full time basic salary is now £60,906.17.

If you are 60% (28 hrs per week) LTFT, you should ensure that you are working only six night shifts and your base pay would then be calculated as:

Base Pay = (60,906.17 x 1/40) x 28

Base Pay = £42,634.32 per annum

In practice, you may find that due to the differences in the way Generic Work Schedules and On-call rota's are generated, that you may end up having more of one type of shift than another in order to account for your out-of-hours works. This is a compromise to avoid being subjected to fixed rolling rota's.

### **Additional hours**

This will not apply to LTFT trainees as our hours will always be below 40.

Additional hours are paid at base pay rate for full time trainees for the additional hours they do over 40 hours.

### **On call supplement**

Again, will not apply to us as anaesthetists do a shift system. On call supplement is for trainees covering a non-resident on call.

## **2) 2016 Contract- Section 1**

Those who are Section 1 Pay protected, will receive additional transitional pay protection by way of a transitional pay premium specifically for LTFT trainees as well as a Cash Floor Protection which is applicable to both full time and LTFT.

### **Transitional Pay Premium**

Annual payment of £1500 for trainees who were already LTFT when they transitioned across to the new contract (3 August 2016) or were on maternity leave and were due to return as LTFT. This is paid as an annual figure divided over 12 months irrespective of your LTFT percentage. This transitional pay premium will cease when you stop training LTFT.

During the re-negotiations in June 2019, this figure has now been set at £1000 and will come into effect December 2019. Those trainees already receiving £1500 will continue to do so.

### Cash floor protection

For those who are Section 1 pay protected- this is the additional sum calculated from your base pay plus banding from when you were on the old contract. You will continue to receive a cash floor protection until you reach a point on the pay scale where you would earn more just on the 2016 contract pay terms at which point, your cash floor protection will stop.

### 3) and 4) 2002 Pay TCS

Trainees who are Section 2, i.e. they are on the 2016 contract but are being paid according to 2002 terms, as well as trainees who are continuing entirely on the 2002 contract, are paid differently.

LTFT pay is calculated using basic pay (number of hours worked) plus an on-call banding supplement.

The number of hours worked is dependent on what proportion LTFT you are and the number of hours your full-time colleagues are working on that rota. In most Trusts, the full-time hours are approximately 48 hours per week. Therefore, your LTFT percentage will put you in one of the following brackets.

LTFT Percentage	Hours worked per week	Band	Salary (as a proportion of full-time basic salary)
40%	20-23.9	F5	0.5
50%	24-27.9	F6	0.6
60%	28-31.9	F7	0.7
70%	32-35.9	F8	0.8
80%	36-39.9	F9	0.9

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

Conditions	Band	Supplement payable as a percentage of the calculated basic
Trainees working at high intensity and at the most unsocial times. This applies if you work full-shift rotas in which you work either more than 1 in 6.5 weekends or more than 1/3 of your hours Monday to Friday are between 7 PM and 7 AM.	FA	50%
Trainees working at less intensity at less unsocial times. This applies if you work a full shift rota in which you	FB	40%

work less than 1 in 6.5 weekends or less than 1/3 of your hours Monday to Friday are between 7 PM and 7 AM.		
All other trainees with duties outside the period 8am to 7pm Monday to Friday. This banding applies only to on-call rota and therefore is not applicable to many anaesthetic rotations.	FC	20%

Your basic salary will also change every year as you work up the pay scales up to a maximum of Pay Point 9 depending on how many years NHS service you have provided.

Scale	Specialty Registrar (Core Training)	Specialty Registrar (Full)
Min	31,217	31,217
1	33,127	33,127
2	35,795	35,795
3	37,408	37,408
4	39,354	39,354
5	41,300	41,300
6		43,247
7		45,193
8		47,193
9		49,086

e.g. You are ST3 and have completed Foundation and Core Training without any career breaks. You are now working LTFT at 60% and your pay has been banded at F7/FA.

Base Pay = 35,795 x 0.7 = £25,056.50

On call supplement = 25,056.50 x 0.5 = £12,528.25

Total salary = 25,056.50 + 12,528.25 = £37,584.75

### 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 check your rota to ensure you are working the correct number of hours and that the correct proportion of this time is spent 'on call.'

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. Equally you need to know how many on-call shifts there are and ensure you are doing a proportion of them split fairly between weekends, long days and nights.

The following example of a trainee working 60% is taken from the 'Less than Full Time Training in Anaesthesia: An A to Z Guide'.

*"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. i.e 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 x 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."*

You may find that even after having done this, on paper, you are averaging the correct number of hours but in reality, you are working more. If this is the case, it needs to be highlighted to your LTFT Training Champion so that adjustments can be made on the rota. It is likely that if you are working above your contracted hours, your full-time colleagues will be as well and therefore, this is a departmental issue to manage. Unfortunately, you will not be able to retrospectively alter your training hours if you feel you have overworked. It is important you check this on the rota before you start your rotation as only your contracted hours are used to calculate your training time and CCT date. If you want your training hours to be changed to reflect your increased intensity of workload, you will need to discuss this with Dr. Kidner and alter your work percentage for prospective rotations.

## **Pay Protection**

Trainees who are being paid under the 2002 TCS will now continue to receive their transitional pay protection until August 2025. Allowances have been made for trainees who take time out during this period i.e. Maternity Leave, to not be disadvantaged.

It is worth noting that for some trainees, they may reach the end of the proposed Pay Protection prior to completion of training. However, it is also likely that once they are made to change over to the 2016 Pay TCS, they will be further along in their training and may benefit from being paid at that nodal point in the pay scale.

## Guide to writing an Anaesthetic on call rota

1. Obtain a DRS template or similar for trainees who are still on the 2002 Contract and are paid according to banding.
2. Obtain a Generic Work Schedule for trainees on the 2016 Contract.
3. HR should provide you with a Work Schedule for LTFT trainees which should be pro rata for daytime and out-of-hours work.
4. Do a similar pro rata calculation for trainees on the 2002 contract ensuring balance between daytime and out of hours work.
5. Use the example [Rota Template](#) to enter shifts and check the hours calculations are accurate. To use this, you will need to code shifts according to the key to ensure the calculations are recognised. You may need to adjust multipliers and denominators dependant on your Trust's rota guidelines.

### Common Errors

- Is the length of the day shift accurate e.g. 9 hours, 9.5 hours, 10 hours?
- Is the length of the on-call shift accurate e.g. LD's 12.5 hours, Night shift 12.5 hours? Some Trusts have a shorter LD shift.
- Have all daytime shift boxes been coded with a "D"?
- Is there a NOC code on a "D" day?
- Have rest days and off days been allocated appropriately?
- Have bank holidays been accounted for- if you are on a post on call zero day on a bank holiday, you should be paid for this.



## Work Pattern

The Trusts are not obliged to allow you to choose your days of work however most places will do their best to accommodate your needs during the placement. Trainees must however appreciate that there is still a training need and service provision obligation on their part and therefore, the School has issued some baseline guidance for this:

- Trainees must work either a Monday or a Friday in their normal working week
- Must work at least two consecutive days
- Must be able to work Friday/ Saturday/ Sunday night shifts for weekend nights
- Must be able to work Saturday/Sunday day shifts.

Friday evening is no longer part of a “weekend” on the 2016 Contract therefore will not be subject to weekend allowance.

For trainees on the 2002 contract, the Friday long day is still included as part of the weekend for banding purposes.

As the rota’s will have a mix of trainees on the 2002 and 2016 contracts, we recommend that where a trainee can work a Friday evening shift prior to their weekend on-call, they do so as this prevents other trainees having to “mop up” a single Friday long day.

If Friday is a non-working day for you, you should not have to work the day shift unless by prior agreement and with adequate notice. If you do work a full day on a Friday when it should be an off day, you will be entitled to another off day in lieu and this should be accounted for in your hours.

In exceptional circumstances, alternative work patterns may have to be arranged for individuals i.e. due to health reasons, in which case this must be discussed well in advance with Dr. Kidner and the your Trust department.

You may also find that on rotating to different Trusts, certain days offer an educational benefit relevant to your Training needs. If this is the case and you are able to temporarily alter your regular work pattern, you should discuss this with the LTFT Champion in your department so that you can gain the most from the placement and be compensated for time off. However, this may not always be possible and for some ad hoc sessions, you may have to accept that you will need to be flexible with your working days. If you are attending work outside of your contracted hours, this does not contribute to your training hours and cannot be used to advance your CCT date.

Post on-call days (Rest days/ Zero days) will be allocated to you as they fall in the rota. Almost inevitably, many of these will fall on a non-working day for you. Therefore, you will have to take compensatory days in order to correct your hours. This is why it vitally important that you check the rota as soon as it is issued as these are common oversights and easily corrected before the start of the rotation.

## Annual Leave

Annual leave allowance varies according to whether you are on the 2002 or the 2016 contract.

The full Lead Employer Organisation Annual Leave Policy can be found [here](#)

## 2002 contract

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 or minimum, the second year StR 01 or first and so on. 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.

E.g. a CT1 who has completed the Foundation programme and has progressed straight across to Core Training would be on the minimum salary point. A CT2 would be on point 1, ST3 on point 2, ST4 on point 3.

Annual leave allowance for trainees on min, first and second incremental points = 5 weeks

Annual leave allowance for trainees on third incremental point and higher = 6 weeks.

In addition, each trainee is entitled to two statutory days which effectively increases your annual leave allowance to 27 days (min, first and second) and 32 days (third and higher).

Annual leave for LTFT trainees is pro-rata therefore:

<b>% LTFT</b>	<b>Annual leave (days) for salary points min, first, second</b>	<b>Annual leave (days) for salary points third and higher</b>
50%	13.5	16
60%	16.2	19.2
70%	18.9	22.4
80%	21.6	25.6

Bank Holiday entitlement is normally 8 days per year for full time trainees. LTFT Bank Holiday entitlement is pro-rata therefore:

50% = 4 days

60% = 4.8 days

70% = 5.6 days

80% = 6.4 days

The easiest way to ensure that you are getting all your Annual Leave and Bank Holiday entitlements is to combine the two and then apply for annual leave on the Bank Holidays where you would normally be at work. This ensures that you get off the Bank Holidays where you would normally be at work and do not miss out on any lieu days should you be rostered into work on a Bank Holiday. Equally, if a Bank Holiday falls on a day you wouldn't normally work, it is just considered as another off day and does not need to be compensated for.

If any of your shift falls during the 24-hour period of the Bank Holiday, you will be entitled to a day off in lieu. If a post on-call rest day also falls on a Bank Holiday, then again you would be entitled to a day off in lieu. If a Bank Holiday falls on a weekend, (Christmas/ Boxing Day/

New Year), then a weekday is usually allocated as a Bank Holiday. If this is the case, you would not be entitled to Bank Holiday terms for working during the weekend.

## **2016 Contract**

Annual leave is dependent on your number of years of service.

On first appointment to the NHS = 27 days

After 5 years' service = 32 days.

This is inclusive of the two statutory days.

The rest of your leave is calculated as above for the 2002 contract.

## **Study Leave**

Study Leave allowance is pro-rata as for full time trainees. At the moment, this stands at 30 days per annum. Recent guidance from the School also states that there is no annual budget limit per trainee. Instead courses will be approved for time and funding at the discretion of the TPD and the School as to what is necessary for the trainee at that point of training.

Recent progress has also been made for time off in lieu for trainees who take study leave on a non-working day.

The following is taken from guidance issued on [NW Anaesthesia](#).

*"The BMA state that trainees should have day returned for study leave on zero days. HENW also stated that to be the case.*

*The School feels that zero days are rest days, and working on them even for study leave is exceeding your hours, and cannot be mandated and is therefore the choice of the individual trainee.*

*We have a responsibility as professional doctors, employees and learners to act in a sensible and pragmatic fashion to protect our own health and that of our patients.*

*An additional consideration will apply to Less Than Full Time Trainees*

- 1) LTFT trainees have regular working and non-working days, and zero days to balance average working hours*
- 2) Trainees work LTFT for many reasons*
- 3) Allowing reorganisation of non-working days for study leave may enable the LTFT trainee to reorganise regular fixed commitments, avoiding additional costs for study leave (e.g. childcare, counselling, hospital appointments)*

## **Responsibilities:**

### *College Tutors*

*All study leave should be booked 6 weeks prior to the start of the leave.*

*If a trainee has booked study leave in advance of the rota being written, and once the rota is released it falls on a zero day, the trainee must be offered a zero day in lieu for that study leave. It should be as soon as possible following the leave, but within 2 weeks of the study leave. All movement of zero days must be by negotiation between the trainee and the department.*

*If a trainee books study leave that falls on a zero day, after the rota has been written, but 6 weeks in advance of the leave, then a lieu day should be given within 2 weeks of the leave. Study leave booked with less than 6 weeks may result in a lieu day may not being granted.*

*If a trainee decides to go on study leave on a zero day, and requests a lieu day in retrospect, that will NOT be granted.*

*Equally, if the department has changed the rota at short notice and a rest day is disrupted by study leave, that zero day should be paid back as soon as possible.*

***If a LTFT trainee applies for Study Leave on a non-working day, the above guidance will similarly apply. Non-working days for LTFT trainees should be considered in the same way as zero days.***

### *Trainees*

*Responsible for ensuring you organise your study leave 6 weeks in advance, and negotiate lieu days before the study leave is taken.*

*Responsible to ensure that there is adequate balance between Clinical Experience and Study Leave. Requirements for competencies for Completion of Units of Training should be set out in discussion with your Educational Supervisor, and appraisal of your portfolio and logbook numbers.”*

## **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.)

Recent updates from the GMC now state that LTFT trainees can undertake additional paid work both within and outside the Trust but this **must be declared** on your Form R at ARCP.

## **ARCP**

ARCP continues to be an annual appraisal. Full instructions regarding the requirements for ARCP, including number of WBA's, CME points etc. can be found on [E-Anaesthesia](#). As well as ensuring you have your portfolio requirements, you will also need to complete a [LTFT Summary Document](#) to outline your equivalent time of training completed. The time stated

should be the percentage you are approved to work i.e. 60%, 80%. If you have been working outside these hours due to rota issues, then this should have been addressed within your department outside of the remit of ARCP.

## CCT Date Calculation

You must let the Royal College of Anaesthetists know when you become a LTFT trainee. They will re-calculate your CCT date once you have completed Intermediate training.

As a rough guide, the following time frames may be a useful for you to estimate your CCT date:

LTFT %	Time required to complete 12 months full time equivalent
50%	24 months
60%	20 months
70%	17.5 months
80%	15 months

Whilst there is a competency element to completion of training, there are certain modules which the RCoA mandates are time-based and for these, you will need to ensure you have done a full-time equivalent number of months.

Basic ICU- 3 months

Intermediate ICU- 3 months

Higher ICU- 3 months

Advanced Modules- Must have completed either 2 x 6 months or 1 x 12-month placement

Other mandatory modules are based around a 20 session/ WBA competency so it may be possible to do this within the time frame you have been allocated to a rotation alongside full time trainees. However, if this is compromised due to annual/study/sick leave, then it must be discussed with your TPD to ensure you do get enough training time in that rotation.

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.

LTFT trainees may apply for and be interviewed for a consultant post up to six months prior to their CCT date. This is on a fixed-term basis and not pro rata. Equally the "Grace Period" post CCT is also a fixed term of six months and no pro rata modifications are made for LTFT trainees.

There is a period of "acting-up" which trainees may apply for prior to their consultant post. This is a maximum of three months and is pro rata for LTFT trainees.

## **New Starters**

The Royal College of Anaesthetists has given the following advice to CT1 Trainees considering LTFT training:

*“The College Training Committee recommends that, if at all possible, the trainee should gain their initial 3-month competencies on full-time basis and then revert to LTFT training once this has been achieved.”*

If, however, this is something that would be difficult to manage, then you should speak to your TPD and LTFT Training Advisor at the earliest opportunity so that measures can be put in place to assist you through this phase of training.

### **What do I do if I want to change my hours?**

You must discuss this with Dr. Karen Kidner and your TPD. It is usual to give three months' notice and then complete a post approval form for your next rotation to reflect these changes.

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

You must discuss this with Dr. Karen Kidner and your TPD. You will then need to give three months' notice to the [LTFT Admin team](#) prior to your proposed return date. A similar approval process is then conducted at HEENW before a LTFT trainee can resume full time duties.

## **Pastoral Care and Mentoring**

Attempting to balance training in anaesthesia and other personal demands and responsibilities can be very stressful.

If you need to speak to someone, the following points of contact are available to you:

[Insiya Susnerwala](#)- NW LTFT Rep

[Jennifer Gwinnutt](#)- Mersey LTFT Rep

[Karen Kidner](#)- LTFT Training Advisor

[Kirsty MacLennan](#)- NW Core Programme Director

[Oliver Pratt](#)- NW Core Programme Director

[Janet Slee](#)- Mersey Core Programme Director

[Geraint Briggs](#)- NW Higher Training Programme Director

[Stuart McClelland](#)- Mersey Higher Programme Director

[Simon Mercer](#)- Associate Head of School

[Sarah Thornton](#)- Head of School

[LTFT Champions](#)- HEENW Anaesthesia

[LTFT Flexible Training Champions](#)- HEENW Trust

A North West LTFT Trainees 'closed group' on Facebook as well a WhatsApp group are both used as informal ways of providing other LTFT trainees with support and information.

To join please e mail: [isusnerwala@doctors.net.uk](mailto:isusnerwala@doctors.net.uk)

## Section 3: Trainees Having Children

This section aims to provide information for trainees who are pregnant and the process involved with application for maternity leave. There is also information for partners on paternity leave. The full Lead Employer policy on Maternity/ Paternity/ Adoption Leave can be found [here](#).

### Who to notify of your pregnancy?

- The HR Maternity Leave Officer at LEO: [lead.employer@sthk.nhs.uk](mailto:lead.employer@sthk.nhs.uk) or tel. 0151 478 7672. Human Resources at St Helens and Knowsley Teaching Hospitals NHS 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 Expected Week of Childbirth (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. 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/ Educational 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.

### 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. The accrued annual leave is normally taken after maternity leave before the trainee returns back to work. E.g. You started Maternity leave on the 1<sup>st</sup> August 2019 and would like to return to work on the 1<sup>st</sup> August 2020, you will take 45 weeks maternity leave and restart on payroll with your accrued annual leave of 28 days, plus the 8 bank holidays.

If you are returning to work LTFT from a full time pre-maternity post, you will accrue annual leave in full time terms and start LTFT training from your first physical day back at work.

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

OMP: Occupational Maternity Pay- granted to trainees with 12 months continuous service with the Trust or NHS organisation at the beginning of the 11<sup>th</sup> week before EWC i.e. at 29/40 gestation.

SMP: Statutory Maternity Pay- granted to trainees who have completed 26 weeks continuous service with the Trust by the 15<sup>th</sup> week before EWC i.e. at 25/40 gestation.

MA: Maternity Allowance- 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 15<sup>th</sup> week before the EWC). The value of the 2 benefits is the same (currently £151.20 per week). LEO will inform you of how to arrange MA should this apply to you.

Qualifying week- 15<sup>th</sup> week prior to the EWC (i.e. 25/40 gestation). 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. Any pay earned outside of your normal contracted hours e.g. locums will not be included in the calculations.

**For trainees who have had 12 months continuous NHS employment at the beginning of the 11<sup>th</sup> week before the baby is due and are planning to return to work maternity pay is as follows (Occupational Maternity Pay):**

First 8 weeks: full pay – SMP or MA

Next 18 weeks: half pay plus SMP or MA ( as long as half pay plus SMP do not exceed full pay)

Next 13 weeks: SMP or MA

Next 13 weeks: unpaid leave

**For trainees with less than 12 months but 26 weeks NHS continuous service by the 15<sup>th</sup> EWC will be paid (Statutory Maternity Pay):**

6 weeks: 90% of pay

33 weeks: SMP or MA

13 weeks: unpaid leave

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.

## **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. Sickness within the last 4 weeks of pregnancy will result in maternity leave commencing immediately.

## **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 and needs should be individually assessed during the trainees' risk assessment. Guidance published by the [Association of Anaesthetists](#) and the [Royal College of Physicians](#) may be helpful.

Some trainees may be forced to stop on-call duties much earlier than this due to complications of pregnancy. In this instance, a medical certificate from the trainees' doctor or midwife stating that they must not work nights/ on-calls must be provided.

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.

## **I have been taken off the on-call rota due to pregnancy. Will this affect my qualifying week pay?**

If you have been risk-assessed and asked to come off the on-call rota, it is possible that your new work schedule will not reflect your out-of-hours supplements. If this happens around the time of your qualifying week, it can impact the calculation of your maternity pay. STHK policy does state that any trainee who is on *sick pay* around the time of qualifying week, should have their "earnings calculated on the basis of notional full sick pay." If you think this applies to you, please get in touch with your College Tutor and Dr. Kidner as soon as possible to discuss your options.

## **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.

## **Paternity Leave**

Partners of pregnant women are entitled to two weeks of 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.

## **Shared Parental Leave (SPL)**

Partners may take up to 50 weeks SPL during the first year of the child's time in the family. The number of weeks is calculated using the mother's maternity leave entitlement. At the point that SPL is taken, the mother's maternity leave will cease and any outstanding time can be taken as SPL. On the child's 1<sup>st</sup> birthday any outstanding SPL is lost. Partners are also entitled to 10 KIT days. If you are considering shared parental leave, please refer to the [Lead Employer guidance](#) for further information.

## **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/ Salary Sacrifice Scheme**

Prior to October 2018 trainees were eligible to apply for childcare vouchers via the Lead Employer. However, in May 2017, the Government introduced the Tax-Free Childcare (TFC) scheme. Those already enrolled on the voucher scheme could continue but from October 2018, no new applications to the voucher scheme were accepted.

Under the TFC scheme, the Government contributes 20% of childcare costs up to a maximum of £2000 per year, per child (£4000 if the child is disabled). To be eligible for the scheme you (and your partner) must be working, neither parent must earn over £100,000, you must have a child under 12 years of age (16 years if registered as disabled) and you must not be receiving Universal or Tax Credits.

To join the scheme, visit: <https://www.childcarechoices.gov.uk>

## **Parental Leave**

Each parent can take a total of up to 18 weeks unpaid parental leave for each child up to their 18th 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.) Leave is to be taken in one week blocks, up to a maximum of 4 weeks in any one annual leave year.

Parents of disabled children also have the right to take off up to 18 weeks of parental leave up to the child's 18th birthday. However, leave can be taken in blocks of one day, up to a maximum of 4 weeks in any one year for each individual child.

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

## Section 4: Returning to Work

### Section 1: Introduction

Trainees may be absent from training and clinical practice for a number of reasons including maternity/paternity leave, research, OOP and ill health etc. The purpose of this guidance is to promote patient safety and quality of care, whilst giving trainees an opportunity to regain their confidence and previously acquired skills more quickly and safely.

The programme is designed to be flexible to take into account the differing nature and length of absence, as well as the stage of the trainee, to ensure that the individual can safely and confidently return to training. It is also recognised that there may be differing needs between trainees that should be identified and addressed.

### Section 2: Overview of Programme

Participation in the programme is compulsory for absences of 3 months or more. It can be “opted into” for absences shorter than 3 months if desired, but any phased return/training plan devised by occupational health or HR should take precedence.

### Section 3: Pre-Absence Meeting

**Planned absence:** Where possible the trainee should meet their Education Supervisor or LTFT Champion at a Pre-Absence meeting to discuss how the trainee might keep up to date and any particular concerns they may have about returning. The trainee and Educational Supervisor should complete the [Pre-Absence Form](#) (Form A) detailing the discussion and then send a copy of this to the Training Programme Director (TPD). The trainee should also upload a copy onto their portfolio.

**Unplanned absence:** If the absence is unplanned, then this meeting could be held at a later date

### Section 4: During Absence

What clinical practice the trainee does during the absence will be dependent on the nature of the absence and what the trainee chooses to do. Keeping in touch (KIT) days are strongly encouraged and can be used for a number of things such as:

- Supervised clinical work
- Attendance of courses and meetings relevant to training e.g. RTW courses
- Attendance local or regional teaching days
- Attendance at departmental induction days nearest to return to work

### Section 5: Prior to Return

Once a timeframe for return is known then the trainee should meet with their Educational Supervisor or LTFT Champion for an [Initial Review](#) (using Form B). The aim of the meeting is to agree an individualised plan for return accommodating any specific concerns, learning

needs and required assessments. It is advised that this takes place 10-12 weeks prior to the estimated date of return, allowing enough time for the trainee to be incorporated into the rota appropriately. However, this should be flexible depending on the needs and circumstances of the trainee.

### **KIT Days**

At the moment, KIT days can only be taken during your period of Maternity Leave which is being paid at SMP. This is a government legislation, not a local Deanery one. This means, that for those taking up to 52 weeks of Maternity Leave, there is a period of about 12 weeks where they are not allowed to take their KIT days but would probably be the ideal time in which to use them.

Lead Employer, in agreement with the Associate Dean have introduced "Supported Return to Training Days" (SRTT). Further information on this can be found [here](#).

Examples for what these can be used for include:

- Specialty specific courses and regional teaching days
- Return to clinical practice days
- Period of enhanced supervision

Trainees will need to complete an individualised SRTT plan and meet with their Training Programme Director (TPD) or Educational Supervisor (ES) to plan and review the structure of this period. In addition, Health Education England North West has two nominated SRTT leads. These are [Dr Liz Clarke](#) (Mersey) and [Dr. Karen Kidner](#) (NW).

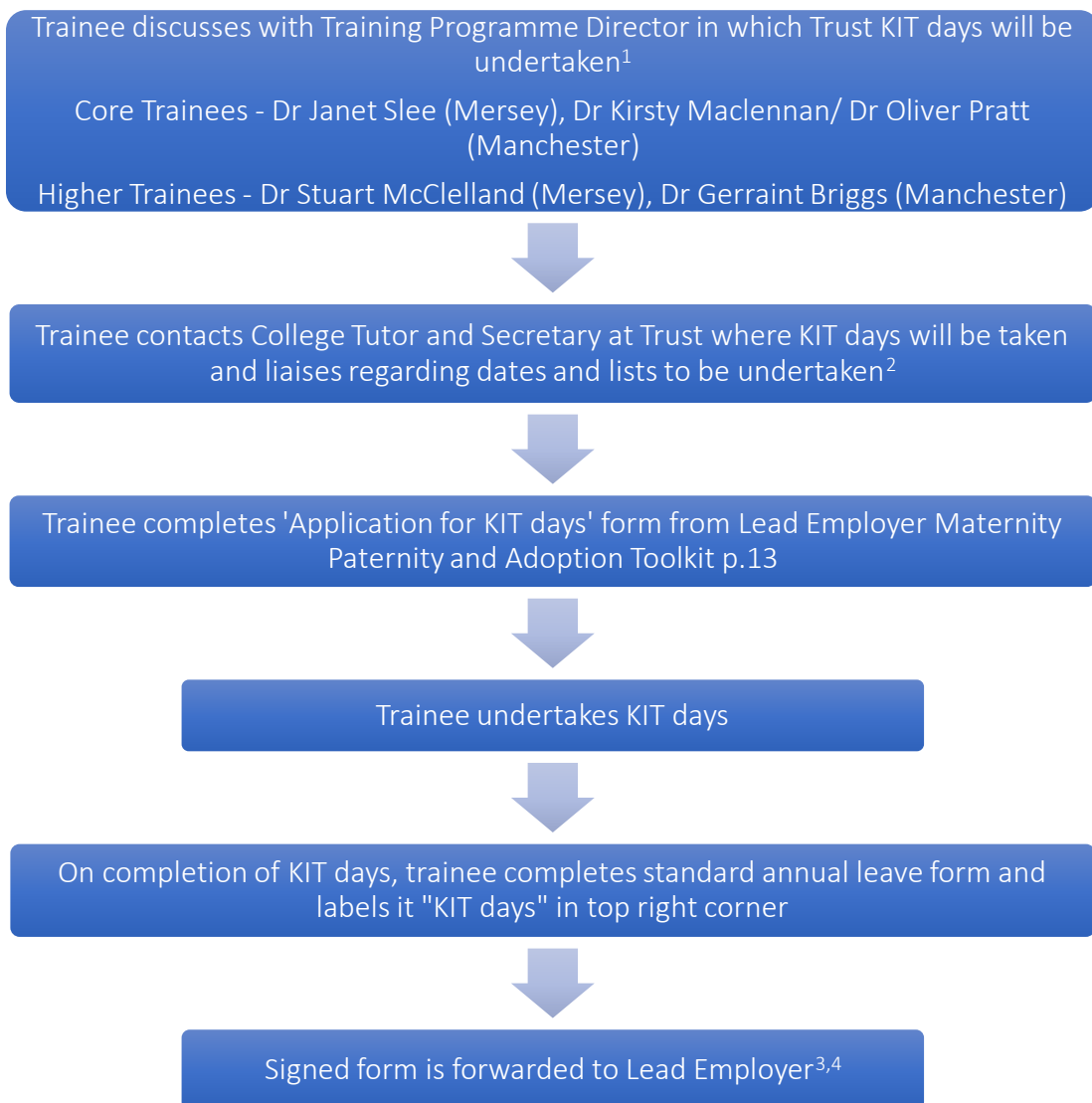
These days can be taken during your period of accrued annual leave towards the end of your Maternity leave. You would still be allowed up to a maximum of 10 days and if you took them during annual leave, you would be entitled to an annual leave day back in lieu. This effectively increases your annual leave by 10 days if you were to take all during that period.

You can also take SRTT days during the unpaid portion of your maternity leave and you would be paid basic salary for this.

You can also take Study Leave in your accrued annual leave and this would be treated as any other study leave you would take if you were in full employment. To this effect, you would be able to claim funding for courses if needed.

If you use a KIT day during the SMP portion of Maternity Leave but this requires a course fee, it will only be eligible for funding if it is going to contribute to your RTW.

Payment for KIT days will be paid at an hourly rate from what you were being paid prior to going on Maternity leave. To claim travel expenses for KIT day, please click [here](#).



1. KIT days are best undertaken at the Trust the trainee will be returning. However, if for personal reasons the trainee wishes to undertake the KIT days in another Trust, they must discuss this with their Training Programme Director.
2. A maximum of 10 KIT days can be taken per maternity leave.
3. KIT days are to be taken during maternity leave. If taken during accrued annual leave i.e. closer to the trainees return to work date, the trainee will not receive additional payment for these days. These should be taken a SRTT days instead.
4. KIT day pay is calculated as trainees basic daily rate (see Payslip) less appropriate maternity leave payment i.e. OMP or SMP.

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.

## **Section 6: Supervised Period**

Upon return to work there should be a period under increased supervision during which time workplace-based assessments should be performed. As a guide it is suggested that 10 days of fully supervised activity with no on calls during this period. The on call will need to be 'made up' at another time to be fair to other trainees. It is also recommended that a formal ALMAT assessment (or similar depending upon stage of training) be conducted towards the end of this period.

After this supervised period the trainee and Educational Supervisor should meet at a [Review Meeting](#) (Form C) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period. Once the trainee and Educational Supervisor are both satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'.

This is a guide only and if trainees have used KIT days or attended a RTW course, less time may be necessary.

## **Section 7: Return review**

Towards the end of the supervised period the trainee and educational supervisor should meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training (see below). If the trainee and educational supervisor are satisfied with the trainee's progress then the trainee can be signed off and return to normal duties.

## **Section 8: Extension of supervised period**

In some cases, an extension of the supervised period may be required. If so, a further [Return Review Meeting](#) (Form C) should take place after an agreed period to review progress with a view to the trainee being signed off to return to 'normal duties'.

HEE have recently produced guidance/forms for RTW. At the moment we are able to use the forms we have but this may change. Can you please ensure though that a copy of all completed forms is sent to the [Deanery](#).

Further guidance on RTW can be found on the [Deanery website](#).