Guidance on Less Than Full-Time (LTFT) Training for General Practice
(Previously known as Flexible Training)

Introduction

The current Less Than Full Time Training Guidance on pay and arrangements was published by NHS Employers in 2005.


The General Medical Council (GMC) is responsible (Medical Act 1983) for setting the standards and outcomes for postgraduate medical education and training. This involves keeping the standards and requirements under review, and preparing additional guidance

- *Standards for curricula and assessment systems* (Revised April 2010) sets out standards by which all specialty including GP training curricula and assessment systems will be evaluated.

- The GMC in *October 2011 revised requirements* on the arrangements for specialty trainees in less than full-time training (LTFTT) who are working towards a Certificate of Completion of Training (CCT).

The EC Directive 2005/36/EC permits member states to authorise part-time training under conditions as laid down by the GMC (see Appendix A).

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

- Deanery funding (NES in Scotland) provides the educational component of the basic salary while banding arrangements are the responsibility of the employer.

- The deanery gives approval for LTFTT training funding but it is up to the trust whether they will agree to employ the trainee on a part-time basis.

- LTFT trainees should normally do pro rata day time working, on call and OOHs of full-time trainees in the same grade and specialty training post.

Appointment process

All trainees, including those wishing to train as LTFT Trainees must apply and be appointed through the *National GP recruitment process (NRO)* under equal opportunities legislation.
Applicants are requested to indicate if they would like to train as a LTFTT on their application form, although they can choose not to inform the Deanery until after they have been appointed.

Application for a LTFTT programme requires a separate application to the Deanery for approval of a LTFTT programme and funding (before or after appointment to a GP Training Programme) through local Deanery procedures. This information and the application process will be found on the appropriate Deanery website.

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

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

- **REDUCED SESSIONS**: the trainee occupies a full time post at an agreed reduced percentage of the normal full time trainee.

- **SLOT SHARING**: this a full-time post where 2 or more LTFT trainees each work at an agreed percentage of full time training subject to available deanery funding covering the full work commitments of the post.

- **SUPERNUMERARY**: the Deanery creates a pool of prospectively approved LTFT posts that are filled according to need.

- **'AD PERSONAM' SUPERNUMERARY**: the Deanery organises an individual LTFT training post, subject to available deanery funding.

**GMC Guidance on Minimum Requirements for LTFTT Posts**

The GMC board has concluded that there is a clear case for re-establishing a minimum requirement for LTFTT and issued the following guidance.

a. Depending on eligibility and resources, trainees should be allowed to undertake training placements at percentages which are less than full time. Training programmes will be extended accordingly. Under normal circumstances the minimum percentage for LTFT should be 50%.

b. In exceptional individual circumstances, trainees may be allowed to undertake training at less than 50% of full time. These circumstances should be considered by the trainee’s deanery and should have the support of the postgraduate dean or their deputy. A placement at less than 50% of full time should be for a maximum of 12 months and should be subject to regular review to ensure appropriate career progression during the time.

c. No trainee should undertake a placement at less than 20% of full time. Placements at less than 20% would not allow continuity of training, appropriate presence in the training place and coverage of different aspects of the curriculum.

d. All LTFT placements should have the approval of the postgraduate dean or their deputy. They should meet the needs of the trainee, be appropriate for the training establishment and make best use of resources.

e. **Academic training programmes** may be appropriate for LTFT trainees, but these should be discussed on an individual basis with the postgraduate dean. Under
normal circumstances, an academic training placement done at less than full time should be a minimum of 50% of the full-time placement.

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 programmes within the Deanery.

If a new training post (i.e. Supernumerary or Ad Personam) is in excess of the GMC approved maximum training capacity then the Deanery must apply for additional approval from the GMC by sending a 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 deanery before starting in post and retrospective approval cannot be granted. If a trainee fails to submit the appropriate documentation requested by their Deanery 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 40-48 hours per week including OOHs.

ARCP Panels

All Trainees must have an Annual Review of Competence of Progression (ARCP) to make a judgement about the trainee’s suitability to progress to the next stage of training (“Gateway”) or confirm training has been satisfactorily completed.

The purpose of the ARCP panel is to ensure that trainees have engaged with the training process; have undertaken WPBA and are making satisfactory progress for their stage of training and will fulfil the requirements of future trainee revalidation.

No period of LTFTT can be approved for certification without documented evidence (in the e-portfolio) demonstrating their progression in training and education during the reviewed period.
The LTFT Trainee will be subject to an **ANNUAL ARCP PANEL** regardless of the length of equivalent full time training they have completed. The annual panel may also act as a **GATEWAY PANEL** to allow transition from ST1 to ST2 or from ST2 to ST3 or for final certification and application of a CCT.

The LTFT Trainee will still be required to have a separate **GATEWAY PANEL** to allow progression to the next stage of training (i.e. ST1 to ST2, etc) if it does not coincide with an Annual ARCP, which may mean more than one ARCP panel in any calendar year.

**WPBA Requirements**

**For ANNUAL ARCP PANELS (calendar)**

- Annual panels, which are not at the gateway points in training, will review engagement and progress with training.

- As a guide, the indicative number of assessments that would normally be expected will be **the pro rata equivalent** of a Full Time Trainee.

- However, it may be more than the pro rata equivalent; this will depend on the trainee’s performance, progress and any recommendations from the previous review.

**For GATEWAY ARCP PANELS (at transition between ST years)**

- The trainee must provide the minimum amount of evidence specified by the RCGP for satisfactory transition from one training stage to the next.

See the [RCGP website](http://www.rcgp.org.uk) for details of WPBA requirements for Full Time and LTFT Training.

**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. There are a small number of trainees where summative assessment may still form 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 deanery budget.

- Supernumerary posts may allow a LTFT trainee to continue their training when other alternatives are unavailable.
Subject to budget limitations on occasion trainee’s wishing to train at LTFTT may be placed on a waiting list for a LTFTT programme

Appendix A

Article 22 of EC Directive 2005/36/EC permits member states to authorise part-time training under conditions laid down by ‘competent authorities’ – notwithstanding Article 25 (3) which requires all specialist medical training to be given on a full-time basis. The General Medical Council is the competent authority referred to within Article 22.

Article 22 provides that the competent authority may impose conditions so as to ensure that the overall duration, level and quality of that training is not less than that of continuous full-time training. The provisions in the Directive are reflected in the Medical Act 1983: Section 34 K (2) states that the GMC may impose conditions in relation to any part-time specialist training which it approves.

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