

East Midlands Healthcare Workforce Deanery

LESS THAN FULL-TIME TRAINING

for

GENERAL PRACTICE

AUGUST 2009

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Who's Who and Where to Get Advice

Important - before you contact the relevant person in the Deanery please read the information in this Handbook. The answer to your enquiry is likely to be contained in the Handbook and will avoid you contacting deanery staff unnecessarily.

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Introduction

The number of medical trainees requesting to work on a less than full-time basis is increasing and the East Midlands Healthcare Workforce Deanery is supportive of this choice. Less than full-time training must be an accurate reflection of full-time training, but on a pro-rata basis. Doctors undertaking less than full-time training should participate in all the medical activities carried out by the department where they work, including on-call duties in the evenings and weekends. They should be prepared to and expect that they will be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues.

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

In the past most doctors undertaking less than full-time training have been supernumerary but this is expensive and as numbers have increased has become unsustainable. In addition many Trusts are declining to fund the Out of Hours element for supernumerary placements. Working in a slot-share arrangement or exceptionally part-time in a full-time post are the preferred Deanery options as these mainstream the less than full-time doctor in line with national guidance.

Less than full-time training is not an easy option and takes time to organise. It is particularly difficult for general practice training as doctors may rotate through several specialties.

The Deanery will give guidance but it is the responsibility of the doctor in liaison with the Training Programme Director to organise their less than full-time training.

Even though a doctor meets the eligibility criteria, it is still up to the Trust whether they are prepared to employ them on a less than full-time basis. However all employers must seriously consider requests to work less than full-time and must give good reasons if they say no.

Each doctor must ensure their training programme complies with PMETB Article 10 regulations for a Certificate of Completion of Training (or Article 11). It is recommended that doctors register with the RCGP Certification Unit at the beginning of their training as they will offer advice if the training programme is appropriate.

This Handbook is an amalgamation of various documents and some have been adapted for general practice training. Some of the information is repeated in various documents and this is deliberate to ensure the information is fully understood. The Handbook will be available on the website and updated regularly.

Please make sure you read the Handbook thoroughly before deciding to train on a less than full-time basis.

I do hope that you enjoy your training.

Dr Kevin Hill
Deputy Postgraduate GP Dean

Postgraduate Medical Education and Training Board (PMETB)

Certificate of Completion of Training (CCT)

Introduction

The PMETB certificate is the legal licence to work in UK general practice. Applicants must be in receipt of their certificate and on the Performers List of their Primary Care Trust before starting work in general practice in any capacity. If an application for a certificate is pending, employment must be deferred until the certificate is issued.

A CCT will only be awarded to an applicant where all the training posts undertaken had the prior, formal approval, for GP training, of the PMETB or Joint Committee on Postgraduate Training for General Practice (JCPTGP).

Applicants must be fully registered with the GMC at the time their certificate is issued. The PMETB does not interview applicants.

Doctors are responsible for preparing their own application and the accompanying required documents. Applicants should keep copies of all the documents they submit.

Who can apply for this?

A doctor who is training in the UK in posts that had prior approval for training by the JCPTGP or PMETB and follow the Training Programme detailed below. If you are not sure whether you meet this requirement you should contact the Certification Unit of the Royal College of General Practitioners.

Training Programme

Note: The GP training programme and criteria and process for the award of certificates may change over time.

The length and content of the UK GP training programme leading to the issue of a CCT in general practice is, in broad terms, prescribed by regulation. Training programmes leading to the award of a Certificate of Completion of Training (CCT) in general practice should be designed to enable the GP trainee to acquire all the competencies necessary to practise safely and competently in NHS general practice. The three year programme should ideally:

- Be broad and balanced
- Be based in general practice
- Provide the trainee with managed exposure to a range of relevant specialist disciplines

All components of a CCT training programme must have the prior, formal approval for general practice training of the PMETB. For example non training grade posts and posts only approved for speciality training only will not count towards the award of a CCT but may be accepted as part of an application for a Certificate of Equivalence for General Practice Registration (CEGPR) via Article 11. Training in the Foundation Years will not contribute to GP specialist training.

Doctors must:

- Complete specialist training in general practice totalling not less than three years full time employment, or the equivalent part time, in posts/programmes approved by the PMETB.
- For those doctors commencing training prior to August 2007, complete all three years' training within the seven-year period immediately preceding the date of formal application for a certificate
- Pass all components of a the new MRCGP examination

The three year programme must include:

- at least 12 months full time employment (or its equivalent part time) as a ST registrar in General Practice, under the supervision of an approved trainer
- at least 12 months full time employment (or the equivalent part time) in hospital training posts approved for GP training in relevant hospital specialties. The mix of specialities in which an applicant has trained is important and all applicants are expected to demonstrate that they have trained in a range of specialties relevant to their future career as a GP.

Doctors wishing to include training posts which commenced prior to August 2007 must have completed:

- i. no less than six months in each of two of the following List A specialties or;
 - ii. no less than four months in each of three of the following List A specialties
- or;
- iii. no less than three months in each of four of the following List A specialties:

List A

- Accident and emergency medicine
- Paediatrics or community paediatrics
- General medicine or geriatrics or dermatology or GU medicine or rehabilitation medicine
- Gynaecology or Obstetrics/gynaecology
- Psychiatry or old age psychiatry
- Palliative medicine

12 months is the maximum time that will be accepted in any one of the List A specialties.

If the overall programme is balanced, the Board will also accept training up to a maximum of six months (or its equivalent part time) in each of the following specialties:

List B

- Cardiology or medical oncology or clinical oncology or gastroenterology or endocrinology and diabetes mellitus or haematology or nephrology or respiratory medicine or rheumatology or neurology or infectious diseases
- Child and adolescent psychiatry or psychiatry of learning disability
- Ophthalmology or ENT or ENT surgery or General surgery or paediatric surgery or urology or trauma and orthopaedic surgery or trauma/orthopaedics
- Intensive therapy
- Public health medicine

The Board will not normally accept training in any other speciality.

In lieu of the training in specialties described above, the Board will accept training programmes which include the whole time equivalent of at least one year, in aggregate, of two and preferably more of the List A specialties over the three year programme.

Time limits

If any post counting towards the training programme commenced before August 2007, the CCT programme should normally be completed within the seven-year period immediately preceding the date of formal application for a certificate.

How do you apply?

Applicants will need to be registered with the RCGP Certification Unit and have provided them with evidence of their Primary Medical Qualification, their GP training and proposed training. If you had already applied to the JCPTGP and are still undergoing training then your file and attendant paperwork will have been passed to the Royal College of General Practitioners.

What evidence will the Royal College of General Practitioners require?

Applicants must provide details of current GMC registration. Periods of training prior to August 2007, as a ST registrar in general practice must be recorded on a VTR1 form and periods of training in hospital medicine on a VTR2 form. Training that is based in general practice with day release to hospital and community medicine should be recorded on a VTR1 form and the signature of the GP trainer informed by the views of the trainee's other educational supervisors.

A VTR form can be signed and submitted to the RCGP four weeks before the final day of training in that post but no earlier than this. It is advisable to obtain a VTR form at the end of each appointment.

All incomplete and/or inaccurate forms will be returned to the applicant for amendment.

Applicants do not have to wait until the end of their training before asking the RCGP Certification Unit to evaluate their training. The RCGP and PMETB strongly recommend that all but the final VTR form should be submitted as early as possible so that the majority of the documents can be checked before the applicant makes a formal application for a certificate. This will avoid delays in issuing the certificate. Applicants do not need to submit VTR1 and VTR2 forms attesting to more than the amount of training required by Regulation. The RCGP will normally, however, check (and return for amendment, where necessary), all the VTR forms submitted.

Applications must include the following:

- VTR2 forms are also available from hospital medical staffing offices. Only original forms should be submitted; photocopies and faxes are not acceptable. Each period of training that makes up the three-year programme must be recorded using a separate VTR form. This confirms the total period of employment in the post and that it was completed to the satisfaction of the supervising doctor. A signed form indicates that, in the opinion of the supervisor, satisfactory levels of clinical competence and performance were reached by the post-holder. If a post is divided, for whatever reason, a separate VTR form is required for each period of training.
- The VTR1 should be signed by the trainer and endorsed by the Director of Postgraduate General Practice Education, or a nominated deputy to confirm post approval. The final VTR1 must also be signed by the director to confirm that the ST registrar in general practice has passed summative assessment.
- The VTR2 must be signed by the supervising consultant and bear the hospital stamp. The form must also be endorsed to confirm post approval by the Director of Postgraduate General Practice Education responsible for training in that deanery, or a nominated deputy. If the supervising consultant has retired, his successor may be approached to sign the form on the basis of information on file.

Please remember that:

- All VTR forms must be originals; photocopies and faxes are not acceptable.
- Full name and GMC registration number must be printed clearly on all VTR forms.
- The section relating to whole/part time training must be completed on all VTR forms. If any of the posts were part time, the percentage of full time must be given.
- Only one set of dates should be entered in the spaces provided on VTR forms. If any posts were divided two separate forms must be completed and signed.
- Forms that have been amended or where corrector fluid has been used will not be accepted.
- The precise dates (day, month and year) and total number of months must appear on all VTR forms. The dates given must not overlap with those of any other post.
- If the training period was extended to cover time taken as maternity leave, because of illness, unpaid leave, jury service or maternity or paternity leave precise dates of that leave must be provided.
- All VTR forms must be signed to confirm that the information entered on them is correct.

Please note that for doctors commencing in training after 1st August 2007, documentation is held within the e-portfolio and progress through training monitored by Annual Review of Competence Progression (ARCP) processes in line with 'A Guide to Specialty Training in the UK' (The Gold Guide)

Useful Contacts

The Royal College of General Practitioners

14 Princes Gate
Hyde Park
London SW7 1PU
Tel: +44 (0)20 7581 3232
<http://www.rcgp.org.uk/>

The General Medical Council, Registration Division

5th Floor
St James' Building
70 Oxford Street
Manchester
M1 6FQ
Tel: +44 (0)845 357 3456
<http://www.gmc-uk.org/>

Postgraduate Medical Education and Training Board

7th Floor
Hercules House
London
SE1 7DU
Tel: 44 (0)207 160 6100
<http://www.pmetb.org.uk/>

Modernising Medical Careers

<http://www.mmc.nhs.uk/pages/home>

ELIGIBILITY FOR LESS THAN FULL-TIME TRAINING FUNDING

How do I apply for less than full-time training?

Download the Less than Full Time Training Eligibility Application Form from http://www.eastmidlandsdeanery.nhs.uk/document_store/12313237922_eligibility_form.doc then email or post the form to either Janet Burns janet.burns@nottingham.ac.uk then if eligible we will contact you to arrange a meeting or telephone discussion with the Deputy Postgraduate GP Dean.

Who is eligible for less than full-time training?

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

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

The East Midlands Healthcare Workforce Deanery currently cannot provide funding for Category Two less than full-time training. These are:

- Doctors wishing to train part-time, while in paid employment for the remainder of the week
- Doctors wishing to train part-time in order to pursue non-medical interests, e.g. sporting activities, training for other roles

The following are not currently considered eligible for either category of less than full-time training:

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

Please not that being eligible for LTFT training is not a guarantee that suitable posts will be available

ORGANISATION OF LESS THAN FULL-TIME TRAINING

GENERAL PRACTICE COMPONENT

The general practice component of training is generally easier to organise than the hospital component of training and can be undertaken at 50-80% of full-time.

The normal working week

COGPED has defined the normal working week as ten sessions of four hours. This should consist of the equivalent of:

- 7 clinical sessions [28 hours]
- 1 session [4 hours] for the locality half-day / day release course
- 1 session [4 hours] of structured education e.g. tutorials, debriefs
- 1 session [4 hours] independent learning

The independent learning session may be utilised for completing audit or other written work, external clinics, or private study e.g. MRCGP preparation. The Trainer should monitor the content and learning outcomes of independent learning.

Clinical and educational times are both reduced on a pro-rata basis for less than full-time training.

Example Working at 60% the less-than full-time doctor's working week would be:

- 4.2 clinical sessions [16.8 hours]
- 0.6 session [2.4 hours] for the locality half-day / day release course
- 0.6 session [2.4 hours] of structured education e.g. tutorials, debriefs
- 0.6 session [2.4 hours] independent learning

If a doctor wishes to attend the half-day release on a weekly basis then this is at the expense of independent learning time.

For a twelve month (full-time equivalent) period in general practice the minimum out-of-hours experience of 72 hours applies, but the less than full-time doctor will have a longer period to acquire this requirement.

HOSPITAL COMPONENT

Slot Sharing

Historically, when few individuals undertook less than full-time training, posts were provided on a supernumerary basis, with additional funding provided by the deanery and the employing hospital Trust. Since 2005 national policy has been to ensure that less than full-time training is 'main stream'.

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

Another advantage of slot-sharing is that the doctors will be placed in a post that already has PMETB approval for general practice training. A supernumerary post may require specific 'ad personam' PMETB approval – a process which can be prolonged and needs detailed information regarding the post's education provision to be submitted.

East Midlands Healthcare Workforce Deanery promotes slot sharing on a 50% basis, each individual undertaking 50% of both in-hours and out-of-hours work and will no longer support supernumerary placements other than in exceptional circumstances.

If a slot share breaks down (maternity leave, etc) the remaining slot share can be accommodated either as part-time in the full-time post or exceptionally a supernumerary placement may be negotiated (subject to PMETB approval) and agreement of the employing Trust to fund the out-of-hours banding payments.

For slot-share doctors to gain a full experience of the post, it may be necessary for the slot share partners to swap their sessions half way through the post.

Each doctor should send for approval to the Deanery (Deputy Postgraduate GP Dean) details of their proposed individual timetable for the whole period of each post.

INNOVATIVE TRAINING POSTS AND LESS THAN FULL-TIME TRAINING

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

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

However, undertaking an ITP on a less than full-time basis means that both the general practice and hospital secondment experience risk being diluted within the working week. Care should be exercised therefore in planning an ITP on a less than full-time basis to ensure that the Registrar's learning needs can be adequately met.

ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCP)

ARCP Panel Review

In line with provisions of A Guide to Specialty Training in the UK (The Gold Guide), each year doctors in training have an annual review of competence progression to determine whether they can progress from one ST year to the next. For general practice these are known as the ST1/2 and ST2/3 gateways.

For a doctor in less than full-time training, these gateway dates would not occur on a yearly basis but would be further apart and may also be delayed following maternity leave or other absence, i.e. the gateway date is determined by the full-time equivalent experience accumulated.

However the Gold Guide paragraph 7.50 states that doctors in training should have a review at least annually, therefore those training on a less than full-time basis will have an annual review even though a gateway may not have been reached. If an annual review and gateway review fall within three months of each other, these will normally be combined into a single review.

Workplace based assessments

In order to have sufficient evidence to determine an appropriate outcome at an ARCP review, the panel require a minimum date set of workplace based assessments. So for each annual review the less than full-time doctor will need to produce **every 12 months**

Whilst in ST1 or ST2 training

- 6 case-based discussions (CbD)

- 6 mini clinical examinations (mini-CEX) or consultation observations (COT)

Whilst in ST3 training

- 12 case-based discussions (CbD)

- 12 mini clinical examinations (mini-CEX) or consultation observations (COT)

Additionally multisource feedback and patient satisfaction questionnaires may be required.

WORKINGS FOR LESS THAN FULL-TIME TRAINING

Full-time	50%	60%	70%	80%
1 month	2	1.7	1.5	1.3
2 months	4	3.4	2.9	2.5
3 months	6	5.0	4.3	3.8
4 months	8	6.7	5.8	5.0
5 months	10	8.4	7.2	6.3
6 months	12	10.0	8.6	7.5
7 months	14	11.7	10.0	8.8
8 months	16	13.4	11.5	10.0
9 months	18	15.0	12.9	11.3
10 months	20	16.7	14.3	12.5
11 months	22	18.4	15.8	13.8
12 months	24	20.0	17.2	15.0

Notes

1. Remember the minimum requirement for PMETB approval is 3 months (FTE) in an individual specialty
2. Part-months should be calculated on a 30 day basis
3. Calculations should be rounded up where necessary to ensure that minimum PMETB requirements are clearly achieved

Your Responsibilities

Before starting your less than full-time post

- Discuss and identify with your training programme director appropriate slot-share opportunities locally. The Deanery can assist in identifying possible links with other training programmes.
- Draw up a training programme with the appropriate consultant. Less than full-time posts should provide equivalent experience, on a pro rata basis, to full-time training.

The ability to undertake one placement on a less than full-time basis does not guarantee that subsequent posts can be organised on the same basis. Arrangements for each post on the training programme will need to be negotiated independently.

Keep the Deanery informed

The following must be notified as early as possible:

- Maternity leave dates
- Moving from one Trust to another, or extending a contract at the same trust
- Resigning a post, changing specialty, taking time out of programme
- Intention to return to full-time training
- Completion of training, with future plans.

YOUR TRAINING

On-call

Less than full-time doctors are expected to work on-call on a pro-rata basis. The underlying European legislation is incorporated into the PMETB Order regarding specialty training. European employment legislation allows women in late pregnancy, or who are breast-feeding, to be exempt from on-call duties, however the impact on training must be considered and in some circumstances training may need to be extended.

Study and annual leave

Less than full-time doctors are entitled to the same amount of study leave funding as full-timers and pro rata time allowance for study and annual leave.

Returning to full-time training

If you would like to return to full-time training at any time, you should discuss this with your training programme director ***as early as possible***, to enable a suitable post to be identified, and notify the Deanery office of any changes.

Completion of training

Your training period will be extended on a strictly pro-rata basis. If there are any changes to your training (maternity leave, sick leave, changing number of sessions etc), the Deanery can re-calculate the length of your remaining training and your revised CCT date. You may wish to confirm this with the RCGP Certification Unit.

Regulations

PART-TIME TRAINING FOR GENERAL PRACTICE

Introduction

GP training in the UK can be done part-time/flexibly. A mixture of full and part-time posts is also acceptable. Part-time/flexible training should be organised in consultation with the Director/Dean or Postgraduate General Practice Education (DPGPE) to ensure that it complies with these requirements.

For financial reasons, it will not always be possible for deaneries and/or trusts to offer Part-time/flexible training to all trainees who apply for it.

Regulatory Framework

To comply with European Directives and the UK's GP specialty training Regulations, training for general practice in the UK, which began on or before 31 December 1994 or on or after 1 January 2003, must be *at least* 50% of fulltime. Training which began after 31 December 1994 but before 1 January 2003 must have been *at least* 60% of whole time.

Registrar Training in general practice

In normal situations a full-time registrar will be employed by the trainer within a training practice on a contract. The registrar will:

- a) Work the normal working week (this is assumed to be ten sessions).
- b) Work a share of Saturday mornings if Saturday's are part of the practice rota.
- c) Participate in appropriate out-of hours work.

Tutorials in the practice and protected educational time outside the practice are of educational importance and should be counted as part of the normal working week.

For doctors training for general practice part-time, the amount of out-of-hours work, protected educational time and Saturday mornings worked should mirror, in percentage terms, the full-time registrar contract.

Trainers and DPGPEs should ensure that all training practices establish the arrangements under b) and c) precisely, in writing for both full and part-time contracts before the start of any period of training.

The Hospital Component

The European Directive requirements on part-time training apply to both the general practice and hospital components of training. The full-time working week should be as defined by the NHS Hospital Medical and Dental Staff (England and Wales) Terms and Conditions of Service.

The full-time and part-time equivalent hours of training posts will vary depending on the speciality, the duties of the post, the nature of the training and workload. There is no rigid definition of what constitutes full-time training and, therefore, what its part-time equivalent should be. When planning flexible training a DPGPE should ensure that a part-time post offers the incumbent adequate experience of all the key components of the full-time post.

In order to comply with the regulations during the hospital component of training:-

- a) The trainee will have to work for the negotiated percentage of the normal working week (but no less than 50%), as is defined in the terms described above.
- b) That this time will include protected educational time.

c) That out-of-hours, and on-call commitments will be at the relevant percentage of the hours and commitments expected of a full-time post holder.

1. *BMA Model Contract for Employment for GP registrars*

2. *Out of Hours Training for GP Specialty Registrars, COGPED, August 2007*

Appendix 1a European Directive 2005/36/EC
 European Directive 93/16/EEC

1b The General and Specialist Medical Practice (Education Training Qualifications) Order 2003

Funding arrangements for Less than full-time training

Equitable pay for flexible training

In 2005 NHS Employers (in consultation with the BMA) published two documents to support the new funding arrangements.

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

National policy, as defined in the NHS Employers June 2005 arrangements, was that all Trusts should employ 5% of their medical training workforce on a flexible basis in 2005/2006, subject to demand. This percentage rises to 20% in five years. Trusts will be performance managed on these percentages, which gives programme directors an opportunity to develop their GP specialty training programmes by helping their trust meet these targets. However, some Trusts have been increasingly reluctant to accept less than full-time doctors on cost grounds. Typically, this situation arises in Trusts where they already take significant numbers of trainees and are weathering an adverse financial position.

Some Trusts are much more likely than others to experience high demand for less than full-time training, because they offer posts in the specialties where doctors are most likely to train flexibly e.g. paediatrics. In other words, the skewed distribution of less than full-time doctors amongst specialties results in a skewed demand for less than full-time training amongst Trusts.

All doctors, full-time or otherwise, are currently funded by the Deanery at the midpoint of the basic pay scale, but all obtain their increments at the same rate. However, as less than full-time doctors are in the training grades for longer, it stands to reason that they are more likely to be paid at the higher end of the pay scale. Therefore, Trusts that take significant numbers of less than full-time doctors are likely to incur significant excess costs in basic pay.

Doctors can be employed by Trusts on a less than full-time basis in the following ways:

Slot shares

The Deanery already funds 50% an existing approved full-time post. This is expected to be the norm, with each slot-share partner undertaking 5 sessions and the appropriate share of OOH.

Reduced sessions in a full-time post

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

Supernumerary posts

Exceptionally, the Deanery may fund a supernumerary post. This funding is cash limited. For supernumerary posts the Deanery funds the daytime sessions worked e.g. 5 sessions for 50% doctors and the Trust funds the additional costs associated with any additional hours of actual work and the OOHs supplement.

Summary of less than full-time training funding guidance

- 1) Doctors must demonstrate that training full-time is not practical for well-founded reasons. Priority is given to those who have personal health problems or are the main carer for young children or other dependents.
- 2) Eligibility for less than full-time training funding is reviewed annually. Those who are no longer eligible for less than full-time training funding may have to return to full-time work.
- 3) Doctors must be recruited to a GP training programme through the national recruitment process.
- 4) Pay is proportional to full-time doctors working at the same grade in the same department, providing the less than full-time trainee works OOHs. The Deanery pays an amount towards the basic daytime educational sessions but the Trust has to pay for any additional hours of actual work and the supplement. The average salary would be approximately two-thirds Deanery funded and one-third Trust, but there will be extremes at both ends. Some Trusts may be reluctant to pay their proportion, which may prevent the less than full-time training post being implemented.
- 5) The Deanery gives approval for less than full-time funding but it is up to the Trust whether they will agree to employ the doctor on a less than full-time basis. The Deanery cannot force a Trust to employ a doctor on a less than full-time basis.
- 6) Trusts will be expected to employ 5% in 2005/06 of their doctors on a less than full-time basis rising to 20% in 5 years, subject to demand.
- 7) Educational approval for GP training must be obtained BEFORE starting in post. This may involve gaining educational approval for supernumerary posts on an "ad personam" basis from the Deanery GP Education and Training Committee / PMETB.
- 8) The less than full-time doctor must do pro rata daytime working, on call and OOHs of a full-time trainee in the same grade and specialty.
- 9) Slot sharing of a substantive post is strongly encouraged by the Deanery but may be difficult to organise for GP training as each doctor rotates to a different specialty after each post.

How the less than full-time training pay system works

Basic pay under new arrangements is determined by the actual hours of work undertaken by the less than full-time doctor. As with full-time doctors, a supplement is payable to reflect the level and frequency of out-of-hours work, and this is calculated as a proportion of the basic salary determined by the hours worked.

This is best illustrated by example. Those examples following assume that basic salary is funded on the basis of the contracted proportion of full-time – a 0.6 flexible attracts 0.6 full-time funding contribution from the Deanery's less than full-time training budget, a 0.5 flexible attracting 0.5 and so on.

Example 1 (Supernumerary)

A less than full-time doctor is contracted to work 60% of full-time, and will be taking up post in a rota where the full-time doctors are in Band 1, working 47 hours a week. To meet the training requirements in terms of working time, the less than full-time doctor will be expected to work 60% of 47 hours, which is 28.2 hours a week; this puts the doctor at the lower edge of pay Band F7, setting the basic pay at 70% of full-time. They will be working as part of a resident on-call rota of 8 doctors with prospective cover, making the rota Band 1A. The frequency of the less than full-time doctor's on-call is 1 in 13.3, putting the doctor into intensity Band A with a supplement of 50%.

Less than full-time basic pay = 70% of full-time basic pay (70% of 1 = 0.7)
Less than full-time supplement = 50% of less than full-time basic pay (50% of 0.7 = 0.35)
Total pay = Less than full-time basic pay + Supplement
= 0.7 + 0.35
= 1.05 Full Basic Salary

This is funded by 0.6 by the Deanery and 0.45 from the Trust.

In this scenario, with the less than full-time doctor at the bottom end of pay Band F7, they are paid at a higher hourly rate than a full-time colleague. Pay Band F7 extends up to 32 hours a week and if the less than full-time doctor were to work a little more while their full-time colleague worked an hour or so less, total pay would not change but the rates would equalise.

This is an inevitable consequence of a banded pay system.

Example 2 (Supernumerary)

In the same rota the full-time doctor work 45 hours a week. Less than full-time working hours needed will be 27, putting the doctor into pay Band F6, attracting 60% of full basic salary. The frequency of on-call will remain at 1 in 13.3, leaving the doctor in intensity Band A.

Less than full-time basic pay = 60% of full-time basic pay (60% of 1 = 0.6)
Less than full-time supplement = 50% of less than full-time basic pay (50% of 0.6 = 0.3)
Total pay = Less than full-time basic pay + Supplement
= 0.6 + 0.3
= 0.9 Full Basic Salary

This is funded by 0.6 by the Deanery and 0.3 from the Trust

In this scenario the full-time doctor and their less than full-time colleague attract the same hourly rate for work done.

Example 3 (Supernumerary / Slot share)

In the same rota a less than full-time doctor works 50% of full-time. Working hours needed will be 23.5, putting the doctor into pay Band F5, attracting 50% of full basic salary. The frequency of on-call will be 1 in 16, putting the doctor in intensity Band B with a supplement of 40%.

Less than full-time basic pay = 50% of full-time basic pay (50% of 1 = 0.5)
Less than full-time supplement = 40% of less than full-time basic pay (50% of 0.4 = 0.2)

Total pay = Less than full-time basic pay + Supplement
= 0.5 + 0.2
= 0.7 Full Basic Salary

This is funded by 0.5 by the Deanery and 0.2 from the Trust

In this last scenario the less than full-time doctor is paid a slightly lower hourly rate than their full-time colleague.

For two doctors in a 50% slot-share arrangement the Deanery would fund 1.0 and the Trust 0.4 which is equivalent to the cost of a full-time doctor.

In all three examples it is clear under the new system what proportion of the salary is to be funded by the Deanery and what is supplemental, to be funded by the Trust. Salaries are broadly equivalent to those full-timers, bear a direct relationship to the amount of work carried out, and employers have, as a consequence, the potential for a far greater control over their staffing costs.

Less than full-time Training - Frequently asked questions

If I am eligible for less than full-time training, does that mean I am guaranteed a placement?

Eligibility for less than full-time training is not a guarantee of a placement. Whilst placements in general practice can be relatively easy to organise with appropriate notice, hospital slot-shares can be more problematic. However, the number of people requesting less than full-time training is growing all the time which is improving availability of placements. It may be necessary to travel from your 'home' programme to make up a slot-share elsewhere. Occasionally, subject to Trust approval you may be placed in a full-time post on reduced sessions.

What if I need to reduce my hours urgently?

Sometimes a doctor needs to become less than full-time urgently, perhaps because of ill health either in themselves or a member of their family. In these circumstances we will try to expedite the process but an occupational health assessment may still be required.

What are the minimum and maximum hours that can be worked by a less than full-time doctor?

Less than full-time doctors are expected to work between 50%-80% of a full-time programme. While hours used to be measured in daytime sessions, with one session being a half-day (four hours), the move to shift and other patterns of working has rendered this approach inappropriate in most cases. For hospital placements 50% slot-share arrangements are the norm.

If I want to be less than full-time but I'm not currently in a training programme, how do I go about it?

All doctors have to be appointed in **open competition**. This means obtaining a GP specialty training programme through the national recruitment process. You should consult the Deanery to establish your eligibility (as above). If you apply for full-time posts you are not obliged to state that you would like to train on a less than full-time basis until after you have accepted the post.

May I be asked about my intentions to train on a less than full-time basis at interview?

No. It is against equal opportunities legislation to ask questions at an interview that relate to the candidate's ability to work full-time, or indeed any other aspect of a person's private life that has no direct bearing on their competence to do the job. Many people are concerned that if they apply for a full-time post without mentioning their intention to work less than full-time, prospective employers will be annoyed if they do so once they have been offered the post. For this reason, some prefer to mention their intention at the application stage. Anyone may decide to do this, but you are not obliged to by law.

I am a full-timer and having a difficult pregnancy. Can I become a less than full-time now?

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

FOR DOCTORS WHO HAVE BEEN ACCEPTED FOR LESS THAN FULL-TIME TRAINING

How do I obtain educational approval for my programme?

Less than full-time training undertaken in hospital posts on a slot-share basis will be in posts that already have PMETB approval for GP training.

Should exceptionally a supernumerary placement be agreed, educational approval must be obtained prior to starting in post. Detailed information regarding the proposed post requires submission to the PMETB on Form B(GP). The **PMETB will not grant retrospective approval** and Article 11 application will be necessary at the end of training. Form B (GP) needs to be signed by both your Clinical Supervisor and Training Director and countersigned by the Deanery.

Failure to obtain educational approval before you start leaves you open to training not being recognised at a later date.

What will my pay banding be?

Guidance notes as to banding arrangements for less than full-time training can be found in the document "Equitable pay for flexible medical training" available on the Deanery website. For more detailed or personal guidance, please consult the BMA and/or your human resources department. The Deanery cannot negotiate banding on behalf of individual doctors.

Is it possible to be exempted from on-call?

EU Regulations regarding medical training state that the less than full-time training shall meet the same requirements as full-time training and involve participation in all the medical activities of the department where training is carried out, including on-call duties. European employment legislation allows exemption from on-call if breast-feeding, and you should be able to obtain exemption, or other modification of working hours, if you are pregnant. However it is important to note that these regulations refer to employment and the Deanery would have to consider whether there is an adverse impact on training and whether an extension to training might be required.

Can I increase/decrease my sessions?

For the GP component of training it is normally possible to alter the number of sessions you work up to a maximum of eight sessions and a minimum of five. You will need to contact the Deanery Office giving adequate notice of the change. Your CCT date will then need to be recalculated.

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

Please inform the Deanery office in writing as soon as you know when your maternity leave will start and give a rough indication as to when you plan to return if possible. When planning to return from maternity leave, please contact your programme director and consultant in order to agree the arrangements for your return, at least four months in advance.

How much study leave do I get?

Less than full-time doctors are allowed the same amount of funding as full-timers, on the basis that it is not desirable to attend half a course. The time taken out for study leave, however, should be pro rata on average.

How do slot-shares work?

Slot-sharing is an arrangement whereby two less than full-time doctors work at 50% in the same department, sharing a full-time slot. You do not share a salary, each doctor's salary being calculated separately, and can both work

Advantages of slot shares

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

Both slot share doctors have equal status

- Both are paid on the appropriate flexible pay band for the hours worked
- Both doctors may wish to share the work contained in the full-time post, or it may be more appropriate for the doctors or department for them to work independently.

What happens if the slot share breaks down?

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

- Forming another slot share arrangement with another doctor either from the same Scheme or a neighbouring Scheme – the Deanery can help facilitate this
- The remaining doctor reverting to full-time while their partner is away
- With the agreement of the Trust the remaining doctor occupying the full-time post on reduced sessions
- With the agreement of the Trust and Deanery the remaining doctor becoming supernumerary, however PMETB educational approval may be necessary

EU Directive 2005/36/EC

Article 22

Common provisions on training

With regard to the training referred to in Articles 24, 25, 28, 31, 34, 35, 38, 40, 44 and 46:

(a) Member States may authorise part-time training under conditions laid down by the competent authorities; those authorities shall ensure that the overall duration, level and quality of such training is not lower than that of continuous full-time training;

Article 25

Specialist medical training

3. Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full range of medical activities of the department where the training is given, including duty on call, in such a way that the trainee specialist devotes all his professional activity to his practical and theoretical training throughout the entire working week and throughout the year, in accordance with the procedures laid down by the competent authorities. Accordingly, these posts shall be the subject of appropriate remuneration.

EU Directive 93/16/EEC

Article 25

1. Without prejudice to the principle of full-time training as set out in Article 24 (1) (c), and until such time as the Council takes decisions in accordance with paragraph 3, Member States may permit part-time

specialist training, under conditions approved by the competent national authorities, when training on a full-time basis would not be practicable for well-founded individual reasons.

2. Part-time training shall be given in accordance with point 2 of Annex I hereto and at a standard qualitatively equivalent to full-time training. This standard of training shall not be impaired, either by its part-time nature or by the practice of private, remunerated professional activity. The total duration of specialized training may not be curtailed in those cases where it is organized on a part-time basis.

3. The Council shall decide, not later than 25 January 1989, whether the provisions of paragraphs 1 and 2 are to be maintained or amended, in the light of a re-examination of the situation and on a proposal by the Commission, with due regard to the fact that the possibility of part-time training should continue to exist in certain circumstances to be examined specialty by specialty.

Part-time specialist training begun before 1 January 1983 may be completed in accordance with the provisions in effect before this date.

Article 34

1. Without prejudice to the principle of full-time training laid down in Article 31 (1) (b), Member States may authorize specific part-time training in general medical practice in addition to full-time training where the following particular conditions are met:

— the total duration of training may not be shortened because it is being followed on a part-time basis,

— the weekly duration of part-time training may not be less than 50 % of weekly full-time training,

— part-time training must include a certain number of full-time training periods, both for the training conducted at a hospital or clinic and for the training given in an approved medical practice or in an approved centre where doctors provide primary care. These full-time training periods shall be of

sufficient number and duration as to provide adequate preparation for the effective exercise of general medical practice.

2. Part-time training must be of a level of quality equivalent to that of full-time training. It shall lead to a diploma, certificate or other evidence of formal qualification, as referred to in Article 30.

ANNEX I

Characteristics of the full-time and part-time training of specialists as referred to in Articles 24 (1) (c) and 25

1. Full-time training of specialists

Such training shall be carried out in specific posts recognized by the competent authority.

It shall involve participation in all the medical activities of the department where the training is carried out, including on-call duties, so that the trainee specialist devotes to this practical and theoretical training all his professional activity throughout the duration of the standard working week and throughout

the year according to provisions agreed by the competent authorities. Accordingly these posts shall be subject to appropriate remuneration. Training may be interrupted for reasons such as military service, secondment, pregnancy or sickness. The total duration of the training shall not be reduced by reason of any interruption.

2. Part-time training of specialists

This training shall meet the same requirements as full-time training, from which it shall differ only in the possibility of limiting participation in medical activities to a period at least half of that provided for in the second paragraph of point 1.

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

Appropriate remuneration shall consequently be attached to such part-time training.

APPENDIX 1B

The General and Specialist Medical Practice (Education Training and Qualifications) Order 2003

Article 6 Paragraph 2

Part-time specialist training is permitted where training on a full-time basis would not be practicable for well-founded individual reasons, and accordingly, the Board may approve part-time training which satisfies -

- (a) any conditions imposed by the Board;
- (b) the conditions set out in paragraph (1)(a)(i), (iii), (iv) and (v);
- (c) the following conditions -
 - (i) the standard of training must not be lower than that of full-time training,
 - (ii) the total length of training in the specialty in question must not be less than that of full-time training in the same specialty, and
 - (iii) the training must comply with the requirements of point 2 of Annex I to the Directive (the characteristics of the part-time training of specialists).

APPENDIX 2

COGPED - Guidance on Flexible Training for General Practice

PMETB became the official body for approving training in September 2005 and specialty training for general practice starts in August 2007. NHS Employers published new guidance on the pay arrangements for flexible training in 2005.

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

It is probable there will be a push to mainstream flexible training in the future, with fewer opportunities for supernumerary placements. This would be cost effective and allow more trainees to work part-time.

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

- Pay is proportional to full-time doctors working at the same grade in the same department. The deanery pays an amount towards the basic daytime educational sessions but the trust has to pay for any additional hours of actual work and any supplement. The average salary would be approximately two-thirds deanery funded and one-third trust, but there will be extremes at both ends. Some trusts may be reluctant to pay their proportion, which may prevent the flexible training post being implemented.
- The deanery gives approval for flexible training funding but it is up to the trust whether they will agree to employ the doctor as a flexible trainee. The deanery cannot force a trust to employ a doctor flexibly.
- Trusts were expected to employ 5% of their doctors flexibly in 2005/06 rising to 20% in 5 years, subject to demand.
- Flexible trainees must do pro rata daytime working, on call and OOHs of full-time trainees in the same grade and specialty.
- The maximum time without night or weekend work is 6 months and this should only be granted in special circumstances. ***This guidance relates to funding and not educational approval.***

Appointment process

All flexible trainees must be appointed under equal opportunities through the national recruitment process and only those who are successful can organise a flexible placement.

Flexible training posts in hospital and community trusts

There are three ways of organising a flexible training hospital or community trust post.

- The flexible trainee takes up the full-time post on reduced sessions.
- Two flexible trainees occupy one full-time post (slot sharing). Each flexible trainee can work more than 50%, subject to available deanery funding.
- A trainee organises a supernumerary flexible training post, subject to deanery funding being available.

Educational approval

From August 2007 applications for individual post approval no longer need to be submitted to PMETB, who will have moved to a system of approving run-through

programmes of training. The application form for run-through training programme approval does not ask for details of individual posts (ad personam or otherwise), but it is expected that deaneries maintain accurate and up to date records of all posts, including ad personam. This information may well be sought in connection with other PMETB quality assurance activities such as the surveys and deanery-wide visits. OOHs may not be required to gain educational approval for a supernumerary flexible training post if the timetable includes suitable on call and acute care experience, where appropriate. ***However OOHs may be required under the 2005 funding guidance.*** Deaneries must ensure that individual trainees working part-time in a full-time post or in a slot share cover the timetable of the full-time post during their placement. This may mean changing the days of work during the post unless duties can be reorganised.

Steps for gaining educational approval of a supernumerary flexible training post on an "ad personam" basis

- 1) The flexible trainee submits to the DPGPE
 - CV
 - Job plan, including the clinical and educational timetable
 - Details of study leave and access to the GP specialty programme half-day release
 - PDP for the proposed post
 - Name of the educational supervisor
- 2) Provisional approval should be given by the DPGPE, which is then formally ratified by the Deanery GP Education and Training Committee (or equivalent).

Educational approval must be obtained from the DPGPE before starting in post and retrospective approval cannot be granted. If a trainee fails to submit the appropriate documentation to the DPGPE the experience will not count as approved training towards a CCT. Under this circumstance the trainee would have to apply to PMETB requesting the experience is counted under Article 11.

Part-time ST registrars in general practice

The part-time timetable should be based on a full-time registrar working in the same practice. PMETB require the part-time registrar to work the same percentage of clinical sessions, educational sessions and out of hours (OOHs) as a full-time registrar. The registrar cannot reduce the number of clinical sessions but continue with a 100% of educational activities. At the end of their period of time as a part-time registrar they should have completed the same amount of clinical and educational training as a full-time registrar. For the purposes of this guidance one session equates to 4 hours and a full-time working week comprises 10 sessions (COGPED guidance), which equates to 40 hours per week plus OOHs.

To comply with European Directives and the UK GP specialty training

Regulations:

- Training for general practice in the UK, which began after 1 January 2003, must be *at least* 50% of whole time. Training which began after 31 December 1994 but before 1 January 2003 must have been *at least* 60% of whole time.

APPENDIX 3

Personal Development Plan - Example

Part-time for 5 months averaging 3.5 days per week, making this approximately 70% of a full shift pattern.

Supervising Consultant:

Learning objectives to be covered during the training

(based on the RCGP new curriculum <http://www.rcgp-curriculum.org.uk>)

The Learning Objectives will cover knowledge, skills and attitudes that a GP requires when a GP is caring for children and young people.

Primary care management

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

The knowledge base

- Symptoms
- Common and important conditions
- Prevention

Person –centred care

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

Specific Problem-solving skills

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

Other learning objectives

- A comprehensive approach
- Community orientation
- A holistic approach
- Contextual aspects

- Attitudinal aspects
- Scientific aspects
- Psychomotor skills
- Clinical Training

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

Experience

This will involve:

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

Educational Plan

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

Provisional Timetable (to be confirmed by the educational supervisor)

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

In between sessions self-directed learning and recording events in a logbook.