



General Practice Specialty Training

FLEXIBLE TRAINING

***Officially known as
Less Than Full Time (LTFT) Training***

LONDON DEANERY

The London Deanery
www.londondeanery.ac.uk

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Introduction

The number of medical trainees requesting to work part-time is increasing and the London Deanery is supportive of this choice. Flexible training is officially called Less Than Full-Time (LTFT) Training because it should be an accurate reflection of full-time training, but on a pro-rata basis. Flexible trainees should participate in all the medical activities carried out by the department where they work, including on-call duties in the evenings and weekends. They should be prepared and expect that they will be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues.

This does not preclude trainees making local arrangements for particular fixed working patterns where these can be accommodated without prejudicing training and continuity of service delivery. However, if a trainee is unable to fulfil the basic requirement of availability on a regular basis it may be that flexible training is inappropriate at this stage of their career. In other words, both employers and trainees must be flexible to a reasonable degree.

In the past most flexible trainees have been supernumerary but this is expensive and as numbers increase unsustainable. In addition many trusts are refusing to fund OOHs for supernumerary trainees. Working part-time in a full-time post or slot sharing are the preferred Deanery options as these mainstream the flexible trainee and are less expensive.

Flexible training is not an easy option and takes time to organise. It is particularly difficult for general practice training as trainees rotate through several specialties. The Deanery will give guidance but it is the responsibility of the flexible trainee to organise their LTFT training and it is up to the trust whether they are prepared to employ them flexibly. However, all employers must seriously consider requests to work less than full-time and must give good reasons if they say no.

Each trainee must ensure their training programme complies with PMETB/RCGP regulations for a Certificate of Completion of Training (or Article 11). Trainees should register with the RCGP Certification Unit at the beginning of their training.

Please make sure you read this handbook thoroughly before deciding to train flexibly and each time you are planning your next post.

I hope you enjoy your training.

Dr Anne Hastie

Director of Postgraduate General Practice Education

Who's Who and Where to Get Advice

1) Questions about funding for ST1 and ST2 posts

Flexible Training Office

Email flexible@londondeanery.ac.uk

2) General questions

Alan Evans

Administrator with responsibility for GP Flexible Training

Contact details: (020) 7866 3143

Fax: (020) 7866 3277

aevans@londondeanery.ac.uk

3) Questions about the clinical and educational content of posts and programmes

Dr Anne Hastie

Director of Postgraduate GP Education (DPGPE)

Lead for GP Flexible Training

ahastie@londondeanery.ac.uk

Dr Rebecca Viney

Associate Director of Postgraduate GP Education

with responsibility for GP Flexible Training

rviney@londondeanery.ac.uk

4) Questions about certification

RCGP Certification Unit

2nd Floor

31 Southampton Row

London

WC1B 5HJ

Tel: +44 (0)20 317 08230

Email – certification@rcgp.org.uk

http://www.rcgp.org.uk/certification/certification_home.aspx

Postgraduate Medical Education and Training Board

7th Floor

Hercules House

London

SE1 7DU

Tel: 44 (0)207 160 6100

<http://www.pmetb.org.uk/>

Eligibility for flexible training funding

1) Secondary care hospital and community trusts

Contact the Flexible Training Office with your name and address and ask for an Eligibility Form. flexible@londondeanery.ac.uk See appendix 3

Who is eligible for flexible training?

Flexible training is accessible to doctors in training who have a well-founded reason for being unable to work full-time. In practice, the majority of flexible trainees are women and men who wish to look after their young children for part of the week, and there are a small number who look after other family members. Also eligible are people who have physical or mental health problems, who would like to continue their training but are unable to do so full-time. The national guidance on eligibility for flexible training is that the following groups are automatically eligible and take priority for funding (Category One):

- Parent of young children who wish to spend part of the week at home
- Other doctors with sick or dependent relatives
- Doctors who are unable, for health reasons, to work full-time

The following can apply for Category Two flexible training providing they are already in an approved training post and are employed by a trust in London:

- Doctors wishing to train part-time, while in paid employment for the remainder of the week
- Doctors wishing to train part-time in order to follow non-medical interests

The following are not currently considered eligible for either category of flexible training:

- Doctors wishing to spend part of the week on research or an academic course.

2) Placements in general practice

Contact Alan Evans in GP recruitment; aevans@londondeanery.ac.uk

The funding for general practice placements comes from the same budget whether the trainee is full or part-time. The budget is held by the GP Department and not the Flexible Training Office but the eligibility remains the same.

Please note that innovative training posts (ITPs) cannot be done part-time on educational grounds

Employment Options

Flexible trainees can be employed by trusts in the following ways:

1) Slot shares

The Deanery already funds 50% of the full-time post. In order to promote slot sharing the London Deanery will pay an additional full basic salary (10 sessions) for the second slot sharer to help create and finance the slot share (i.e. 150% of basic salary). Each slot sharer can work between 5 and 8 sessions each.

2) Supernumerary posts

This funding is cash limited and cannot support an increase in flexible training. For supernumerary posts the Deanery funds the daytime sessions worked e.g. 5 sessions for 50% flexible trainees, 6 sessions for 60% etc. and the trust funds the additional costs associated with any additional hours of actual work and the OOHs supplement.

3) Reduced sessions in a full time post

Full-time posts are already 50% funded by the Deanery even if no one is in post. If a department has a vacant full-time post then this must be used instead of a supernumerary placement.

Examples of how trusts could employ flexible trainees for general practice:

- 1) Two doctors slot share a full-time post and a third flexible trainee is supernumerary. If one of the slots share leaves the supernumerary trainee moves into the slot share until a replacement is found.
- 2) A flexible trainee works reduced sessions in a full-time post. Under the new flexible pay agreement sufficient money should be left over for the trust to make other arrangements to cover service provision.
- 3) If there is a slot share and one of them leaves the remaining slot sharer can become supernumerary so the trust can fill the post with a full timer or employ a locum while they advertise for a replacement slot sharer.

Slot Sharing

Slot sharing a substantive full-time post will generally provide a better educational experience than being supernumerary. Being more than an additional pair of hands, the training experience derived from occupying a substantive post is more easily a proportional reflection of the full-time trainee as the slot sharers are participating in mainstream training.

Sharing a post with another trainee in the flexible training sense of “slot-sharing” does not mean that the salary and responsibilities are divided equally between the two individuals. Rather, both trainees can work between five and eight sessions (50%-80%), subject to agreement with the employing trust and they are paid as individuals. The two flexible trainees may work very closely together, with involved handovers to ensure continuity of patient care, or, at the other extreme, they may be based on different sites with little service need to interact very much at all. The way the slot share works in practice will depend on the nature and content of the full-time post.

The Deanery funds the trust at the mid-point of the pay scale. It gives 50% funding of the basic pay to all full-time Deanery posts that are approved for GP training. In addition the Deanery gives 100% of the basic pay for the second slot share (150% in total) so the trust should make a profit in most cases. The flexible trainees can either do 50% each of the on call or the agreed percentage of their individual share. This would be a matter of discussion with the trust.

If a slot share is appointed to a GP specialty training programme with 4 x 6 month posts (or other combinations) the trainees could work for 6 months part-time in each post and then see what each trainee has left to do at the end of the rotation. This means they will have done at least 3 months full-time equivalent in four specialties, which complies with CCT guidance. The remainder of their training could be completed in further slot shares or in a supernumerary capacity.

If a slot share breaks down (maternity leave, etc) the remaining slot share can become supernumerary so the trust can employ a full-time trainee or locum until such time as another slot share can be arranged.

The post will already have educational approval but the slot sharers must ensure they gain a full experience of the post. In some cases it may be sensible for the slot shares to swap their sessions half way through the post. **Each flexible trainee should send for approval to the Director of Postgraduate General Practice Education details of their proposed individual timetable for the whole period of each post.**

Supernumerary LTFT training posts ST1 and ST2

If it is not possible to organise a slot share then a supernumerary post may be the only alternative to working full-time. Flexible trainees must meet the same training requirements as those doing full-time training.

It is up to the trust whether they are willing to employ a trainee on a supernumerary basis. The deanery currently funds the daytime sessions that are approved for training at the mid-point of the basic pay scale. The trusts have to pay for any additional hours worked, including OOHs. Unfortunately because of the budget deficits of many trusts they may be unwilling to employ a flexible trainee on a supernumerary basis if they have to do OOHs (see page 13).

The trainee should approach the lead consultant for training in the department where they want to work and discuss the possibility of a supernumerary post. If a placement is agreed educational approval must be obtained BEFORE starting in post.

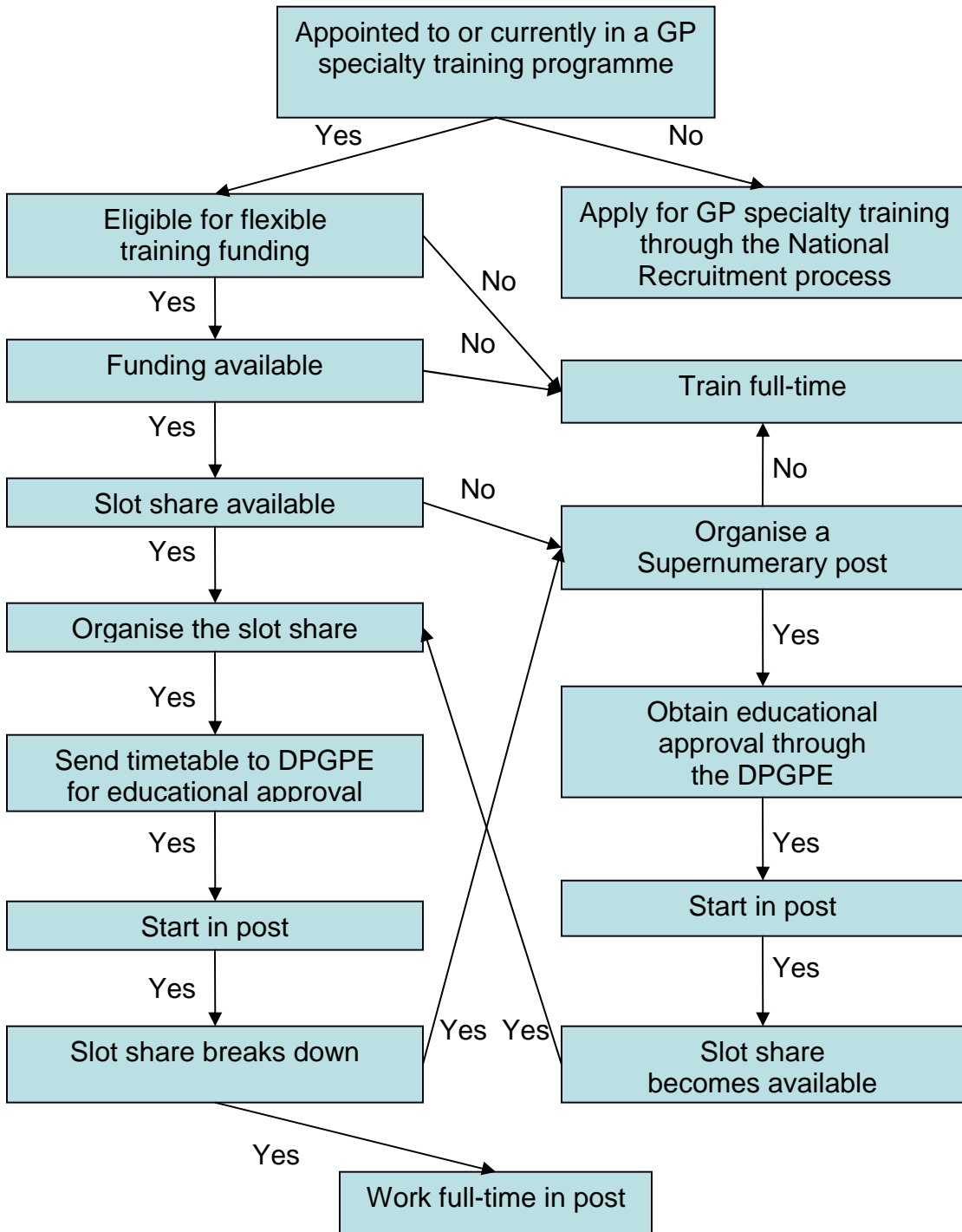
Obtaining educational approval for general practice training

This has to be done for each individual supernumerary LTFT training post, even where the full-time posts in the department already have approval for GP training.

- 1) Submit to the Director of Postgraduate General Practice Education (DPGPE):
 - Completed PMETB Form B (GP) – *See appendix 1*
 - Job plan, including the clinical and educational timetable
 - PDP for the proposed post and based on the RCGP curriculum – *See appendix 3*
 - CV
- 2) Provisional educational approval will be granted by the DPGPE and ratified by the GP School Board.
- 3) The DPGPE may sometimes need to send the submitted information to PMETB for their approval. This may occur if the supernumerary post means the GP specialty training scheme exceeds its maximum approved training capacity.
- 4) The flexible trainee will be sent a letter confirming educational approval.

Trainees cannot start the post until educational approval is granted as retrospective approval cannot be given.

Flow chart for organising GP flexible training in hospital and community trusts



If a suitable Slot Share becomes available the Deanery will not fund a supernumerary post

Innovative Training Posts and LTFT Training

Many GP specialty training programmes in London have innovative training posts (ITPs) as part of their full-time schemes. Innovative training posts are based in general practice but incorporate secondments to relevant community and hospital settings.

For example, an innovative training post in women's health might include two days each week in general practice with attachments to antenatal, family planning and sexual health clinics for the other three days.

However, doing an ITP on a part-time basis means that both the general practice and secondment experience becomes too dilute within the working week. Therefore it has been agreed by the London Deanery that ITPs cannot be done on a part-time basis, on educational grounds.

GP specialty registrar training in general practice

A trainee cannot change from full-time to part-time training in general practice without written permission from the DPGPE. This is not an automatic entitlement and will be subject to eligibility and the availability of placements.

Organising a part-time timetable in general practice

Registrars should work at least 50% of full-time during their general practice placement. The timetable should be based on what a full-time registrar works in the same practice.

The PMETB require the part-time registrar to work the same percentage of clinical sessions, educational sessions and out of hours (OOHs). The registrar cannot reduce the number of clinical sessions but continue with a 100% of educational activities. At the end of their part-time training period they should have completed the same amount of 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 hours per week plus OOHs.

Full-time registrars are expected to undertake:

- 7 clinical sessions (including extended hours)
- 1 session to attend the half day release course
- 1 flexible planned educational session
- 1 session for a tutorial

The full-time timetable will vary according to local arrangements e.g. full-day release course, but it is important all registrars get sufficient clinical experience. Although a session should be four hours it is recognised that some sessions may be longer while others shorter, but the overall full-time working week should be 40 hours plus OOHs. Registrars and trainers should therefore look at the total workload/hours rather than the hours of an individual session.

The clinical sessions of a part-time registrar should reflect the proportion of morning and afternoon/evening sessions undertaken by the full-time registrars i.e. the part-time registrars cannot work mornings only.

Many programme directors prefer registrars to attend the half/day release every week to avoid disruption. A part-time registrar could choose to attend every week for a year and then do other activities for the remainder of their training. If they want to continue going to the half day release it should be at the expense of other educational activities e.g. the flexible session. For example a registrar working 50% might choose to go to the half day

release during term time and have their flexible educational session during the academic holidays. Some degree of flexibility around educational activities is acceptable providing it is at the appropriate percentage and supports the registrar's learning needs.

The DPGPE or a nominated deputy must approve the proposed timetable and a finishing date will then be calculated by the Deanery.

GP Specialty Training Less Than Full Time Training and Out of Hours

Secondary care posts

Normal hours for junior hospital doctors are between 8 am and 6.30 pm Monday to Friday. Therefore, OOHs are from 6.30 pm to 8 am and at weekends.

The full-time and part-time equivalent hours of training posts will vary depending on the speciality, the duties of the post and the workload. There is no rigid definition of what constitutes full-time training and, therefore, what its part-time equivalent should be. LTFT trainees should participate in all the medical activities carried out by the department where they work, including OOHs duties in the evenings and weekends. They should be prepared and expect that they will be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues. Deaneries must ensure that a part-time post offers the trainee adequate experience of all the key components of the full-time post including OOHs.

The London Deanery School Board has agreed the following criteria for LTFT GP specialty trainees in secondary care posts.

- 1) All LTFT trainees, including those in supernumerary posts, must do OOHs in the following specialties in order to be granted educational approval;
 - obstetrics and gynaecology
 - paediatrics
 - general medicine
 - care of the elderly
 - psychiatry
 - surgery and orthopaedics
- 2) Exemption from OOHs may be granted for up to six months in special circumstances. However, on call experience must be part of the day time timetable.
- 3) Slot share trainees should share the on call of the full-time post but are not required to do additional OOHs if the total sum of the slot share is more than 100%.
- 4) If the full-time post does not include OOHs then the LTFT trainee does not have to do OOHs. This may be the case in **some** full-time posts in the following specialties;
 - dermatology
 - genito-urinary medicine
 - rehabilitation medicine
 - community psychiatry
 - community paediatrics
 - public health

- 5) Accident and emergency posts may not require supernumerary LTFT trainees to do OOHs in order to be granted educational approval as the whole of the post gives experience with acute situations.
- 6) PMETB require programmes to be broad and balanced with exposure to a range of relevant specialist disciplines. LTFT trainees should not do all their training in posts that do not require OOHs as this limits their exposure to acute situations.

General practice placements

Doctors training part-time in general practice must cover all aspects of the full-time post on a pro rata basis. This includes:

- GP OOHs
- Extended hours, including Saturday mornings
- Day time on call

There can be no exemption from OOHs in general practice as the trainee would be unable to complete nMRCGP.

Educational approval of part-time training

ALL part-time trainees must send their timetable **BEFORE THEY START IN POST** to the Director of Postgraduate General Practice Education for provisional educational approval and this will be ratified by the GP School Board.

London Deanery GP Specialty Training

Shortening of programmes because of maternity leave, sick leave, compassionate leave or flexible training

The RCGP Certification Unit have confirmed that if a trainee, who started in ST1 from August 2007 onwards, wants to substitute previous completed posts to shorten their training they will be an Article 11 (CEGPR) application rather than a CCT at the end of their training because they would no longer be doing the full Deanery approved and overseen programme.

Most trainees are appointed to GP specialty training at ST1 level, although some enter at ST2, and trainees cannot shorten the length of time of the programme to which they have been appointed. However, doctors going on maternity leave are entitled to take up to 12 months leave and others may have a period of prolonged leave for illness or compassionate reasons. Some doctors may want to train flexibly because of caring responsibilities or health problems and they will have to resign from their full-time programme to continue their training in slot shares or supernumerary posts.

The following principles apply to all GP specialty trainees in the London Deanery:

- 1) Trainees cannot bring forward their date of completion of GP specialty training.
- 2) Trainees cannot bring forward the date they start their ST3 placement in general practice.
- 3) Trainees who continue to work full-time on their return from maternity, sick or compassionate leave MAY be able to use past posts to cover their period of absence.
- 4) Substituting previous experience will only be granted if the trainee has made good progress, their training programme is well balanced and will result in a CCT or CEGPR.
- 5) Flexible trainees MAY be able to use past posts to further shorten their scheme providing it complies with principals 1), 2) and 4).
- 6) Time out of training for flexible trainees will only be granted under the same circumstances as full-time trainees;
 - Maternity leave
 - Certificated sick leave
 - Compassionate leave

All requests to include past posts in a GP specialty programme must be approved by the London Deanery GP recruitment strategy group and the RCGP Certification Unit.

WORKINGS FOR PART-TIME TRAINING (PERCENTAGE WORKED FIELD)

Percentage Worked	Part-time training for a 12 month full-time post	Part-time training for a 6 month full-time post
50%	24 months	12 months
60%	20 months	10 months
70%	17.2 months	8.6 months
80%	15 months	7.5 months
90%	13.3 months	6.6 months
100%	12 months	6 months

- Month Calculation = $100 / (\text{a percentage} \times 12 \text{ months or } 100 / (\text{a percentage} \times 6 \text{ months}) = \text{the number of months.}$
- Percentage Calculation = $\text{full-time month (either 6 or 12)} / \text{part-time (month to find)} = \text{a fraction, this fraction} \times 100 = \text{the \% calculation.}$

* 1 month is calculated as 30 days



Postgraduate Medical Education and Training Board

Application for the Approval of a Training Post – Form B (GP)

Please note. This form should be used in seeking post approval for the purposes of **GP specialty training only**.

Name:
GMC number:
Please describe the post: <i>Including intended level (e.g. ST1) and specialties involved</i>
Please specify length of the post <i>In months</i>
Please indicate intended starting date:
Who will fund the post? £ Deanery £ Trust <i>(please give details)</i> £ Other <i>(please give details)</i>
Please provide the full name and physical address of the training providers) e.g. hospital, practice in which the post is based. <u>This must include a named contact, their title and their email address to which PMETB's approval letter will be sent.</u> This will usually be the Chief Executive of the training provider.
Please provide name and contact details of the GP specialty programme director (course organizer) who will be responsible for management of the post.
Please provide details of the intended learning outcomes of the post. <i>NB These must relate directly to the relevant sections of the RCGP curriculum</i>
Please provide a timetable of service and educational commitments. <i>This may be attached</i>
What are the arrangements for educational supervision in the post? <i>NB The clinical and educational supervisor may be the same person</i>

What are the arrangements for clinical supervision in the post? <i>NB The clinical and educational supervisor may be the same person</i>
What arrangements are in place for access to GP training release scheme?
What arrangements are there to participate in out-of-hours care?
Please provide details of the GP training programme of which the post will form part.
Please describe the arrangements for the ongoing evaluation of the post.
Please describe the arrangements for the ongoing quality control of the post.

Declarations	
Clinical Tutor <i>(or equivalent)</i> <i>I confirm that the Trust/employing organization agrees to the use of the post described above for the purposes of GP training.</i>	
<i>Signed</i>	<i>Date</i>
Educational supervisor (s) <i>I agree to provide the educational supervision required by the post described above.</i>	
<i>Signed</i>	<i>Date</i>
<i>Signed</i>	<i>Date</i>
<i>Signed</i>	<i>Date</i>
<i>Signed</i>	<i>Date</i>
GP specialty programme director <i>(course organiser)</i> <i>I agree to manage this post as a component part of the GP training scheme described above.</i>	
<i>Signed</i>	
GP Director <i>I have reviewed this application and in my opinion this is a suitable post for inclusion in a GP training programme.</i>	
Signed	Date

Example Personal Development Plan

Paediatrics: 70% of full-time

Supervising Consultant: Dr A Child

The Learning Objectives (based on the RCGP new curriculum; <http://www.rcgp-curriculum.org.uk>) will cover knowledge, skills and attitudes that a GP requires when a GP is caring for children and young people.

Primary care management

- Manage primary contact with children and their families, or older children on their own.
- Demonstrate interprofessional working
- Co-ordinate care, demonstrating advocacy for the patient and family
- Deal effectively with child abuse
- Describe the principles of clinical governance and risk management
- Ensure children and their carers receive adequate information and access to services
- Demonstrate an understanding of the welfare of the unborn child

The knowledge base

- Symptoms
- Common and important conditions
- Prevention

Person –centred care

- Adopt a family centred approach
- Develop the primary care consultation
- Provide or facilitate longitudinal continuity of care
- Help young people and their families with chronic diseases negotiate transition

Specific Problem-solving skills

- Decision making process determined by prevalence and incidence, being aware of normal growth and development
- Recognising the seriously ill child
- Recognising children at risk
- Being aware of the presentation of postnatal depression and its effect on the child.
- Significance of non attending, and when to be concerned
- Acknowledging that difficulties with service access may make attendance difficult

Other learning objectives:

1. Comprehensive approach
2. Community orientation

3. Holistic approach
4. Contextual aspects
5. Attitudinal aspects
6. Scientific aspects
7. Psychomotor skills

Clinical Training

Most of the learning objectives set out above will be covered practically whilst working in the hospital/community setting, either in clinic or on the ward. The experience will involve:

1. Working in a supervised clinic setting seeing new patients
2. Going to see ward referrals with the consultant
3. Sitting in consultant clinics and observe management of difficult clinical situations
4. Attending and assisting in minor operations clinic/theatre
5. Acquiring practical skills under supervision
6. Acquire knowledge of referral to different specialties

Educational Plan

1. A named educational supervisor is appointed, responsible for the overall educational experience of the job
2. Progress and activities are recorded in a logbook
3. Teaching will be mainly in clinics where management of different conditions observed will be discussed and by workplace based assessments.
4. Teaching should also be self directed based on clinical scenarios met whilst at work
5. Should study hospital and national guidelines and protocols and apply them in clinical practice
6. Should have the opportunity to attend paediatric or related study away days
7. Should attend medical grand round

Timetable

Tuesday	am	OPD clinic
	pm	Ward referrals and OPD clinic
Wednesday	am	Paediatrics dermatology OPD
	noon	Grand round
	pm	OPD clinic/ Ward referrals
Thursday	am/pm	self directed learning day
Friday	am	Child development
	pm	community clinic/ OPD clinic

In between sessions self-directed learning and recording events on my nMRCGP eportfolio.

Flexible Training Office

Frequently asked questions regarding LTFT training in secondary care posts in hospital and community trusts for GP specialty trainees.

Part 1

FOR DOCTORS WHO ARE APPLYING FOR FLEXIBLE TRAINING

1. How do I apply for flexible (LTFT) training?

i) Eligibility form

Your first step is to email flexible@londondeanery.ac.uk with 'Eligibility Form request' in the subject line and your postal address in the body of the email. We will then send you a very simple and quick form to complete which will establish your eligibility to train flexibly.

ii) Flexible Training Approval Form

Once we have received your completed eligibility form, we will send you a Flexible Training Approval Form (FTAF). This needs to be completed by you and your Trust and then returned to us. We ask that where at all possible the FTAF should be with the Flexible Training team 2 months before you begin your post.

2. Who is eligible for flexible training?

Flexible training is accessible to doctors in GP specialty training who have a well-founded reason for being unable to work full-time. In practice, the majority of flexible trainees are women and men who wish to look after their young children for part of the week but there are a small number who look after other family members. Also eligible are people who have physical or mental health problems, who would like to continue their training but are unable to do so full-time. The national guidance on eligibility for flexible training is that the following groups are automatically eligible and take priority for funding (Category One):

- Parent of young children who wish to spend part of the week at home.
- Other doctors with sick or dependent relatives.
- Doctors who are unable, for health reasons, to work full-time.

Anyone training flexibly under Category One is not permitted to undertake any other paid or unpaid working, including locums.

The following can apply for Category Two flexible training providing they are already in an approved training post and are employed by a trust in London:

- Doctors wishing to train part-time, while in other paid or unpaid employment for the

remainder of the week.

- People wishing to train part-time in order to follow non-medical interests e.g sport, music.

A Category Two flexible trainee has to reapply for eligibility for flexible training each time they change employer as this category of flexible training is entirely at an employer's discretion.

The following are not currently considered eligible for either category of flexible training:

- Doctors wishing to spend part of the week on research or an academic course. (In these circumstances it may be possible to arrange reduced working hours through direct negotiation with an employer).

3. If I am eligible for flexible training, does that mean I am guaranteed funding?

No. The budget for flexible training is limited and the number of people requesting flexible training is growing all the time. For this reason (and because it is advantageous to flexible trainees to be seen as part of mainstream training) trainees are placed either in full-time posts on reduced sessions (where no extra funding is required) or in a slot-share (where just one salary requires funding by the flexible training budget). Flexible training is currently guaranteed to those for whom one of these options is possible. Trainees for whom neither option is possible will need a supernumerary placement, subject to funding availability.

4. Do I have to have my eligibility for funding confirmed by the flexible training office if I am applying for a substantive part-time training post?

Yes. The only exception is where the Trust has advised you that the post will be completely Trust funded.

a) What is the flexible training approval form?

All flexible trainees must fill in an approval form at least two months before the start of the post. This form confirms that the post has educational approval and trust approval. By signing it the flexible training office confirms any funding that has been agreed.

* The form must be completed, whether or not the flexible training budget is funding the post.

* The Deanery reserves the right to refuse retrospective funding if the approval form is submitted late.

* Starting a post before a form has been completed is at the risk of the trainee and trust, both educationally (because the funding for the post will cease immediately if the post is subsequently found not to be a recognised educational post) and financially (because the Deanery may not have the funding for the post).

* A new form must be completed for every move to a new post, or every year, whichever occurs earlier. Each new form must be submitted two months before the start date

b) How do I complete the Flexible Training Approval Form?

Please ensure that you complete all of the personal information fields on the front page of the form. If we have any queries about the form and need to get in touch with you, we will need your current phone number and email address. Otherwise, we will need to return the form to you, which will delay the whole process. We also need to be able to read what you have written so please make sure the form is completed legibly!

You will need to complete the training placement details section on the back page and tick all the relevant boxes and sign and date the trainee statement.

The last section must be signed by someone who is a nominee for the Director of Finance. This does not necessarily mean your consultant. Your flexible training approval form should be sent to the Finance or Medical Staffing/Recruitment department for them to sign off. If your form has been signed by your consultant, this will delay processing your form by the flexible training team as we will have to check with your Trust that the consultant is an acceptable nominee. Some Trusts are quite clear that consultants are not nominees for the Director of Finance which means the form has to be returned to them for re-signing.

c) Have you received my flexible training approval form?

The flexible training team aim to process forms within five working days and four photocopies of the form will be sent to you as soon as it is processed. If you do not receive copies of your form two weeks after you have passed it on to your Trust to complete, please contact the Trust department who are responsible for signing off the form to see whether they have done so. If they have completed the form and sent it to the London Deanery and at least two weeks has elapsed since they sent it, please contact us at flexible@londondeanery.ac.uk to check that we have received it

d) If you don't receive the form before I begin my training post, will my pay be affected?

No absolutely not. The Trust are your employers and they pay you. The Deanery makes a funding contribution towards your salary if you are slot-sharing or are a supernumerary.

5. I am not currently in a job (e.g. on maternity leave). How do I go about applying for flexible training?

All flexible trainees have to be appointed in open competition to GP specialty training through the national recruitment process. If you have been appointed to (or are already on) a GP specialty training programme ask for an eligibility form (see above) and also contact the GP recruitment team. When you apply for GP specialty training you are not obliged to state that you would like to train flexibly until after you have accepted the post.

6. I am a full-timer and having a difficult pregnancy. Can I become a flexible trainee now?

Your terms and conditions of work allow you to modify your hours and duties if you are unable to work normally due to pregnancy. Talk to your occupational health department.

Part 2

FOR DOCTORS WHO HAVE BEEN ACCEPTED FOR FLEXIBLE TRAINING

1. What will my pay banding be?

Guidance notes as to banding arrangements for flexible trainees can be found in the document “Equitable pay for flexible medical training”. For more detailed or personal guidance, please consult the BMA and/or your human resources department. The flexible training office cannot negotiate banding on behalf of individual trainees.

2. Can flexible trainees insist on doing on-call?

In general, a flexible training programme should be equivalent, pro rata, to a full-time programme, and this applies to on-call. Thus, if you are working 60% of full-time, you should be doing roughly 60% of the on-call.

However, since the introduction of the new pay bandings, there has been pressure on some flexible trainees to do little or no on-call in order to reduce costs. If on-call is not required for training approval, there is no compulsion upon the trust to provide this.

3. Is it possible to be exempted from on-call?

The rules on this apply equally to full and part-timers. European legislation allows exemption from on-call if breast-feeding and you may be able to obtain exemption or other modification of working hours if you are pregnant. If there are good reasons for not doing on-call it may be possible for emergency work to be done within the working hours of 8.00 a.m. to 6.30 p.m. However this may affect educational approval and you should contact the Director of Postgraduate General Practice Education for advice.

4. Can I increase/decrease my sessions?

It is normally possible to alter the number of sessions you work up to a maximum of eight sessions and a minimum of six (or on rare occasions five). To do so you will need to obtain educational approval for the change and then send this approval to the flexible training office, together with a written request detailing the change and the date from which you would like it to take effect. A written confirmation will be sent to you within two weeks, plus a new approval form if this is necessary. Please allow two months to arrange.

5. What should I do if I am going on, or returning from maternity leave?

Please inform the flexible training office in writing as soon as you know when your maternity leave will start and give a rough indication as to when you plan to return if possible.

When planning to return from maternity leave, please contact your programme director or consultant in order to agree the arrangements for your return, at least four months in advance. You should request an approval form from flexible@londondeanery.ac.uk as soon as you have settled your return date and placement. Please assume that any form predating your maternity leave has been expired.

6. Is any of my maternity leave accredited for GP specialty training?

You need to complete three years full-time equivalent training. However, up to a maximum of one week in 6 months or two weeks in 12 months may be able to be taken for maternity leave, paternity leave, sick leave or compassionate leave if your progress has been satisfactory. You should confirm this with the RCGP certification Unit.

7. How much study leave do I get?

Flexible trainees are allowed the same amount of funding as full-timers during their secondary care posts (it is pro rata for training in general practice). The time taken out for study leave, however, should be pro rata. Individual arrangements may be negotiated with your employer.

8. Can I take time out-of-programme?

Applications for time out-of-programme should be addressed to the GP recruitment team in the same way as full-timers. The Flexible Training Office must be notified of any decisions made and all relevant dates.

9. How do slot shares work?

Slot sharing is an arrangement whereby two flexible trainees work in the same department, sharing a full-time slot or post. You do not share a salary, and can both work between six and eight sessions each.

Advantages of slot shares

- Flexible trainees are doing ‘proper jobs’, rather than being additional pairs of hands, leading to greater integration with the team and less marginalisation.
- Fewer problems with educational approval.
- No ‘dilution’ of available experience, especially in specialties where practical skills are an important element.
- Useful experience and skills development for those who go on to job shares as GPs.
- Discourages the minority of flexible applicants who try to ‘cherry-pick’.
- Less cost, both to the Trust and Deanery, reducing problems of Trusts refusing to accept flexible trainees.

Both trainees have equal status

- Both are paid on the appropriate flexible pay band for the hours worked
- Both may work up to the maximum of eight sessions each.
- The trainees may wish to share the work contained in the full-time post, or it may be more appropriate for the trainees or department for them to work independently.

The funding

In order to increase the incentive for trusts to support slot share, the Deanery funds one full basic salary from the flexible training budget, and 50% full basic salary is funded from the usual arrangements for funding full-time ST1 and ST2 posts. This provides the trust with a total funding contribution of 150% of a full basic salary, leaving the trust to pay net excess costs arising from the appropriate banding supplements. This is usually cost-neutral to the trust or better.

What happens if the slot share breaks down?

Inevitably share arrangements break down from time to time, either because one person is leaving or going on maternity leave, or because their training requirements take them to another post. In these instances, the options are:

- Forming another slot share arrangement with another trainee
- The remaining trainee reverting to full-time while their partner is away

- The remaining trainee occupying the full-time post on reduced sessions
- The remaining trainee becoming supernumerary funded by the flexible training budget.

10. What if I need to reduce my hours urgently?

Sometimes a trainee needs to become a flexible trainee urgently, perhaps because of ill health either in themselves or a member of their family. In these circumstances, the process can usually be expedited.

11. What are the minimum and maximum hours that can be worked by a flexible trainee?

Flexible trainees are normally expected to work between 60%-80% of a full-time programme. While hours used to be measured in daytime sessions, with one session being a half-day (four hours), the move to shift and other patterns of working has rendered this approach inappropriate in some cases, particularly slot shares. A trainee may be allowed to work five sessions in exceptional circumstances.

COGPED

Guidance on less than full-time (LTFT) training for general practice (also known as flexible training)

Introduction

PMETB became the official body for approving training in September 2005. NHS Employers published new guidance on the pay arrangements for LTFT training in 2005.

- 1) NHS Employers (2005). *Doctors in flexible training: Equitable pay for flexible medical training*. NHS Employers, Leeds.
- 2) NHS Employers (2005). *Doctors in flexible training: Principles underpinning the new arrangements for flexible training*. NHS Employers, Leeds.

Mainstreaming LTFT training should be encouraged and supernumerary posts should only be granted when other options are not possible. Slot sharing is more cost effective and allows more trainees to work part-time.

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

- Deanery funding (NES in Scotland) provides the educational component of the basic salary and banding arrangements are the responsibility of the employer.
- The deanery gives approval for LTFT training funding but it is up to the trust whether they will agree to employ the trainee on a part-time basis.
- Trusts were expected to employ 5% of their doctors LTFT in 2005/06 rising to 20% over five years, subject to demand.
- LTFT trainees should do pro rata day time working, on call and OOHs of full-time trainees in the same grade and specialty.

Appointment process

All LTFT trainees must be appointed under equal opportunities through the national recruitment process and only those who are successful can organise a LTFT placement. Applicants are requested to indicate they would like to train LTFT on their application form, although they can choose not to inform the Deanery until after they have been appointed.

LTFT training posts in hospital and community trusts

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

- The LTFT trainee takes up a full-time post on reduced sessions.
- Slot sharing a full-time post where each LTFT trainee can work more than 50%, subject to available deanery funding.
- The Deanery creates a pool of prospectively approved supernumerary LTFT posts that are filled according to need.
- A trainee organises an ‘ad personam’ supernumerary LTFT training post, subject to available deanery funding.

Educational approval (hospital and community trusts) of LTFT training from December 1st 2007

Deaneries, in conjunction with the RCGP, take responsibility for ensuring that all GP LTFT training is undertaken in prospectively approved posts and programmes. PMETB does not require a separate application for LTFT training if the post is within the approved maximum capacity of the specialty training programme. If a new training opportunity is in excess of the PMETB approved maximum training capacity then the Deanery must apply for additional approval by sending PMETB an updated 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 PMETB 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. PMETB require 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 hours per week plus OOHs.

nMRCGP

LTFT trainees need to ensure they do their nMRCGP assessments at the correct time during their training. This is particularly relevant to WPBA as the review and assessment schedule is not considered and collected on a pro rata basis. Full details are beyond the scope of this guidance and information is available on the RCGP website.

http://www.rcgp-curriculum.org.uk/nmrgcp/less_than_full_time_trainees.aspx

Seven year rule

A trainee who began their three year full-time equivalent GP training prior to August 2007 must complete their training within seven years to be eligible for a CCT. If the training takes longer than seven years the trainee will need to make an application to PMETB under Article 11. PMETB will not apply the seven year rule for GP trainees who begin their three year prospectively approved PMETB CCT full-time equivalent training from August 2007 onwards. A time frame may still be applied by PMETB for Article 11 applications.

Summary

The number of trainees working part-time is increasing but many trusts are 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.

Access to work and disability

There is a Government scheme called 'access to work', which provides help for people who are in employment but their disability adversely affects the way they are able to carry out their work.

http://www.jobcentreplus.gov.uk/jcp/Customers/outofworkhelplookingforwork/Getting_job_ready/Programmes_to_get_you_ready/Dev_014875.xml.html

**EXTRACTS FROM THE RCGP'S GUIDANCE ON THE CONTENT
OF SPECIALTY TRAINING PROGRAMMES IN GENERAL PRACTICE
INTENDED TO LEAD TO THE AWARD OF A CCT
(See RCGP website for full document)**

Introduction

This guidance describes the content of specialty training programmes in general practice, intended to lead to the award of a CCT in general practice. These programmes are being introduced for all GP trainees from August 2007 onwards.

The guidance is not intended for use in the construction of shortened GP training programmes leading to the issue of an Article 11 certificate.

The guidance has been produced jointly by COGPED and the RCGP and will be reviewed regularly.

The regulations

The length and content of the UK GP training programme leading to the issue of a Certificate of Completion of Training (CCT) in general practice are, in broad terms, defined by the General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003 (the Order).

The Order requires specialty training in general practice to include at least three years full time employment (or the equivalent part time), in posts / programmes approved by the PMETB.

The three year programme must contain at least twelve months full time employment (or the equivalent part time) as a specialty registrar in a general practice surgery, under the supervision of a GP trainer approved by the PMETB and at least twelve months full time employment (or the equivalent part time) in specialty training posts approved for GP training.

Point of entry to GP specialty training

Programmes will start after successful completion of the Foundation Programme or its equivalent. Training in the Foundation Years will not contribute to GP specialty training. Training in Foundation pilot schemes will not contribute to GP specialty training.

During the transition to run through programmes for all there will be doctors who have partially completed "self construct" GP training programmes (in posts approved for GP training) and doctors who have taken time out from a GP vocational training scheme who wish to enter shortened programmes to complete their training. These

doctors will be permitted to enter specialty training in general practice at year ST2 or ST3.

PMETB standards

Programmes should comply with the PMETB's generic training standards.

GP curriculum

Programmes should deliver the learning outcomes of the Training Curriculum published by the RCGP and approved by the PMETB.

Definition of a programme

Programmes should be designed to enable the GP trainee to acquire all the competencies necessary to practise safely and competently in UK general practice and thus should contain an appropriate balance between service and education; hospital medicine, general practice and experience in other community settings. All the placements that make up the programme should be in specialities that can deliver, in combination, the general practice curriculum competencies. GP training in secondary care should be educationally supervised and monitored from general practice. GP directors should bear in mind that secondary care placements may offer the opportunity to acquire certain competencies much more quickly than is possible in general practice.

To deliver all the competencies necessary to practise safely and competently in UK general practice, training programmes should include at least 18 months as a specialty registrar in general practice under the supervision of an approved GP trainer (or the part time equivalent).

Programmes should end with a period of training as a specialty registrar in general practice. This final period of training should be of at least six months (or the part time equivalent) in duration. This will facilitate the successful completion of the end point assessment.

Programmes should include a minimum of 12 months training (or the part time equivalent), overall, in at least three, and usually more than three, secondary care specialities relevant to general practice.

Placements in secondary care should be focused on the needs of general practice. For example they should be structured around outpatients and chronic disease and/or should be in general practice-relevant sub-specialities.

Training in any one secondary care specialty should not normally last for less than three months (or the part time equivalent).

Training in any one secondary care specialty should not normally last for more than six months (or the part time equivalent).

Programmes may contain integrated training placements. Integrated placements are likely to be based in general practice with secondments to other primary/community care settings e.g. drug and alcohol projects/hospices or to acute services e.g. outpatients/day hospital.

*COMMITTEE OF GENERAL PRACTICE EDUCATION DIRECTORS
ROYAL COLLEGE OF GENERAL PRACTITIONERS
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