



# Less than full-time training

## A guide for training programme directors in anaesthesia and intensive care medicine

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Less than full-time (LTFT) training in anaesthesia and intensive care medicine (ICM) is growing in popularity, as access to LTFT opportunities develops. The training pathway may seem complicated, but this guide can help guide you with some key points and frequently asked questions. It should help you to avoid some common pitfalls, whilst providing a great training experience for all your trainees.

[The Gold Guide](#) sets out the underlying principles of LTFT training:

*'All doctors in training including academic trainees can apply for LTFT training.'*

*'Those in LTFT training must meet the same requirements as those who train on a full-time basis to achieve a CCT.'*

Whilst reasons for a trainee's choice to train LTFT vary, the need for TPDs to be well informed is constant; regarding the implications of LTFT training, and their responsibilities in facilitating it. The TPD should work together with their LTFT trainees, educational supervisors, tutors, trusts and school LTFT leads to provide the same breadth and depth of training that the full-time trainees undertake.

This guide was originally written by trainees from the Northern School of Anaesthesia and Intensive Care Medicine in conjunction with the Association of Anaesthetists Trainee Committee and the Royal College of Anaesthetists Bernard Johnson Advisor on LTFT Training.

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# Useful resources for LTFT training

## The Gold Guide

[The Gold Guide](#) includes information about eligibility for LTFT training and is frequently updated.

## Association of Anaesthetists

[Career support](#) available from the Association of Anaesthetists including a link to Less than full-time training in anaesthesia and intensive care medicine: an A to Z guide. A booklet written by trainees for trainees, full of useful tips and advice for anyone involved in LTFT training.

## Royal College of Anaesthetists

Provides an [overview of LTFT training](#).

## General Medical Council (GMC) position statement: conditions for less than full-time training

Sets out the way [LTFT training should be arranged](#).

## Rostering guidance – design recommendations for LTFT doctors

How to write rotas [for those training LTFT](#), includes examples.

# Section 1

## Applying for LTFT training

### Eligibility

#### Who is eligible to apply for less than full-time training?

All trainees with a national training number are eligible to apply for LTFT training. The application process can commence during recruitment. They must provide a well-founded reason. The 2022 edition of the Gold Guide has removed previous eligibility categories, with their prioritisation, and instead now provides an illustrative list:

- i. Trainees with a disability or ill health – This may include ongoing medical procedures such as fertility treatment.
- ii. Trainees with caring responsibilities (eg for children, or for an ill/disabled partner, relative or other dependent).
- iii. Welfare and wellbeing – There may be reasons not directly related to disability or ill health where trainees may benefit from a reduced working pattern. This could have a beneficial effect on their health and wellbeing (eg reducing potential burnout).
- iv. Unique opportunities – A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (eg training for national/international sporting events, or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training)
- v. Religious commitment – A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- vi. Non-medical development – A trainee is offered non-medical professional development (eg management courses, law courses or 17 Contractual provisions are set out by NHS Employers in Equitable Pay for Flexible Medical Training (2005) and the 2018 junior doctor contract refresh. 42 | Version: GG9 incorporating the Purple Guide, August 2022 fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.
- vii. Flexibility for training and career development with the option to train less than full time with flexibility that might enable development of a broad career portfolio.

### LTFT for health reasons

#### Is there anything which needs to be considered for trainees requesting to be LTFT for health reasons?

If trainees need to work less than full-time for health reasons, occupational health (OH) review is essential.

When a trainee presents with a health problem that is affecting their work they may meet with their educational supervisor or college tutor in the first instance. They should then be referred to the relevant OH service for support and assessment. Any necessary changes to work hours or training will be discussed with the trainee and reported to the trainee's supervisor for implementation.

If a period of prolonged leave is required for health reasons, then those returning to work may require a lot of support and an individually tailored return to work programme should be arranged. OH will advise on how this could be managed (which may involve a phased return to work) and as TPD you will need to allocate/continue a placement for the trainee in the appropriate hospital or unit of training. Trainees in England are eligible for support via NHSE package, [SuppoRTT \(Supported Return to Training\)](#). Similar options are available in the devolved nations.

### The application process

#### How do trainees apply for LTFT and what is my role in the application process?

A trainee wishing to apply for LTFT should discuss this with both their educational supervisor and you as training programme director (TPD). Once the trainee has decided to apply for LTFT training the application process starts with the Deanery. The TPD makes a plan to accommodate the request in the rotation. Of course, the training programme must suit the trainee's requirements at the particular stage of training. The timing of the plan may be affected by the programme capacity and available resources. The training and educational needs of all trainees must be considered, together with the service needs of the trainee's trust. In practice the application and arrangements with the TPD generally happen in parallel as the trainee does the 'paperwork' with the Deanery but talks to the TPD directly about their request and how it can be planned into the rotation. Remember that the anaesthetic departments and rota writers appreciate as much notice as possible so that they can ensure the service is covered and rotas are written correctly, and to allow their compliance with code of practice requirements. The trainee, educational supervisor, college tutor or you can do this, but please check it is done. In the unusual event of a TPD-supported late request, direct conversation with the relevant anaesthetic department is essential.

### Working arrangements

#### What are the possible LTFT working arrangements?

Trainees can work variable percentages. The College advises that trainees work at least 60%, as this is the minimum which also supports career progression. The GMC stipulates that trainees work no less than 50% of full-time working hours, unless in exceptional circumstances, when no less than 20% of full time for a period of no more than 12 months may be permitted.

Below are some possible options for trainees working less than full-time.

#### Slot share

- This refers to LTFT trainees appearing on your forward planner in the full-time posts you have, but with more than one trainee in one slot. For example, two trainees working at 50% (or 0.5) share a slot on the rota using one whole time equivalent (WTE) post. It is best used where programmes are full. It is not the same as job share
- It is helpful to the department, though not essential, if the trainees are at a similar stage of training, and between them can work across the week, minimising peaks and troughs of trainee numbers across the week
- Recent Changes to Slot Share funding:
  - A national funding stream now exists allowing slot shares to exceed WTE capacity (eg two 60% trainees occupying a single slot result in deanery funding of 120% for that slot). The amount of additional funding available may vary between regions.

#### LTFT Trainee in full-time slot

- When the rota does not have the full complement of trainees a trainee can work reduced hours within a full-time slot. This can leave the rota short of cover so, as TPD, you need to consider how many LTFT trainees you have in any hospital at one time

#### Job share

The roles and work (and salary) of a single full-time post are split between two trainees. It is not common in medical training and requires 2 trainees at the same stage of training to be successful

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### Supernumerary

- This is a slot in addition to the normal numbers of trainees. This allows flexibility in hours worked and on-call commitment. It requires separate funding for an additional post and is currently rare. Prospective GMC approval of the post is required, and it must be within the training capacity of the department. The GMC approval is on a named trainee basis, and as such is temporary. This is done through the Deanery
- In all other cases it is assumed that the full-time post in which the trainee sits as a LTFT or which they share with another LTFT is already approved by the GMC as a training post.

### Let the College tutor know early

Please remember that the educational supervisors and college tutors find it very helpful to know when LTFT trainees are coming to their unit with as much notice as possible. They can contact the trainees to arrange rotas, match up working days, allocate on-calls etc. There may be reasons that affect trainees' flexibility, but advanced notice can make a massive difference.

### LTFT pay

#### How much do LTFT trainees get paid?

Since the 2016 Junior Doctor Contract, in England, pay for LTFT trainees has been pro rata. It is clearly explained on the [NHS Employers website](#). Pay is slightly different for LTFT trainees in the devolved nations, where they may remain on a pre-2016 banding arrangement. This is important as it is frequently poorly interpreted by Human resource departments, in a way that disadvantages LTFT trainees. As TPD this is not primarily part of your role, but having an idea of how it should work is helpful in understanding trainees' concerns.

If you are asked about pay issues you should direct the trainee to their employer, generally the HR department. The British Medical Association (BMA) can help when pay issues cannot be resolved through HR.

There are some trainees still on the transition pay protection from the old pay system which was more complicated. Again, the BMA can help.

### Preparing for planned leave

#### What do trainees need to do prior to a period of planned leave?

Often LTFT training follows a period of planned leave or LTFT trainees may require a period of planned leave. This may be maternity, paternity, parental, adoption or sick leave.

- Contact their HR department to complete the appropriate forms, eg, maternity leave
- Meet educational supervisor and complete educational supervisor's structured report (ESSR) on the Lifelong Learning Platform as well as making a return to training/work plan
- Contact your local NHSE office to find out about [Supported Return to Training \(SuppoRTT\)](#) in your region and what is available
- Contact the training department at the College with planned dates of leave
- Contact their medical indemnity and other societies they are members of as it may be possible to benefit from reduced membership rates during the period of leave
- Ensure the annual review of competency progression (ARCP) panel have been contacted about the planned leave and an ARCP has been scheduled if necessary.

### Returning to work

Prior to returning to work if doing so as a new LTFT trainee, a trainee might benefit from a list of LTFT contacts who are happy to be contacted for advice and support. A buddy system where returning trainees can be paired with already LTFT trainees may be beneficial.

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For trainees and trainers to plan educational requirements on returning to work, it is important that trainees are informed well in advance about which department they will be returning to. Allocating them to return to the department they went on leave from can make a big difference in smoothing out some of the problems related to leave and pay as well as providing much better educational and personal support. Keeping the same educational supervisor throughout the period of leave and for the return to work period is most beneficial.

Early allocation enables trainees to make contact with the department to discuss their working days around the requirements of the department and the educational needs of the trainee, eg, specific theatre lists, teaching sessions.

Trainees should be encouraged to contact their educational supervisor to discuss a return to work plan early. This should include supervised practice prior to solo on-call work. The following resources give further guidance:

- [Association of Anaesthetists](#)
- [SuppoRTT](#)
- [Royal College of Anaesthetists](#)
- [Academy of Medical Royal Colleges](#)

The use of a mentor can be helpful for trainees returning to work after a period of absence and the Association of Anaesthetists [has a list of nationally trained mentors](#).

As with prior to taking leave, when planning their return to work, trainees should be advised to:

- complete LTFT forms if wanting to return LTFT well in advance (ideally 6 months)
- contact their medical indemnity and other societies to reinstate deferred memberships
- remember that they continue to accrue annual leave whilst on statutory leave. This is often taking immediately before they return.

### KIT and SPLIT days

Trainees can have up to ten keep in touch (KIT) days whilst on maternity or adoption leave. Trainees taking shared parental leave are also entitled to shared parental leave in touch (SPLIT) days and up to 20 can be taken by each partner. These are paid according to the local HR policy.

These days can be used to observe, do normal supervised clinical work on a supernumerary basis, or alternatively to attend meetings, courses and simulation sessions which form part of the normal CPD activity or individual's return to training package.

Return to work courses The College, together with the Association of Anaesthetists runs on-line courses for those returning to work after a break and details [can be found on their website](#). Many schools of anaesthesia run local courses, which may have the advantage of being cheaper, and providing access to peer support. As TPD you should know about these. Your school LTFT lead will probably know which courses are recommended by your trainees.

# Section 2

## Rota organisation

Whilst it is not part of a TPD's job to write rota templates, it is helpful to have a working knowledge of the process. Early intervention can prevent issues developing later.

### Hours of work, out of hours and weekend working

#### How many hours should LTFT trainees work per week?

Most full-time trainees work close to an average of 48 hours per week, so 0.6 whole time equivalent (WTE) trainees should work 28.8 hours ( $0.6 \times 48 = 28.8$ ) and 0.8 WTE trainees should work 38.4 ( $0.8 \times 48 = 38.4$ ) average hours per week. If full-time trainees in a particular rotation work less than 48 hours per week, the LTFT trainees should work proportionally 0.6, 0.7 or 0.8 of this number.

Remember the principle: those in LTFT training must meet the same requirements as those in full-time training, limited only by the number of hours worked (on average) per week.

There are no rules that allow the trainee to choose or fix days of work but in practice it can be difficult to arrange flexible days. Good, early communication is essential to making the LTFT slot work for the trainee, their peers and trainers. Carefully arranged slot shares may offer the individual the training they need and the department full rota cover. Most LTFT trainees will have preferred working days often due to childcare or carer responsibilities, or for health reasons. Communication should occur between the department and trainee well in advance of their rotation to establish if these days provide adequate rota cover. There may be times, for example Christmas, or for a specific training opportunity, when a trainee needs to be asked for some flexibility, but outside these times your support as a TPD is appreciated in helping a trainee maintain consistent working patterns. Frequent rearrangement of childcare etc can be difficult, expensive and stressful.

#### How do I calculate the LTFT on-call commitment?

The frequency of a LTFT trainee's on-call shifts and weekends should be calculated as the percentage of their full-time contemporaries on the same rota. A 0.8 WTE trainee should usually work 80% of the weekends and on-calls that a full-time trainee works on that rota, a 0.6 WTE trainee works 60%, and so on. It is up to the rota maker to ensure these calculations are as accurate as possible. It is useful to make this calculation over a full rota cycle (eg 3 months)

Adjustments (with negotiation) may be needed for the sake of practicality. A calculated 4.5 weekends, for example, should be either 4 or 5 weekends over the rota cycle, and the number of nights etc will need rounding up or down to allow the practicalities of a complex rota fair and workable.

Each hospital has a Guardian of Safe Working (GoSW) who oversees exception reporting and may be able to offer advice on rotas.

There may also be a Champion of Flexible Working. This is a strategic role, described in the Junior Doctor Contract 2016 after the dispute negotiations, and was devised to support flexible training in all specialties across a hospital. The Champion will support a culture where flexibility in training is supported and can offer help to those trying to access it. In some hospitals this role is taken on by the GoSW or the Director of Medical Education.



### How do we plan rotas for trainees who do not generally work Fridays but are scheduled for a weekend on-call?

There needs to be early agreement between the department and trainee if the trainee is able to work Friday daytime, being mindful that there is no absolute requirement for departments to give set days off. With the rise in numbers of trainees working LTFT (some of whom have no caring responsibilities) it is very helpful to departments if trainees can work on Fridays when on call. Alternatives to this might include:

- not allocating the trainee a Friday daytime on-call
- trainees working the Friday only when they form part of the weekend being worked (possible for some trainees if the rotas are organised with enough notice)
- allocating the on-call portion of the day to the trainee, eg starting at 5pm.

The key thing is for the trainee and the department to which they are allocated to communicate prior to their starting, and to come to an agreement which is mutually workable.

It is important that the zero-hour days a trainee receives before or after a weekend of work is also provided for LTFT trainees, taking into account their normal days of work. Zero-hour days should take place on their normal days of work, and not their unpaid time. Failure to take this into account may result in the trainee working over and above their hours. Trainees should be encouraged to monitor their own hours and if on the new contract escalate to their Guardian of Safe Working if not resolved with the rota-maker.

Friday nights: note that any shift finishing after midnight on Friday is a weekend shift and should be worked pro rata by all trainees.

### How do LTFT trainees get allocated night shifts?

Most LTFT trainees work the night shift on their usual working day but consideration needs to be given for finishing nights on a normal non-working day. For example, LTFT trainees who do not work Fridays may have difficulty working a Thursday night shift and may opt to work Monday and Tuesday nights wherever possible.

It should be recognised by trainees who work non-consecutive days that some flexibility may be required on their part. For example it may be difficult to roster a trainee who does not work Tuesday or Thursday for night shifts in a pattern that is fair to them, the department and their colleagues.

The BMA offer guidance on roster design for LTFT trainees stating, 'working patterns should look to maintain as close as possible the agreed working days of the doctor' and suggests that a run of nights should at most include one non-working day.

LTFT trainees generally work a weekend of nights as any other trainee would.

Rota writing is not usually a TPD task. For interest and general understanding of rota writing you could look at the booklet written jointly by NHS Employers and the BMA which your local tutors and supervisors might want to read.

## Annual leave, study leave and bank holidays

### How much study leave and annual leave are LTFT trainees entitled to?

Leave entitlement is calculated based on the number of hours worked per week and the trainee's position on the NHS pay scale. Annual leave entitlement for LTFT trainees is calculated on a pro rata basis. A trainee on the same pay scale and rota as their full-time contemporaries will receive a percentage of the full-time leave equivalent to the percentage of whole time equivalent they are working.

Study leave will also be calculated on a pro rata basis. Study leave funding will usually be adjusted in a similar way, but with some flexibility. If the study day is on a day the trainee normally does not work, then a day off in lieu can be arranged. NHS employers support LTFT trainees in exceeding their pro rata entitlement to study leave for curricular requirements, and if a safe service can be maintained.

### What happens on bank holidays?

There are normally eight public holidays within the year which trainees, whatever their working days, may be on the rota to work. Accordingly, a LTFT trainee will be entitled to a pro rata proportion of the bank holiday time back, as per the table below.

Average hours of work (compared to 48h average for full-time)	Bank holiday days pro rata for the year
24 (0.5 WTE)	4
28.5 (0.6 WTE)	5
33.5 (0.7 WTE)	5.5
38.5 (0.8 WTE)	6.5
48	8

Note that if a leave year is worked out from April to April, there will be a different number of bank holidays depending on where in the year the Easter bank holidays fall. Essentially however, the pro rata calculations remain the same.

Practically, it often works that if a trainee's normal days of work include all bank holidays, ie they work Monday, Tuesday, Wednesday and Friday, then they will not work them unless on-call, and if working will be able to get time back in lieu, just as any trainee would. If a LTFT trainee's normal working days do not include all bank holidays, then they will be able to get the equivalent bank holiday time as leave, according to the pro rata calculation. This will include however any bank holiday days that they would normally work which they are not on-call for. The easiest way to calculate this is by adding the bank holiday entitlement to the annual leave entitlement and then any bank holidays the trainee does not work is taken from the combined allowance of annual leave and bank holidays.

### Locum work

#### Are LTFT trainees able to cover locum shifts?

Guidance has been issued by the Conference of Postgraduate Medical Deans (UK) (COPMeD) for all trainees undertaking extra work in addition to an already demanding postgraduate training curriculum. LTFT trainees are able to work extra shifts in the same way that full-time trainees do. The guidance specifies that repetitive additional work should lead to a LTFT schedule review and that LTFT for health reasons is unlikely to support additional working. All trainees must ensure any extra work is included on their Form R or alternative IT solution in Scotland and that they have indemnity cover for the additional work. The full guidance [can be found here](#).

# Section 3

## Training and education

### Length of training adjustments

#### How working LTFT affects length of training

The length of training and modular units increases proportionally depending on the percentage of training. For example, a 60% LTFT trainee doing a three-month ICM placement is calculated  $3/0.6 = \text{five months}$ .

Below is a table demonstrating the above.

Percentage worked	Rotation length	LTFT equivalent
<b>60%</b>	3 months	5 months
	6 months	10 months
	12 months	20 months
<b>70%</b>	3 months	4.3 months
	6 months	8.5 months
	12 months	17 months
<b>80%</b>	3 months	4 months
	6 months	7.5 months
	12 months	15 months

If a trainee changes to LTFT during a year of training it is essential that the correct time remaining is calculated. For example, if a full-time trainee does 3.8 months before changing to work at 60% LTFT you calculate when they rotate to their next training year as follows:

- $12 - 3.8 = 8.2$  full-time months remaining.
- $8.2/0.6 = 13.7$  LTFT months at 60% to end of training year.
- When swapping from full-time to LTFT, the length of training time remaining = Full-time divided by LTFT percentage/100.
- When swapping from LTFT to full-time, the length of training time remaining = LTFT multiplied by LTFT percentage/100.

### New starters

Novice anaesthetists can train on a LTFT basis and this is supported by the College. The Initial Assessment of Competence (IAC) is usually achieved in the first 3-6 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. Working LTFT as a novice should be discussed before starting the placement with the Training Programme Director, College Tutor and/or LTFT lead, and of course, the LTFT trainee.

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This will enable trainers to look at all of the options available to the trainee, as well as support their learning appropriately if they choose to go LTFT. Supernumerary novices usually work 40 hours per week. LTFT trainees may find this manageable.

### Length of hospital rotations

#### How long should LTFT trainees spend in each hospital?

All trainees should have equivalent training opportunities. Where an element of the curriculum must be delivered in a specific location, LTFT trainees must be offered the same time equivalent as their full-time peers. Trainees should spend the same total time in each unit of training as their full-time counterparts, but this can be arranged by a longer stay or by returning for a second period. It does need to be remembered that if a trainee is rotated prior to their WTE duration of training, they will have less time getting to know members of the department, more time may be required to attend inductions and frequently moving training units can be disruptive.

### Annual Review Competency Progression (ARCP)

#### How frequently do LTFT trainees require ARCP?

LTFT trainees should have an ARCP not less than annually but at intervals of no more than 15 months to comply with revalidation requirements. They may also need an ARCP at a critical progression point in training. They are expected to have completed a logbook, Supervised Learning Events, and professional progression pro rata. Local guidance for the ARCP process for LTFT trainees should be made available to assist with the process.

Outcome 3 extension time for progress is offered on a pro rata basis. However additional training time for exam failure is usually offered on a calendar months basis unless there are exceptional circumstances.

### Special Interest Areas

#### How do special interest areas work for LTFT trainees?

Just like FT trainees, LTFT trainees need to complete 12 months whole time equivalent in one or more areas of specialist interest. LTFT trainees must be offered the same opportunities on a pro rata basis.

LTFT should be encouraged to liaise early with their TPD as there may need to be tailoring of rotations to accommodate requests. In order to gain the most from a specialist interest area it is useful for units to have a guide as to what training opportunities occur on which days, eg, interesting theatre lists, so the trainee's working days can be modified if possible. It is helpful if TPDs are aware and have guidance of what departments are offering in terms of their specialist interest areas. It might be useful to compile a guide stating what departments offer and days that major or interesting lists occur so that the trainees can make informed decisions. This would be useful for all trainees.

Trainees should contact the appropriate lead sub-specialty consultant and rota maker early to discuss training days, lists (particularly if limited number of highly specialised per week) and non-clinical work so that a plan can be made which best fits the department and trainee.

### Intensive care medicine trainees

ICM trainees during stage 2 and 3 training have specific requirements as to the type of specialist experience and the duration of certain modules to meet ICM curriculum requirements. It is recommended that LTFT and TPDs from ICM and anaesthesia (if necessary) plan their rotations well in advance to ensure access to the required training blocks is at an appropriate time to meet LTFT, and other trainees accessing the same blocks, training requirements.

### Out of programme (OOP) for LTFT trainees

The rules are the same for all trainees, only the duration varies. A one-year OOP may fit easily into a programme, but a one-year-equivalent post will take 20 months for a 60% trainee to complete so some thought must be given to return dates back into the training programme. Time out of programme (not working in the NHS) may result in loss of employment benefits and it is advisable for trainees to contact their HR to check.

### Acting up and consultant post application

As for all trainees LTFT trainees may apply for a period of acting up as a consultant up to a maximum of three months. For LTFT trainees the period will be three months pro rata.

Trainees can apply for a consultant post and be interviewed up to six months prior to their anticipated CCT date. This is a fixed term, six calendar months for LTFT trainees and all others.

### CCT date

The CCT date for trainees on the 2021 Curriculum is 4 years WTE following commencement of stage 2, with adjustments for additional training time. The College no longer routinely calculates CCT dates for all trainees. Schools are encouraged to use this [guidance](#).

It should be noted that annual leave is accrued during parental leave. The default position is that this should count towards training, as it is paid time. However, flexibility is available if this best supports the progress of the trainee. Agreement should be reached between the TPD and the trainee, and the alteration to CCT date communicated to the College by the TPD, via the ARCP outcome form on LLP. The GMC and RCOA acknowledge that LTFT training may allow trainees to mature professionally, and as a result to achieve their required competencies sooner than whole time equivalence. However, caseload and experiential learning is also valued. As for full time trainees, CCT adjustments of greater than 3 months WTE require early review by the RCOA Training, Curriculum and Assessment Committee.

After the CCT date the Grace period is six calendar months for everyone.

National Terms and Conditions of employment of NHS consultants allow the additional time spent in training as a result of working LTFT to be reflected in seniority on the consultant salary scale. As TPD you may be asked to provide evidence of this, so good record keeping is essential.

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