



Less than Full-Time Training in Anaesthesia and Intensive Care Medicine: An A to Z Guide

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Contents

Click arrows below to view sections

➔ Introduction	p3
➔ Annual leave	p4
➔ Application for LTFT training	p4
➔ Annual Review of Competency Progression	p4
➔ Association of Anaesthetists Trainee Committee	p5
➔ Bank holidays	p5
➔ British Medical Association	p5
➔ Career breaks	p5
➔ Certificate of Completion of Training date calculation	p5
➔ Continuing professional development	p5
➔ Eligibility for LTFT training	p6
➔ Examinations	p7
➔ Full-time training: returning to full-time work	p7
➔ Funding	p7
➔ Hours of work and rotas	p7-8
➔ Intensive care medicine training	p8-9
➔ Locum work	p9
➔ LTFT trainee representative	p10
➔ LTFT Training Advisor	p10
➔ LTFT Training Agreement Forms	p10
➔ LTFT training for health reasons	p10
➔ Making the most of LTFT training	p11
➔ Maternity leave and pay	p11-12
➔ Modular training	p12-13
➔ New starters in anaesthesia	p13
➔ Out-of-programme training/experience/research and fellowships	p13
➔ Paternity leave	p13
➔ Pay	p14
➔ Paying for childcare	p14
➔ Pensions	p15
➔ Pregnancy	p16
➔ Recognition of LTFT training programme	p16
➔ Returning to work following a period of prolonged absence	p16
➔ Royal College of Anaesthetists	p17
➔ Shared parental leave	p17
➔ Study leave	p17
➔ Types of LTFT training programmes	p18
➔ Working arrangements	p18
➔ Useful contacts	p18

Introduction

Less than full-time (LTFT) training enables doctors to continue training whilst having enough time to care for dependants, themselves (for health problems or disability) or, in specified circumstances, pursue other non-work related commitments. In these situations, LTFT training ought to make a reasonable work-life balance more achievable. For these reasons it is important that when you are not at work you are able devote your time to whatever it is that made you make the switch from full-time (FT) to LTFT training. In order to do this you need to be kept well informed about the implications of LTFT working, your responsibilities and entitlements, and who can help you out when needed.



The purpose of this guide is to collate information from a variety of sources (e.g. Association of Anaesthetists, Royal College of Anaesthetists (RCoA), British Medical Association (BMA) and National Health Service Employers (NHSE) to make it easier for anaesthetic and intensive care medicine (ICM) trainees to access information regarding LTFT training as well as offer suggestions on how to maintain a successful LTFT training programme.



This is a generic document adapted from a deanery specific guide originally intended for LTFT trainees in the Northern Deanery. It is hoped it will be of use to current or prospective anaesthetic LTFT trainees nationally; however, many local education and training boards (LETBs) or employers will already have excellent information resources locally for LTFT trainees. Policies relating to LTFT training will vary from employer to employer. It is important that you contact your local Human Resources officer, LTFT Training Advisor, Training Programme Director or Head of School to make sure you follow the correct local process.



The information contained in this document was correct as of April 2021. Since then there have been some changes to the category three eligibility for anaesthesia and the introduction of the new curriculum, both planned for August 2021. We will post amendments in due course as to how these changes will affect LTFT trainees and will continue to update the guide regularly with the most current developments. However if you find any inaccuracies or out of date information please let us know.

You can contact us at ltft@anaesthetists.org



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Annual leave

Annual leave entitlement is pro rata. The FT equivalent is 27 days (+ 8 bank holidays) based on 2016 terms and conditions on first appointment to the NHS, and 32 days after 5 years completed service in the NHS. In the 2016 contract the annual leave is pro rata to the percentage you are currently working. In the pre-2016 contract the annual leave is calculated on the percentage bracket that you work in (e.g. F5 - 50%, F6 - 60% etc).

The process for applying for and recording annual leave will vary in different trusts. Contact your Human Resources officer or LTFT Training Advisor to find out how to do this locally. In addition, the rules on carrying leave forward vary and it is best to check locally.

Application for LTFT training

All doctors in training can apply for LTFT training. You do not have to declare at your interview that you intend to apply to train LTFT.

The process of applying varies nationally. Most schools of anaesthesia or deaneries will have information on their websites. Established LTFT trainees in your region will also be a valuable source of information. Each deanery has an Associate Dean or other individual with a specific responsibility and budget for LTFT training. They will assess your eligibility for LTFT training and once they have confirmed your application is successful they will write to you, your LTFT Training Advisor or Training Programme Director informing them of this. You will need to inform the training directorate at the RCoA of the exact dates you changed to LTFT and the percentage worked.

All applications should be dealt with promptly, taking around 3 months to complete, but do not rely on this. Start the application process as soon as you know you wish to train LTFT. Whilst the application process may be dealt with quickly, access to funding may delay commencement of LTFT training. If a LTFT slot is not available immediately, you will have the option of waiting to join the programme by taking unpaid leave or taking up a vacant FT slot. If your application to train LTFT is refused, you will have a right to appeal. Contact your local deanery to find out the appeals policy.

The deanery in conjunction with the Regional Advisor will take responsibility for ensuring that anyone undertaking LTFT training will be placed in a prospectively approved post. There is no need to apply for General Medical Council (GMC) recognition for a LTFT post if it is part of a slot share or using part of an empty FT slot. If the LTFT trainee is supernumerary (in addition to the usual programme numbers), individual recognition for that particular training period in that particular supernumerary post must be requested from the GMC. As long as this is within the training capacity of the hospital department this should not be a problem. The paperwork must be complete before the start date of the post in order for the training time to count towards CCT. The deanery will help arrange this.

The NHS Employers document [Doctors in flexible training](#) has information about the arrangements for LTFT training. For trainees in Wales and Scotland there is also information available from the [Wales Deanery/HEIW](#) and [NHS Education for Scotland](#).

Annual Review of Competency Progression

As a LTFT trainee you will have an annual appraisal and ARCP every 12 calendar months. This will ensure your case mix, responsibilities and out-of-hours work are not significantly different to the FT equivalent. It allows an annual opportunity to evaluate your training needs and raise any issues or concerns. There should be no expectation that in a year you will have achieved the same goals clinically in workplace-based assessments or in continuing professional development as a FT trainee. These goals should be calculated realistically on a pro rata basis according to percentage of FT worked. The GMC position statement [Conditions for less than full-time training](#) clarifies this. You may be invited to attend your ARCP and appraisal whilst on a career break. If circumstances prevent this, you should not be expected to attend, but it is useful if you can be present.

Association of Anaesthetists Trainee Committee

The Association of Anaesthetists Trainee Committee exists to represent the interests of trainee anaesthetists across the UK and Ireland. Officers of the Trainee Committee sit on the Council and Boards of the Association, together with representation on many other external committees including the ICS Trainees Division, BMA Junior Doctors Committee and the RCoA Trainee Committee. It is hoped there will always be an elected or co-opted member of the Trainee Committee who has an interest in LTFT training issues nationally.

The Trainee Committee has established the [LTFT network](#) of LTFT contacts in every school of anaesthesia. This enables sharing of good practice, resources, ideas and problem solving. If you have any queries regarding LTFT training please contact ltft@anaesthetists.org.

The Trainee Committee produces a biennial [Trainee \(GAT\) Handbook](#) that includes chapters relevant to LTFT trainees. The yearly Trainee Conference also has a parent and baby room. In addition to many resources, this room live streams the talks so trainees with small children can keep up to date in comfort.

Bank holidays

There are 8 bank holidays per year (New Years' Day, Good Friday, Easter Monday, May Day, Spring Bank Holiday, Summer Bank Holiday, Christmas Day and Boxing Day). The BMA suggests that LTFT trainees should be entitled to a pro rata share of bank holidays regardless of whether they fall on a day you would work, however local policies may differ.

British Medical Association

For its members, the [BMA website](#) has a specific section dedicated to flexible working: [Flexible working and LTFT](#). It provides advice on many work-related issues and offers services such as contract checking.

Career breaks

Career breaks for any trainee, whether FT or LTFT, may be an option to pursue other interests, to care for a dependant or take a break for health reasons. The opportunity to take a career break is offered to retain doctors who might otherwise leave the profession. Local policies will apply regarding eligibility and application for a career break. If you are thinking of taking time out-of-programme then early discussion with your Training Programme Director is advised. Minimum notice of 3 months is usually required and will require approval from the Speciality Dean.

Certificate of Completion of Training date calculation

Once you have had your application for LTFT training approved you must contact the Training Department at the RCoA to advise that you will be training LTFT. The RCoA needs to know what proportion of FT you will be working and the dates of any periods out of training. It will not recalculate your CCT date until you have entered ST5 and presented your signed Intermediate level Training Certificate.

The 6-month period of grace after CCT is the same for LTFT trainees as for FT trainees and is not pro rata.

Continuing professional development

Given LTFT trainees have an annual appraisal and ARCP, you need to provide evidence of your CPD activity. This should equate pro rata to that expected of a FT trainee. The ARCP panel will want to see that your training and development are progressing at the expected rate for your percentage of training.

Eligibility for LTFT training

All trainees are eligible to apply for LTFT training. Those applying must be able to show that training on a FT basis would not be practical for them for well-founded personal reasons. COPMed utilises categories to serve as guidelines when prioritising applications for LTFT training.

Category 1: Doctors in training with:

- Disability or health reasons that mean they are unable to work full time (may include IVF treatment)
- Responsibility for caring (men and women) for children
- Responsibility for caring for ill/disabled partner, relative or other dependant.

Category 2: Doctors in training with:

- Unique opportunities for personal/professional development (e.g. national/international sport commitment, or short term extraordinary responsibility, e.g. a national committee)
- Religious commitment - training for a role requiring a specific time commitment
- Non-medical professional development (e.g. management courses)

The needs of Category 1 applicants will take priority. Access to Category 2 is dependent on individual circumstances and the availability of funding, the needs of the speciality and service delivery locally. The two categories are not exhaustive and all reasons will be considered. Where an application to train LTFT is refused the applicant has the right to appeal.

LTFT training under Category 3 (for individual professional and lifestyle needs) is currently being piloted in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics. It is not yet available to trainees in Anaesthesia and ICM.

Although there are currently more women than men training LTFT, the number of male LTFT trainees is steadily rising and it is becoming a popular choice. You can read more about the male anaesthetic LTFT trainee perspective in the following articles in *Anaesthesia News*: [Training less than full time - why you will never look back](#) and [The many faces of LTFT training](#), and this article in the *RCoA Bulletin* [Why didn't I do this before?](#)



Examinations

The following information is from the [Examinations](#) section of the RCoA website. To sit the FRCA exams, you must be a member of the RCoA or apply for Temporary Exam Eligibility.

Primary FRCA Examination

MCQ: To be eligible you must be registered as a UK trainee in Anaesthesia, ACCS, a Foundation Programme OR registered as a trainee in Anaesthesia with the College of Anaesthesiologists of Ireland. The maximum number of attempts is 6.

OSCE and SOE: To be eligible you must be registered as a UK trainee in Anaesthesia OR allocated to Anaesthesia in ACCS AND have passed the Primary FRCA MCQ in the last 3 years AND been awarded the Initial Assessment of Competence in Anaesthesia or recognised equivalent. Maximum number of attempts is 6.

Final FRCA Examination

Written: To be eligible you must be registered as a UK trainee in Anaesthesia, or registered as a trainee in Anaesthesia with the College of Anaesthesiologists of Ireland, AND have passed the Primary FRCA examination or exemption qualification in the last 7 years AND have been awarded the Basic Level Training Certificate. Maximum number of attempts is 6.

SOE: The eligibility criteria are the same as for the Final Written FRCA Examination with the added criterion that the Final Written FRCA Examination has been passed within the last 3 years. Maximum number of attempts is 6.

Additional points to bear in mind:

- Any prospective candidate should notify the Examinations Department as soon as possible of a pregnancy and the expected week of confinement, please refer to the [Primary and Final FRCA Examinations: Regulations](#)
- The timescales stated above include any time you have spent out of training. It is important to note that the clock does not stop ticking with regard to eligibility to sit the exam whilst on time out of training
- For information on the FFICM exam, please see the ICM section.

Full-time working: returning to full-time work

If your circumstances change and you wish to return to FT working you need to discuss this as early as possible with your Training Programme Director, LTFT Training Advisor and Associate Dean. This may not be an automatic process and there may be delay until a FT slot on the rotation and funding becomes available. Once approved, you should contact the RCoA and request a recalculation of your CCT date.

Funding

Access to LTFT training is resource limited. Following the new pay contract for LTFT trainees in June 2005, the funding for LTFT training is dependent on available funding from the deanery and your NHS employer.

Hours of work and rotas

The hours of work you will undertake may vary according to local arrangements. The [RCoA](#) recommends you consider training at 60% or more to best support career progression. The GMC [Conditions for less than full-time training](#) states that trainees will be required to undertake at least 50% whole time equivalent (WTE) unless in exceptional circumstances when an absolute minimum of 20% would be allowed for a maximum period of a year. The RCoA has recently published a [position statement](#) on training at less than 50% WTE.

Your employer is not under obligation to give you fixed work days, although many trainees who are LTFT for childcare reasons prefer this pattern. However, many departments are willing and able to accommodate your schedule with a bit of give and take and forward planning. A willingness to have some flexibility would be looked on favourably.



The following example shows how to calculate your hours of work. The example shown is based on a slot share trainee working 60% based on a FT rota of 48 hours. Most rotas are just under this and it is the actual number of hours for a FT trainee for the rota you are working that should be used. If, for whatever reason, FT trainee hours change (increase or decrease), your hours must do the same to maintain the 0.6 proportion. To ensure you experience equivalent 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 FT trainees do.

The following example uses 13 weeks of rota 1:8 FT at 60%:

- Work out the number of weekend days (Fri/Sat/Sun)
- In 13 weeks there will be 39 weekend days
- LTFT weekend days to do in 13 weeks = $(39/8) \times 0.6 = 2.9$
- In 13 weeks you should do 2-3 weekend days, evening it up on the next rota
- The weekend night shifts are the same number

- Work out how many weekday shifts (Mon-Thurs)
- In 13 weeks there are 52 weekday day shifts to cover
- LTFT total weekday out-of-hours work in 13 weeks = $(52/8) \times 0.6 = 3.9$
- In 13 weeks you should do 3-4 weekday out-of-hours shifts
- The weekday night shifts are the same number

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. Hours should be made up to the total required with normal working days.

Intensive care medicine training

As a LTFT trainee in CT1/2 you will be required to complete the equivalent of a 3 month FT ICM block. For a 0.6 slot share trainee this will mean a 5 month ICM placement. At ST3-7 you will be required to complete a further two blocks each equivalent to 3 months FT. Be aware that the anaesthesia curriculum is under revision and the length of time spent in ICM at various stages of training is likely to be revised. This document will be updated to accommodate that revision.

Due to the nature of ICM rotas it can be difficult to accommodate LTFT trainees without some forward planning. To ensure you receive the necessary training in ICM, think about when and where you would like to do your blocks. Discuss with your Training Programme Director and the ICU where you will undertake your training block how best to arrange and accommodate your training needs and the ICU service requirements.

LTFT trainees can apply for ICM training in the same way FT trainees can. Recruitment to the joint CCT in Anaesthesia and ICM ended in 2013. Trainees now apply for a new standalone ICM programme through which you can also choose to dual with another specialty including anaesthesia (see below).

Dual training in ICM

This section applies to those trainees undertaking training for a CCT in both Anaesthesia and ICM. Each training programme must be completed in full, therefore accreditation in both specialties takes longer. It is estimated it will take 8.5 years to achieve a dual CCT in Anaesthesia and ICM if training FT. As this is a fairly new programme and numbers of LTFT trainees in ICM are currently low it is a good idea to contact the local ICM and Anaesthetic Training Programme Directors as soon as you are considering applying for LTFT as they will need to co-ordinate your rotation between the two rotations, as they do for FT trainees.

Throughout your ICM and Anaesthesia dual training you will have two teaching programmes to attend and two portfolios to keep. It is worth considering having your days of work cover when tutorials occur so you don't miss out on the educational programme. Remember that many of your competencies and workplace-based assessments can count towards both specialities, so you can maximise your reduced clinical time by adding these to both portfolios from the start.

The entry point to dual CCT in the new system is at ST3, through competitive national recruitment following completion of core training in Anaesthesia. The latest point at which a trainee may apply is at the end of ST5 in Anaesthesia. If entering at this stage, then a period of 'catch-up' and gathering of evidence of competencies and

experience may be required to continue in both specialities at equivalent stage. If ACCS was not your core training programme then a year of medicine (of which 6 months can be Emergency Medicine) will need to be completed.

As LTFT trainees may have been training for longer, this process can be laborious as portfolios and ARCP requirements have changed over the years. A degree of pragmatism is required from all parties. It is worth noting that the GMC has stated that if a second training programme is commenced more than 18 months after the first then the second programme will result in a CESR(CP) rather than a CCT. In practice this makes little difference under most circumstances

Stage 1 of dual training includes core training (but not Foundation Years) and must last at least 4 years FT equivalent.

At the end of Stage 1 trainees must have completed:

- Core training in base speciality
- 1 year of Medicine of which 6 months can be Emergency Medicine
- 1 year of ICM
- 1 year of Anaesthetics.

Stage 2 mirrors higher anaesthetic training with modules in the subspecialties of neurosciences, paediatric and cardiothoracic ICM as well as further general ICM exposure. You are expected to attain higher anaesthetic competencies in the relevant specialities as you progress through this level of training. For the LTFT trainee this can mean complex negotiations with two departments per placement. Again, early communications with rota-makers, educational supervisors and Training Programme Directors for the subspecialty you are rotating to is helpful.

The guide of roughly 20 sessions of anaesthesia per subspecialty unit of training has been used. This can be arranged throughout the block. For example, you may do one session a week for 20 weeks (5 months if completing a 3 month block at 60%), or you may agree to complete the requirements in a series, e.g. 20 sessions/10 days of theatre experience. The ST6 or Special Skills year is spent back in the partner/dual speciality.

As with higher anaesthesia, you must complete your final exam, the FFICM, prior to progression to Stage 3 or Advanced ICM year. The FFICM has two parts, the MCQ and the OSCE/viva component. Each component has two sittings per year. As a LTFT trainee you then have more chronological time to prepare for this exam, but access to teaching can require more planning.

Stage 3 is spent exclusively in ICM. As a LTFT trainee you may spend 18 months or more out of anaesthesia. It is worth bearing in mind you may need to consider arranging some theatre lists to maintain anaesthetic competence and keep in touch with departments you may be interested in working in as a Consultant.

For more information see the [Faculty of Intensive Care Medicine website](#), contact your LTFT Training Advisor, the Programme Director for ICM, or the ICM Speciality Committee Chair.

Locum work

In a [revised position statement](#) by the GMC in 2017iv, doctors who train LTFT face no regulatory barriers to pursuing locum work. This statement confirms that the GMC has no role in determining what LTFT trainees can and cannot do outside of training hours. It does however state that work undertaken outside training requires a licence to practice and should therefore be declared as part of their whole practice appraisal.

Just as with FT trainees you can be asked to cover unforeseen absences at less than 48 hours notice.

LTFT trainee representative

Established LTFT trainees are a very useful source of information and advice. Often there is a local LTFT trainee appointee who may be available to advise you on local matters related to training part-time and negotiate locally on LTFT training problems. Your Training Programme Director or LTFT Training Advisor will be able to tell you who to contact.

The Association of Anaesthetists Trainee Committee has set up a network of LTFT contacts in every school of anaesthesia to enable sharing of good practice, resources, ideas and problem solving. Contact ltft@anaesthetists.org for more information.

LTFT Training Advisor

Many schools of anaesthesia will have a local LTFT Training Advisor or LTFT Training Programme Director who can advise on many aspects relating to LTFT training in anaesthesia both locally and nationally. Alternatively, or in addition, it may be that your employer has a LTFT champion who is not speciality specific but will be able to advise on the local processes for LTFT training. Your Training Programme Director or College Tutor should know who to contact.

LTFT Training Agreement Forms

Local policies differ but many employers will require you to complete a LTFT Training Agreement Form annually and return it to your Human Resources officer. This form confirms your circumstances haven't changed and that you are still eligible for LTFT training.

LTFT training for health reasons

LTFT working is available to trainees who want to reduce their hours or change their work pattern because of health or disability affecting their ability to work FT. Your employer has a legal obligation to make reasonable adjustments to the working environment to allow employees with chronic health problems or disabilities to work.

If you are finding FT work is adversely affecting your health, it is worth discussing the problem and potential solutions with your Educational Supervisor or College Tutor. Once you have decided you want to become a LTFT trainee, contact your Training Programme Director and/or Head of School. You will usually be referred to Occupational Health for assessment.

If you are training LTFT due to health reasons you do not have to train at 60% FT. Your percentage of FT hours can be changed to suit your needs. The whole process may take several months although Occupational Health should be able to make changes immediately to your hours of work/on-calls etc. if there is an acute need for this.

The Occupational Health department is there to assess your particular health needs, ensure you are fit to work and aim to help you re-establish a good work-life balance. Prior to your appointment it is helpful to think about what your particular needs are:

- What issues in particular are making FT training difficult?
- Are there any specific tasks at work you find difficult?
- Do you need access to specialist equipment?
- Does your out-of-hours work pattern need adjusting?

Occupational Health may liaise confidentially with any other clinicians caring for you to try and provide comprehensive assessment of your health needs. You may need to have contact with Occupational Health on a 6 monthly or annual basis. This is to check your health needs are still the same and are being appropriately managed at work.

See **Application for LTFT training** above for advice on how to apply, and don't forget to let the RCoA know that you are LTFT so your CCT date can be recalculated. Once you know which hospital you will be working in, you need to let the rota-maker and College Tutor know about your working pattern or any specific requirements.

If you start training LTFT and your needs are not being met, or the conditions set by Occupational Health are not being met, this can be addressed through the department you are working in, or via the LTFT Training Advisor, Head of School or Occupational Health.



Making the most of LTFT training

Like all trainees, in order to maximise your learning opportunities and direct your training according to your needs and interests, it is important you take time to work out what your goals and aims are for each attachment. Working LTFT might mean your regular sessions at work do not coincide with certain sessions of particular interest and therefore some flexibility may be required in order to attend certain lists. Knowing what opportunities are available in advance, especially for specialist training areas may allow you to plan which weekdays would be most suitable to ensure exposure. Similarly, when undertaking short blocks of specialist training you may wish to avoid or minimise your night shifts during these periods in order to maximise the elective training opportunities.

It is important that you reflect on your progress often and seek to correct any training deficits early on in an attachment. You may decide to change your sessions mid-way through an attachment to get other training opportunities; there are endless ways of structuring your work schedule. Keep in constant contact with the departmental rota-maker and your educational supervisor. Being organised and proactive will make it easier for you and the rota-makers to agree and plan well in advance to ensure you are able to meet your training needs, the needs of your FT colleagues and the department.

Make sure you do your fair share of non-clinical duties too, e.g. management tasks, and take part in other activities such as audit and teaching. Departmental audit meeting dates are often scheduled well in advance so it would be worth finding out when they are in order to ensure you can attend the ones that fall on your work days.

Maternity leave and pay

You are entitled to 52 weeks maternity leave, which you can begin after your 29th week of pregnancy. You may be entitled to both statutory maternity pay and NHS maternity pay. The former is a statutory right and the latter is a contractual right.

For statutory maternity pay you must have 26 weeks of continuous service with your current employing trust (you cannot aggregate employers), ending with the qualifying week which is the 15th week before your expected date of childbirth (i.e. 25 weeks gestation). This entitles you to 39 weeks of statutory maternity pay. You will receive 90% of your average weekly earnings for 6 weeks with the remaining 33 weeks paid at the lesser standard statutory maternity pay rate or 90% of your average weekly earnings. Your average weekly earnings are calculated during weeks 17 to 25 of your pregnancy.

If you do not qualify for statutory maternity pay you may be able to claim maternity allowance from the Benefits Agency as long as you have been employed for 26 of the 66 weeks up to the week before your expected date of confinement. The maternity allowance is the lesser of 90% of average weekly earnings or statutory maternity pay.



For NHS maternity pay you must have 1 year's continuous service, for which you can aggregate NHS employers, without a break of 3 months by the 11th week before childbirth. This entitles you to 8 weeks full pay less your statutory maternity pay/maternity allowance receivable, followed by 18 weeks half pay plus statutory maternity pay/maternity allowance. You would then be eligible for a further 13 weeks of statutory maternity pay/maternity allowance and 13 weeks unpaid maternity leave.

If you qualify for the NHS scheme but not statutory maternity pay you must claim maternity allowance from the Benefits Agency and your employing trust will deduct maternity allowance from the FT portion of your maternity pay. You are entitled to any pay rises awarded by the Doctors and Dentists Review Body and pay increments that occur during your maternity leave.

You accrue annual leave during your maternity leave. It is usual for this annual leave to be added to the beginning or end of your maternity leave, but you need to confirm this will be acceptable with Human Resources, the Training Programme Director and the relevant anaesthetic department. If you are adding annual leave to the end of your maternity leave remember that if you were FT prior to your maternity leave this annual leave should be paid at a FT salary. It is useful to put on your maternity leave application the date you will return to payroll and the date you will actually return to work. It may also be wise to confirm with Human Resources and payroll that you will be paid FT for any annual leave accrued if appropriate.

Trainees are able to count time spent on accrued annual leave whilst on maternity leave as training time for CCT purposes. This should be discussed at your ARCP following maternity leave with the Head of School and Training Programme Director. The accrued leave could be counted if not disadvantaging a trainee's ability to complete all modules in the required timeframe.

If you are adopting a child you may be entitled to 26 weeks of ordinary adoption leave and 26 weeks of additional leave which can start no more than 14 days before the placement date. For hospital doctors employed under national terms and conditions, adoption leave and pay will be in line with maternity leave and pay provisions.

It is worth noting that some defence unions will allow you to suspend subscriptions during maternity leave. Just make sure you remember to renew this when you return to work. The Association of Anaesthetists also offers a reduced subscription rate (90% discount) whilst on [Parental leave](#).

NHS Employers has produced a useful leaflet titled, [General maternity guidance for rotational junior doctors in training](#). The BMA also provides a booklet on maternity leave guidance for NHS employees that you can find on the [Working Parents](#) section of its website.

Modular training

Any units which offer modules or blocks of training in subspecialty areas should offer LTFT trainees an equivalent period of training to that given to FT trainees. For example, if you are working at 0.6 WTE, then if your FT colleagues would expect a 3 month training block you should expect 5 months (calculated using $3/0.6 = 5$ months). If FT trainees have their modules calculated in weeks rather than months, this should be done for LTFT trainees too. Below is a table demonstrating the above.

Percentage worked	Rotation length	LTFT equivalent
60%	3 months	5 months
	6 months	10 months
	12 months	20 months
70%	3 months	4.2 months
	6 months	8.5 months
	12 months	17 months
80%	3 months	4 months
	6 months	8 months
	12 months	16 months

Bear this in mind when planning your advanced training modules and ensure you are given an adequate length of time to achieve all the learning outcomes. If the consultant who timetables the advanced modules is not the same person as the rota-maker it may not be immediately apparent to them that you are a LTFT trainee and need a longer time. If you need to undertake a specific module of training during a placement it would be wise to contact the appropriate consultant in advance to ensure you receive the appropriate period of training. The rota-maker or secretaries in each unit should be able to advise you who you need to contact.

New starters in anaesthesia

New starter anaesthetists are able to train on a LTFT basis and this is fully supported by the RCoA. The Initial Assessment of Competence (IAC) is generally undertaken in the first 3-4 months of training. The IAC is a steep learning curve with acquisition of new and unfamiliar practical skills, essential to working as an anaesthetist. Some trainees may find it challenging to acquire these skills on a LTFT basis, therefore working LTFT should be discussed before starting the placement with the Training Programme Director, College Tutor and/or LTFT lead.

Out-of-programme training/experience/research and fellowships

LTFT trainees should have the same opportunities to apply for and undertake out-of-programme training or research (OOPT/R). It may take a little more organisation, e.g. two LTFT trainees sharing a fellowship or undertaking a longer period of training in the specialist area. As with everything LTFT, planning well in advance and discussing options with the fellowship supervisor, Training Programme Director and LTFT Training Advisor will help. In order to take up a fellowship post which is recognised for training in the UK or abroad you must prospectively apply for OOPT or OOPR. Out-of-programme experience refers to clinical experience posts that are not approved by the GMC and therefore cannot count toward training and the award of a CCT. Out-of-programme career breaks apply to those wanting to spend time away from medicine.

You must check under which circumstances your school of anaesthesia will currently allow OOPT/R and follow local guidance regarding the organisation of time out-of-programme. You must hold the Final FRCA, have completed ST4 and have a successful ARCP outcome at the time of application. Trainees must be back in programme 6 months before their CCT date.

The Association of Anaesthetists produced a booklet [Organising a Year Abroad](#) that has a wealth of useful information. Information can also be found on the RCoA website [Out of Programme information](#).

Paternity leave

You are entitled to paternity leave if your partner has given birth or you have adopted a child. It can be taken any time up until 56 days after the birth of the baby or date of placement if you have adopted. Same sex partners are included within this legislation. We have summarised below, but more information can be found at <https://www.gov.uk/paternity-pay-leave/leave>

Employees with less than 26 weeks service at the beginning of the qualifying week (15 weeks prior to the expected week of confinement) are entitled to 1 week unpaid or annual leave. Employees with 26 to 52 weeks service are entitled to 2 weeks paternity leave paid at statutory paternity pay. Employees with more than 12 months continuous service at the beginning of the week in which the baby is due are entitled to 2 weeks of leave at full pay. Employees must inform their employer of their intention to take paternity leave by the 15th week before the baby is due.

Partners are also entitled to a reasonable amount of time off to attend antenatal appointments. Additional paternity leave regulations came into effect in April 2010 introducing a statutory entitlement for employees. Partners may be entitled to up to 26 additional weeks of paternity leave provided the mother has returned to work. Contact your Human Resources department for further information.



Pay

For those on the pre-2016 junior doctor pay scale, the banding for LTFT trainees is divided into 2 parts. Your basic salary is determined by the actual hours of work, as derived initially from the rota and confirmed by monitoring. A division into 4-hour bands based on hours of actual work enables some averaging to take place, thus for basic salary:

- F5 is 20 or more and less than 24 hours of actual work a week and attracts 0.5 of FT salary
- F6 is 24 or more and less than 28 hours of actual work a week and attracts 0.6 of FT salary
- F7 is 28 or more and less than 32 hours of actual work a week and attracts 0.7 of FT salary
- F8 is 32 or more and less than 36 hours of actual work a week and attracts 0.8 of FT salary
- F9 is 36 or more and less than 40 hours of actual work a week and attracts 0.9 of FT salary

Added to this is a supplement, paid as a proportion of the basic salary identified above, to reflect the intensity of the duties:

- Band FA - 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 7pm and 7am. Band FA attracts a supplement of 0.5 of the basic salary
- Band FB - trainees working at less intensity at less unsocial times. This applies if you work a full shift rota in which you work less than 1 in 6.5 weekends or less than 1/3 of your hours Monday to Friday are between 7pm and 7am. This banding attracts a supplement of 0.4 of the basic salary
- Band FC - 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
- One important difference compared to FT pay is that basic pay (F6, F7 etc) is based on total hours of work including any out-of-hours. The NHS Employers document [Equitable pay for flexible medical training](#) includes a helpful flow chart and worked examples of how to calculate LTFT pay and banding.

For those on the 2016 pay scale, advice from NHS Employers includes:

Basic pay	Pro rata to the relevant nodal point, e.g. average weekly hours on your work schedule divided by 40 multiplied by nodal point pay.
Weekend allowance	Percentage of the weekends worked. Calculated by the number of FT weekends, e.g. (4 if 1 in 4), divided by LTFT weekends, e.g. 7 (if 1 in 7), and multiplied by the weekend allowance for a FT trainee at your nodal point on the rota.
On-call allowance	Worked out as per the weekend allowance utilising FT trainees on-calls and LTFT on-calls and multiplying by the on-call allowance for a FT trainee at your nodal point on the rota.
Transitional pay protection	£1500 for all LTFT trainees who were LTFT on 3 August 2016 on maternity at that time and returned to training LTFT. This continues until transitional pay expires.

Paying for childcare

Childcare vouchers are a salary sacrifice scheme provided by many employers. These can be used towards paying for qualifying childcare, e.g. nursery, childminders, nannies, holiday clubs. However, the Government closed this scheme to new entrants in October 2018.

The system has been replaced with Tax Free Childcare. The Government will provide 20% of childcare costs to a maximum of £2000 per child, per year (limited to £500 every 3 months). It works by every 80p you pay into your child's online childcare account, the Government pays in 20p. You are then able to transfer this money to various listed childcare settings. These include nurseries, after school clubs and nannies. Your childcare provider will need to register with the scheme if they have not already done so. There is one account per child, so the more children you have the more help you receive. Most working parents are eligible, including those who are self-employed. For further information see <https://www.gov.uk/tax-free-childcare>

Pensions

If you joined the NHS pension scheme on or after 1 October 2008 you will automatically have become a member of the 2008 scheme. If you were a member prior to this date you will have some pension in the 1995 section unless all has been moved to the 2008 section.

The effect of LTFT training on your pension is on years accrued and not on your pensionable pay. This is termed scaled service, where your years worked LTFT are converted to a FT equivalent period of service. In the 1995 scheme, 1 year of scaled service accrues 1/80th of your final pensionable pay, which is the best of your last 3 years whole time equivalent. The pensionable age is 60, whereas in the 2008 scheme it was raised to 65. The accrual rate of the 2008 scheme is 1/60th of your final pensionable pay which is an average of the best 3 years FT equivalent salary in your last 10 years worked.

On 1 April 2015, the new NHS pension scheme (2015 NHSPS) was introduced, the information within this section has been obtained from the [NHS Business Services Authority](#) and [BMA](#) websites.

If you were more than 13.5 years away from the normal pension age on 1 April 2012 you will automatically have joined the 2015 scheme on 1 April 2015 or when you started work.

The main features of the new NHS Scheme include:

- A career average revalued earnings (CARE) scheme: The CARE pension schemes differ from final salary in that they take account of pensionable earnings in every year of scheme membership rather than just prior to retirement.
- An accrual rate of 1/54th of each year's pensionable earnings (equivalent to 1.85%): this means that every year a member will accrue 1/54 of their pensionable earnings. The total of all the annual pension accrual amounts is added together at retirement to calculate the final pension.
- Revaluation of active members' benefits in line with inflation: As the pension is building up annually based on actual pensionable earnings, the pension amounts earned during earlier years will be subject to revaluation. This will take place at the end of each scheme year at a rate determined by the Treasury: the Consumer Price Index plus 1.5%.
- A normal pension age at which benefits can be claimed without reduction for early payment is linked to the same age you are entitled to claim your state pension.
- The benefits you have built up prior to moving to the 2015 Scheme will remain in the 1995 or 2008 section as appropriate. At retirement these benefits will be treated separately and calculated in accordance with the rules of the 1995 or 2008 section.

When working LTFT your pensionable pay for contributions purposes (the percentage of your basic salary contributed into the pension scheme) will be the appropriate proportion of your actual FT salary, excluding banding supplement. Contributions are paid on all hours of duty you work up to a maximum of 40 hours per week. For example, if you earn £18,000 working 50% of a FT training programme, the FT equivalent 'pensionable pay' would be £36,000. You will pay 9.3% contributions on your actual pensionable pay of £18,000.

Maternity, paternity or adoption leave

If you have indicated that you are going to work after maternity, paternity or adoption leave, then you and your employer will continue to contribute to the NHS pension scheme for the period of maternity leave on the pay you actually receive. If you go onto nil pay, the contributions will be based on the amount of pay received immediately prior to the start of the unpaid period. When you return to work following maternity, paternity or adoption leave, your employer should arrange for any contribution arrears to be collected.

Pregnancy

The [pregnant anaesthetist](#) document produced by the Association gives lots of useful information regarding maternity leave and pay, your responsibilities to your employer, your employer's responsibilities to you and any occupational risks relevant to anaesthesia. There is a very helpful timeline of when you need to inform your employer of your pregnancy and intention to take maternity leave etc.

There is no formal guidance on when you should give up out-of-hours work whilst pregnant. This will be up to you to decide in conjunction with your employer. With forward planning it may be possible to arrange to do your share of the out-of-hours work in the earlier stages of your pregnancy as long days and nights may become exhausting later. In some cases it may be necessary to give up on-call commitments at an earlier gestation to ensure a healthy pregnancy. A letter from your midwife or GP will support your case for a [change to your working pattern](#). This may mean that those months without an on-call commitment do not count towards your CCT; this should be discussed with your Training Programme Director. The document [Physical and Shift work in pregnancy](#) provides more information.

[Pregnancy and work](#) is another useful booklet published by the Department for Business, Innovation and Skills. Again, it gives a useful timeline and information regarding employees and employers responsibilities. The Health and Safety Executive provides two booklets which may be useful: [New and expectant mothers who work](#) and [Working safely with ionising radiation – Guidelines for expectant or breastfeeding mothers](#).

Recognition of LTFT training programmes

Training recognition is awarded pro rata, e.g. if working 0.6 WTE then you need to work 10 months to gain 6 months WTE training. Out-of-hours work should be arranged pro rata and posts will not be recognised for training by the RCoA unless they include the full range of duties and shifts. Trainees will be expected to move between posts within rotations on the same basis as FT trainees to ensure a coherent programme of training that is educationally comparable with FT trainees.

The RCoA Training Department requires a letter from your Head of School, Training Programme Director, Regional Advisor or LTFT Training Advisor to confirm that the rotation you undertake whilst LTFT has approval for training and is identical in all ways to FT training, except for hours worked per week. The Health Education England local office or deanery, in conjunction with the Regional Advisor will take responsibility for ensuring that anyone undertaking LTFT training will be placed in a prospectively approved post. Separate recognition of a LTFT training post is not required if the post is part of a slot-sharing post in what was previously a recognised FT training slot. The GMC requires a separate individual approval application for supernumerary posts.

Individuals who are unable to undertake a full range of duties due to ill-health or disability and for whom a reasonable adjustment to training may be required should discuss this with the Dean and Regional Advisor. The RCoA Bernard Johnson Advisor, the senior representative for LTFT training, should also be included in these discussions.

Returning to work following a period of prolonged absence

The Academy of Medical Royal Colleges (AoMRC) has [published guidance](#) for supporting a successful return to practice.

This includes those doctors returning to their usual practice after working in a different clinical field, e.g. research or an advanced ICM year. A prolonged absence is defined as more than 3 months. Example checklists are provided which may be used pre and post absence, to allow an individualised action plan to be formulated. The RCoA was involved in this work and there is a document available on its [website](#).

During maternity leave you are entitled to up to 10 paid "Keeping in Touch" days which can be arranged with your employer and might include supervised clinical work or training courses. A national multicentre return to work course has been established which focuses on scenario-based simulation and interactive tutorials. For more information and future course dates visit the [GASagain website](#).



Royal College of Anaesthetists

The Bernard Johnson Advisor at the RCoA has specific responsibility for LTFT training (see [Useful contacts](#) section). They provide advice to individual trainees and to the RCoA on LTFT training. They also calculate the CCT dates of LTFT trainees and provide support and advice to the LTFT Training Advisors, Regional Advisors and College Tutors. It is important to keep the RCoA informed regarding any periods out of training, e.g. maternity leave and your current working arrangements, so it is able to recalculate your CCT date.

The RCoA has lots of useful information regarding application for and completing LTFT training on its [website](#). The RCoA and Association of Anaesthetists host a joint 'LTFT Matters' seminar. This provides an excellent opportunity for current and prospective LTFT trainees to hear about the practical aspects of part-time working, e.g. returning to work, pensions. Along with talks from trainees who are making part-time working work for them, there are opportunities to network and discuss LTFT training matters with trainees from other regions.

Shared parental leave

Shared parental leave is a right for eligible parents of children born or placed for adoption on or after 5th April 2015. Shared parental leave allows parents to share leave with a partner and/or split up periods of leave. Parents can take up to 50 weeks as shared parental leave, and a maximum of 37 weeks of shared parental pay. Parents can take shared parental leave at the same time or a different time to their partner. Both parents have to meet conditions about their employment and earnings.

For the mother to be eligible, she must have worked for her employer for 26 weeks by the end of the 15th week before the baby is due (or by the date she is matched with the child for adoption) and must be working for the employer up to the point of taking shared parental pay. She is entitled to shared parental pay if she earns above the lower earnings limit for National Insurance (currently £118 gross/week on average). The mother must also have a partner who fulfils the "employment test" (work for at least 26 weeks in the 66 weeks before the expected week of childbirth and earn at least £390 in total in 13 of those weeks). A mother may now take maternity leave, as previously, with no shared parental leave option, or can convert some of her maternity leave to shared parental leave and maternity pay to shared parental pay. To do this, she would need to notify her employer that her maternity leave is ending on a specified date, and leave some shared parental leave to be taken by her partner or at a later date by her. Shared parental leave can start for the partner whilst the mother is still on maternity leave, as long as the mother has given notice to end her leave.

For the mother's partner to take the shared parental leave, they must have worked for their employer for 26 weeks by the end of 15th week before the baby is due (or by the date they are matched with the child for adoption), and still be working for the employer up to the start date of shared parental leave. They must share the primary responsibility for the child's care, and the mother must fit the criteria stated above. If entitled to maternity leave, the mother must have curtailed it or given notice to do so. If she is entitled to statutory maternity pay or maternity allowance, she must have ended her entitlement. If the secondary carer meets the conditions above and earns at least the National Insurance lower earnings limit, then they are entitled to shared parental pay.

Most employers require written notice of your eligibility for shared parental leave and shared parental pay. Please see your local policy for more details. Information on eligibility and application is available via the [gov.uk website](#)

Study leave

As a LTFT trainee you are entitled to a pro rata share of study leave days and funding. Local policies and funding arrangements will apply governing the number of days and money available. Your LTFT Training Advisor, College Tutor or Training Programme Director should be able to advise you.

If you wish to attend a course which falls on a non-working day then you are entitled to count this as work and arrange a day off in lieu. However you must ensure this does not compromise your ability to complete all the necessary competencies.

You may or may not be able to claim study leave funding whilst on maternity leave. This varies locally and some areas will give full funding, others partial and some no funding, therefore it is always still worth applying.



Types of LTFT training programmes

Slot share: A training placement divided between trainees, so that all the duties of the FT post are covered. LTFT trainees are employed and paid as individuals for a specific WTE (for example, 0.6 for a 60% LTFT trainee). Thus, a department benefits by having more than one trainee working in one FT slot. This arrangement is NOT a job share. The trainees share a place on the rota but not a contract and may overlap sessions. The other person(s) in your slot share can change from post to post, i.e. you do not need to move around departments together. A slot share is the recommended pattern of LTFT training by the BMA. A further advantage of slot sharing is that it allows the funding attached to the FT post to be allocated to LTFT trainees rather than delaying access to training whilst waiting for supernumerary funding.

Supernumerary: These posts are the exception rather than the norm, they can be offered where LTFT training is needed at short notice or a slot share is not suitable. Applications will usually only be granted to doctors with differing needs in extenuating circumstances. Supernumerary posts are additional to the normal complement of trainees on a rota. The proportion of hours worked and out-of-hours commitment will be arranged on an individual basis. It is also possible to work reduced hours in a FT slot. However, this will leave a department with rota gaps.

Working arrangements

Your employer is not usually under legal obligation to give you fixed work days, although many LTFT trainees prefer this pattern and many departments will accommodate. As with most things to do with LTFT training, forward planning is the key. Contact departments and rota-makers well in advance. If undertaking a subspecialty block find out which days are best for training as you may find you want to change your days of work at least temporarily to maximise training opportunities. With some forethought, childcare providers can offer some degree of flexibility too.

You may or may not be able to request where you work depending on whether your school of anaesthesia has fixed or flexible rotations. If you feel unable to work in a particular location due to other commitments then discuss this as early as possible with your Training Programme Director and LTFT Training Advisor. Bear in mind that many of your FT colleagues will also be juggling work with other commitments and you may be expected to do some commuting to gain advantage of all the training opportunities available on your rotation.

Useful contacts

Organisation	Contact	
Royal College of Anaesthetists Bernard Johnson Advisor for LTFT Training	Dr Caroline Evans	training@rcoa.ac.uk
Association of Anaesthetists LTFT Representatives	Trainee Committee	ltft@anaesthetists.org
Medical Women's Federation		http://www.medicalwomensfederation.org.uk



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