Guidance for organising a LTFT rota: For trainees and rota co-ordinators

Introduction:

LTFT trainees work a minimum of 50%, but up to 80% of whole time equivalent (WTE). They are allocated to either work as:

- part of a slot-share - where the two trainees together may add up to more than 1.0 WTE providing extra cover for the specialty
- a single trainee working reduced sessions in a full time post

Day-time working, on-call and out-of-hours duties should generally be undertaken on a pro-rata basis to that worked by full-time trainees in the same grade and specialty, unless the circumstances which justify flexible training make this impossible, and provided that legal as well as educational requirements are met.

LTFT trainees should have access to a pro-rata amount of educational and clinical opportunities including teaching sessions, educational meetings, clinics, theatre and procedure lists, and ward work.

The majority of trainees prefer working on fixed days each week with the same days off each week. This can be particularly important when organising child care, as most nurseries, child minders and nannies are unable to offer varying days each week.

Full and half-days or a combination of both can be considered depending on what suits the trainee and team. (Half-days are more likely to be possible in certain specialties or if there is a specific type of activity going on - eg a morning clinic).

It is imperative that trainees are given adequate notice of rotas and working commitments as the organisation of child care and medical appointments often requires substantial notice. This relies on trainees playing their part by contacting new teams and rota co-ordinators to discuss their rota well in advance of starting.

Consideration of which days a LTFT trainee works:

For trainees working in a slot-share partnership

When working with a slot share partner replacing a full-time post the expectation is that between the two trainees, they will cover, as a minimum, all days/shifts of the full-time rota.

Other slot-share arrangements may be more flexible e.g. in an A&E team, in a Paediatric Department or in Psychiatry HST placements. Here trainees paired together may be at the same grade (Core or Higher) but will not necessarily be allocated to share the clinical duties of one specific post. Shift duties are managed separately but each trainee will be part of a general pool of doctors working a pro-rata share of day and out-of-hours commitments.

In all cases, working patterns need to be negotiated between the trainees so that educational and personal needs can be appropriately balanced with service needs. This requires flexibility and

professionalism on the part of the trainees to reach a workable compromise which suits all relevant parties, particularly where specific working days are required by both partners, e.g. to accommodate child care needs or to attend medical appointments related to health concerns or disability.

When replacing a full-time post and deciding on which days each trainee works, consideration needs to be given to:

- How hand-over occurs and whether it may be sensible to over-lap on one day
- How the trainees will keep each other informed of progress to ensure that repetition of work is avoided and no activities or responsibilities get missed
- Whether, if one or both trainees work more than 50% WTE, over-lap of working days can occur on days when the service is likely to be more busy or on days when important educational activities are occurring (for example, weekly teaching sessions)
- Ensuring that both trainees have access to teaching/educational opportunities including clinics, theatre/procedure lists and meetings

Examples:
If both 50%: Partner A may work Mon/Tues/alternate Wednesdays and partner B will work alternate Wednesdays/Thurs/Fri, with both trainees covering alternate weekend commitments.

	Mon	Tues	Wed	Thurs	Fri
Trainee working	Trainee A	Trainee A	Trainee A/B alternate weeks	Trainee B	Trainee B

If differing percentages (eg. 60% and 80%): partner A may work Mon/Tues/Wed, whilst partner B works Mon/Wed/Thurs/Fri. This way the service has all days covered but also benefits from extra cover on Mondays and Wednesdays which facilitates handover and potentially helps out on the most busy days.

	Mon	Tues	Wed	Thurs	Fri
Trainee working	Trainee A & Trainee B	Trainee A	Trainee A & Trainee B	Trainee B	Trainee B

In order to ensure trainees gain the best educational experience it may be possible to change days half-way through the rotation. For example, if a trainee is doing 8 months in one speciality, it may be possible to do 4 months working Mon/Tues/Wed, then the last 4 months working Wed/Thurs/Fri.

	Mon	Tues	Wed	Thurs	Fri
Trainee working during months 1-4	Trainee A	Trainee A	Trainee A/B alternate weeks	Trainee B	Trainee B
Trainee working during months 5-8	Trainee B	Trainee B	Trainee A/B alternate weeks	Trainee A	Trainee A

Out-of-hours commitments:

In general, trainees should work a pro-rata amount of the out-of-hours commitments compared to their full-time colleagues in the same speciality. The out-of-hours commitments should follow a similar format to those worked by full-time trainees with a pro-rata number of evenings, weekends and night shifts.

Where one or both trainees works more than 50% WTE, out-of-hours work in a slot share may be varied to better suit the needs of the service and trainees. Trainees need to ensure that in total they complete a pro-rata number of hours compared to their full time colleagues; however the type of shifts may be divided differently so that the proportion of hours spent in day shifts may be greater than those spent in out-of-hours shifts. This may happen when a specialty has quieter on-call shifts (not necessitating two doctors covering the same shift) but might benefit from additional cover during the day. This extra cover could allow both the LTFT and other full-time trainees to attend extra out-patient clinics or access other educational activities that they may otherwise miss out on because of service commitments.

If this arrangement is agreed, it is essential that the balance of experience gained in managing out-of-hours cases and during standard working hours does not differ significantly from that gained by the full-time doctors, so that the educational needs of the LTFT trainees are not compromised. Any changes in the overall shift pattern must be agreed by the trainee's clinical/educational supervisor.

Example:
If, as with the previous example, one trainee works 60% and the other 80%, the trainees can work 50% out-of-hours each and then make up their extra hours with day-time shifts. The specialty is one in which emergencies present and are managed in the same way during the day and night, so that educational experience gained during out-of-hours shifts if not different from that during normal day shifts. The total number of hours worked by each trainee should still equal 60% and 80% respectively of those worked by full-time trainees on the same rota. See example rota in FAQs.

Where slot-share pairings are not tied to a specific full-time post (e.g. in A and E, in Psychiatry HST, or as part of a Paediatric Department) the LTFT doctor needs to work in cooperation with the rota coordinator to ensure that the pro-rata involvement in the rota and availability always remain clear to the rota managers and the department e.g. Dr X, 0.6 WTE, working Tues, Weds, Thurs, and pro-rata W/E.)

NB: Please also be aware that the percentage of out-of-hours worked may affect pay for the trainee and that this will need to be calculated and agreed prior to starting the post (see 'Equitable pay for flexible medical training' http://kss.hee.nhs.uk/files/2014/09/Doctors-in-training-equitable-pay.pdf for full guidance).

For trainees who work reduced sessions in a full time post

Working patterns in this instance need to be negotiated between the trainee and the team he/she is joining. Again flexibility and professionalism are required to achieve a compromise which suits both parties. A rota needs to take into account the needs of:

- The team - so that clinics/operating lists/meetings/ward duties etc are covered
- The trainee - so that educational needs are met (e.g. able to attend weekly teaching/clinics/operating lists/meetings) and family or personal health commitments can also be met.

Out-of-hours commitments:

LTFT trainees working reduced sessions in a full time post are expected to work a pro-rata amount of out-of-hours commitments compared to their full time colleagues including evening, weekend and night shifts.

Working days that are normally considered to be one of the trainee's days off:

Trainees may occasionally need to work a day that they normally have off, for example to attend a mandatory training day, a special/infrequent meeting or in order to complete their educational experience (to attend clinics/meetings only held on the days they normally have off). If this is necessary adequate notice needs to be given to the trainee so that they can make alternative arrangements for any appointments or child care needs on that day. In return, the trainee will be owed a day off in lieu.

Annual leave entitlement/ Bank holidays:

LTFT trainees are entitled to annual leave and bank holidays on a pro-rata basis.

If a trainee works 60% WTE , they are only entitled to 0.6 of each bank holiday.
Therefore if, on a bank holiday, the trainee:

- works a shift - he/she is entitled to 0.6 days in lieu.
- is rostered to be on a rest day - he/she is entitled to 0.6 days in lieu
- is due to be on their normal day off - he/she is entitled to 0.6 days in lieu
- would normally have been working the bank holiday, but has been given it off - 0.4 days should be deducted off his/her total leave entitlement.

Example:
Trainee A is working at 60% WTE. During the 4 month rotation there are two bank holiday Mondays, one of which the trainee is rostered to be on-call and the second of which he/she was due to be working as a standard day but will now get the whole day off.

Total annual leave over 4 months if full time = 9 days
Annual leave entitlement if working 60% WTE = 5.4 days
1st bank holiday (working on-call shift) = receives 0.6 days in lieu
2nd bank holiday (initially rostered to work but now having off) = 0.4 days to be deducted

- Total leave due to LTFT trainee = 5.6 days (5.4 + 0.6 - 0.4).

Study leave entitlement:

LTFT trainees are entitled to study leave on a pro-rata basis.

Working LTFT in general practice:

A full time trainee in general practice normally works a week made up of:
1 session VTS (during VTS term time)
1 session self-guided study time

1 session tutorial
7 sessions clinic time (8 sessions out of VTS term time)

Each session (clinical, VTS, tutorial, self-study) should comprise 4 hours to make up a 40 hour working week. For further information including what comprises educational and clinical sessions please see: http://kssdeanery.ac.uk/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies - Guidance for ST3 working week.

LTFT trainees are entitled to an equivalent number of sessions based on the %WTE that they work. If choosing to work at 50%, they should receive:
0.5 sessions VTS (during VTS term time)
0.5 sessions self-guided study time
0.5 sessions tutorial
3.5 sessions clinic time (4 sessions out of VTS term time)

For example, a working week may consist of:

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
Am	Clinic	Off	VTS 50% Self-study 50%	Clinic	Off
Pm	Clinic	Off	Off	Tutorial 50% Clinic 50%	Off

When deciding which days a trainee works at the practice, it should be a negotiation between the trainee and the practice. The decision needs to take into consideration the needs of the trainee (for example childcare availability and personal healthcare needs) and the needs of the practice (such as availability of an appropriate GP to supervise clinical work or provide tutorials).

Out-of-hours duties:

A pro-rata number of Out-of-Hours duties should be carried out by LTFT trainees. A full time trainee is required to undertake 72 hours per year, so if working at 50% WTE, the trainee would need to complete 36 hours per year.

Examples of LTFT rotas

1. Example of rota for LTFT trainee working reduced sessions in a full time post (at 80% WTE)
2. Example of rota split for LTFT trainees working as part of a slot share partnership (both 50% WTE)
3. Example of rota split for LTFT trainees working as part of a slot share partnership (80% and 60% WTE)