

Principles for supporting programme management of LTFT doctors in training

Principles developed at COPMeD 6th October 2022 Workshop

All postgraduate curricula have been revised and approved by the GMC following the publication of “Aspiring to Excellence”. Apart from Foundation year 1, all curricula are now capability and not time based, although curricula do include indicative time limits.

There are increasing options that doctors in training can use to train flexibly. Less Than Full Time (LTFT) training is one such option. In the latest iteration of the Gold Guide (GG9), the previously defined LTFT categories have been replaced by an indicative list. This allows deaneries to comply with the Equality Act and give priority to those doctors in training with a protected characteristic. It also allows access to LTFT to be broadened.

The number of doctors in training on a LTFT basis continues to increase, with the current average being 15%. It is expected to continue to increase. It has been noted that there are challenges in delivering training programmes which have a high number of LTFT doctors in training and programmes that are of a short duration. COPMeD held a workshop to consider the issues which are distilled into the following high level points.

Trainee Management

- Decisions regarding a doctor in training ARCP outcome should be individualised, with doctors in training assessed by evidenced capability and not solely time in programme.
- This may mean that all doctors in training can progress through the acceleration of training process. In the case of LTFT doctors in training, this will mean a pro rata extension to training time is not necessary. For all trainees, acceleration only happens in exceptional cases.
- It may be necessary to assess LTFT with an out of synch ARCP, if at critical progression point.

For information: All trainees should have ARCP normally undertaken on at least an annual basis and with no more than a maximum interval of 15 months to comply with revalidation requirements (GG9 4.39). This applies to LTFT trainees (GG9 4.41). LTFT trainees will be expected to demonstrate the capabilities relevant to their stage of training as described in their relevant curriculum on a pro rata basis (GG9 3.133ii).

The ARCP process is the correct mechanism to adjust expected CCT/completion of training stage dates (GG9 4.87) for all trainees. While TPDs/HoS/ACCS Leads may have input to the discussion, they are not the sole decision maker.

Programme Management

- LTFT could be accommodated in slot shares
- Use of staggered start dates can aid programme management
- Consideration should be given to bespoke rotations for LTFT doctors in training.
- Consider how training opportunities can be accessed rather than thinking of the post
- The management of rotations should be determined locally and take into account smooth running of the programme for the benefit of all doctors in training and management of rota gaps.
- Recruitment to WTE could be considered to facilitate LTFT

Other issues were raised during the session and are for consideration in separate fora:

- As LTFT is the direction the workforce is moving towards, more needs to be done to accommodate such as job sharing, fixed work patterns and allowing partners to be rota' d to have weekends off together.
- To support service delivery and to maximise quality of training for full time and LTFT doctors in training, consider whether recruitment can be on a WTE basis. This will have financial implications.
- All employers/trusts should be given adequate notice (12 weeks) of a LTFT doctor in training commencing or changing the percentage of time they work (this can be shorter in exceptional circumstances). Agreed processes should be followed
- Training should be widely available in SEBs to upskill trainers on LTFT
- Currency of a year is outdated. It is questioned whether this be reconsidered e.g. for eligibility for recruitment, eligibility for exams and ARCPs
- As trainee numbers increase (full time and LTFT), there is a need to consider educator capacity e.g. GP

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