

## Less than full-time training for doctors

This page has information on less than full-time training (LTFT). It includes information on eligibility, applying, tips and resources.

There are a number of reasons why you may want to consider less than full-time training. Spending time with your baby or child is not the only reason. You might be caring for an ill or disabled partner, relative or other dependent, or have a disability or health problem yourself. If you are undertaking certain kinds of professional development it may also be possible to be accepted for LTFT. In order to be accepted for LTFT you need to fulfill certain criteria, which are explained here.



Although working LTFT has many benefits it can also be a challenge. It is important to plan your working arrangements and patterns very carefully.

Consider:

- the effect on your income – reduced hours means less take-home pay
- where you want to be both now and in the future. This may mean setting short-term and long-term goals

Although working LTFT has its many benefits, it can also be a challenge. Recent research carried out by the Medical Women's Federation has shown that those working LTFT feel they are often taken less seriously than their full-time colleagues and it is often difficult to attend training and to demonstrate commitment through working longer hours.

The advice below may lessen this challenge and help you to maintain a balanced, manageable and professional career:

- eligibility for less than full-time training (LTFT)
- applying for LTFT
- pros and cons of LTFTT
- types of LTFT post
- determining your work schedule

## **Eligibility for less than full-time training (LTFT)**

There are two different categories of applications to LTFT. These are used by HEE/ the deaneries to assess eligibility and prioritise applications. However these categories are not exhaustive:

### **Category 1**

Those doctors in training with:

- disability or ill health (this may include those on in vitro [1] fertility programmes)
- responsibility for caring (men and women) for children
- responsibility for caring for an ill/disabled partner, relative or other dependent

These result in the individual doctor or dentist being professionally disadvantaged by circumstances, and less able to fulfil their potential on a full-time rather than on a part-time basis.

### **Category 2**

Those doctors in training with:

- unique opportunities for their own personal/professional development, for example training for national/international sporting events, or short-term extraordinary responsibility, for example a national committee
- religious commitment – involving training for a particular religious role with requires a specific amount of time commitment
- non-medical professional development such as management courses, law courses, fine arts courses or diploma in complementary therapies

Sources: Doctors in flexible training – Principles underpinning the new arrangements for flexible training [2] and the Gold Guide (2016) [3] (page 34)

## **Applying for LTFT**

Most HEE local offices/ deaneries ask for three months 'notice for those hoping to make a LTFT application. HEE/ the deaneries have a process for determining eligibility and then making arrangements for your training plan. The difficulty for the local offices is accommodating all requests whilst at the same time ensuring training programmes remain fully populated and making sure that there are sufficient trainees overall.

## **Pros and cons of LTFT**

### **Pros**

- improved work–life balance
- the opportunity to spend more time with your children or undertake caring responsibilities
- support in managing your health
- greater ability to enjoy your work when you are there
- increased ability to manage and prioritise your workload

### **Cons**

- training will take longer to complete
- less take-home pay! – you are paid pro rata to full time trainees
- it may take longer to become integrated with the team
- contact with the consultants can be time-constrained
- less continuity with patients and handover issues
- pro rata access to leave, including study leave and study leave funding

## **Types of LTFT post (reduced sessions and slot shares)**

- LTFT is integrated into mainstream full-time training by either the use of reduced sessions or slot-share posts
- slot-sharing sometimes has the advantage that you are likely to be able to spend at least some time with your slot share partner if both of you work 60% of a normal week
- you'll therefore have the chance to share one day or one session, where you can carry out a proper handover. However, this may not be the case, as not all slot shares work in the same department. This is a financial arrangement and there may be, for example one slot share in dermatology, and another in neurology
- it is also advisable that you refer to your local HEE office/deanery for information regarding your options available for what proportion of a full-time post you can work.
- it is now the case that most HEE local offices/ deaneries are not able to offer supernumerary posts, except in specific and exceptional circumstances. This means that there may be restrictions in the areas where trainees can work LTFT. The 'Principles underpinning the new arrangement for flexible training' document published by NHS Employers states that a few supernumerary posts will be available for 'those who need flexible training at short notice, for example those in ill-health, and those with dependents who suddenly need increased care'

## **Determining your work schedule**

LTFT can be undertaken either as LTFT in a full-time slot or as a slot share. Except in exceptional circumstances LTFT can be undertaken at a minimum of 50% full-time and may be supported, dependent on arrangements, up to 80% of a full-time post. If you are based in secondary care [4] you will need to work a

rota and you may not be in a position to choose when you work. If you are based in primary care [5] you will probably have to work at least some full days. If you are slot-sharing, it will be good to brush up on your negotiation skills [6], especially as you will want to try to negotiate a win-win situation with your slot-sharing colleague and your employer.

- Advantages to working full days Expand / collapse

- you will be able to concentrate on your work for a whole day
- if you are caring for your children then you will be able to spend a whole day with them
- you arrive and leave with the rest of the team
- you can attend lunch-time teaching sessions (and so they don't cut into your half day)
- you do not have to worry if morning surgeries run late
- you will save in travelling time and costs

- Advantages to working part days Expand / collapse

- half days are not as tiring as full days, and therefore may be beneficial if you have health problems
- morning sessions mean your work is completed, leaving the rest of the day free
- if you work the afternoon session and also care for children you will be with them during the morning when you (and they) are not as tired
- if you have caring responsibilities for someone who is ill or you are ill yourself, you will only miss one session (rather than two, if you are working for a whole day)

- Top tips for succeeding with LTFT Expand / collapse

- maintain a commitment to your continuing professional development
- be self-confident and get involved – initiate and manage meetings
- make plans and set goals – both in the present and for the future
- show initiative – enter for a prize with a Royal College or offer to present at an important local or national meeting. Share experiences with your LTFT colleagues – find a mentor or offer to be one.

- Resources Expand / collapse

- for specialty trainees There is general information on eligibility for less than full-time training in points 6.57 - 6.88 of the Gold Guide (sixth edition, Feb 2016) [3].
- for practical advice about how to apply visit your Local Education and Training Board (LETB) website.
- further information can be found on the NHS Employers website [7]
- BMA members can access further information on LTFT [8]
- BMJ careers have published some case-studies [9]

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**Source URL:** <https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/less-full-time-training-doctors>

**Links**

[1] [https://www.healthcareers.nhs.uk/glossary#In\\_vitro](https://www.healthcareers.nhs.uk/glossary#In_vitro)

[2]

[http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/doctorstraining\\_flexible\\_principles\\_cd\\_080405.pdf](http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/doctorstraining_flexible_principles_cd_080405.pdf)

[3] <http://www.copmed.org.uk/publications/the-gold-guide>

[4] [https://www.healthcareers.nhs.uk/glossary#Secondary\\_care](https://www.healthcareers.nhs.uk/glossary#Secondary_care)

[5] [https://www.healthcareers.nhs.uk/glossary#Primary\\_care](https://www.healthcareers.nhs.uk/glossary#Primary_care)

[6] <https://www.healthcareers.nhs.uk/career-planning/developing-your-career/negotiation-skills>

[7]

[http://www.nhsemployers.org/SiteCollectionDocuments/doctorstraining\\_flexible\\_principles\\_cd\\_080405.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/doctorstraining_flexible_principles_cd_080405.pdf)

[8] <https://www.bma.org.uk/advice/career/applying-for-training/flexible-training>

[9] <http://careers.bmj.com/careers/advice/view-article.html?id=20008522>