

Training at less than full-time - RCoA statement of advice

The GMC published a revised LTFT Position statement in November 2017, which includes these paragraphs (1)

The minimum percentage for doctors in LTFT training should be not less than 50% of full-time training.

In exceptional individual circumstances, Postgraduate Deans have flexibility to reduce the time requirement for LTFT training to less than 50% of full-time. However, doctors in training should not normally undertake a placement at less than 50% for a period of more than 12 months.

No trainee should undertake a placement at less than 20% of full-time.

The College Training team is receiving an increasing number of requests to count training which is less than 50% whole time equivalent (wte) towards CCT. An increasing number of anaesthetists in training are undertaking roles, with HEE and non-medical organisations, which include project or portfolio work alongside reduced clinical hours, sometimes only 20% wte.

This issue has recently been discussed at the RCoA Training, Curriculum and Assessment Committee where members expressed concern about a doctor's ability to progress through the anaesthetic training programme at a rate of less than 50% wte although they may be gaining some experience and maintaining their skills.

The College advises that requests to train at less than 50% wte must be considered on an individual basis and require support from the Postgraduate Dean, in line with the GMC statement. If granted, trainees' progress should be closely monitored throughout the period of reduced hours training. This requires frequent contact with the educational supervisor and TPD. Regular reviews of overall progress against the curriculum should be made with the trainee so that time counting to CCT can be decided. It is the trainee's responsibility to inform the College of this decision so that a revised CCT date can be calculated.

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(1) GMC position statement: Conditions for less than full-time training, Paragraphs 11-14.
Published October 2011; revised 02 November 2017