

## **LTFT section for the MTS website**

Hi! My name is Bhavani Adizie and I am the less than full time (LTFT) representative for the West Midlands respiratory trainees. My role is to support trainees who are thinking/currently working LTFT. I also go to the respiratory training committee and regional LTFT meetings to represent the respiratory LTFT community. This allows me to feedback any changes that are happening on a regional/national scale to the trainees.

As the majority of the trainees are LTFT for childcare reasons, I also act as a point of contact/advise for queries about working whilst pregnant and parental leave. That being said, not all trainees are LTFT for childcare reasons in our group. The role also supports those that are returning to work after an absence from clinical training (e.g. from OOP/sickness leave) and those that are part time for academic reasons.

I have had two periods of maternity leave myself, gone out of programme to do research and been a registrar for about seven years and LTFT for 4 of these. I have been doing this role for about 18 months and we have a little friendly community of about 8 trainees who are a valuable source of information for all training and LTFT matters alike.

Here is a little bit of advice and signposting but I am always happy to be contacted about any specific questions.

My email address is: [j.adizie@nhs.net](mailto:j.adizie@nhs.net)

The Consultant Respiratory physician on the training committee, who is the Academic Lead is

Dr. Elizabeth Sapey , based at the University Hospital of Birmingham. Email address: [e.sapey@bham.ac.uk](mailto:e.sapey@bham.ac.uk)

## **Parental leave and Pregnancy**

In terms of who to tell and what to consider whilst working when pregnant there is a fantastic guide which is on the West Midlands Deanery (insert link). It is found under the heading 'Support' - 'Less than full time training'-'LTFT downloads'. It is written from an anaesthetic point of view, so I have listed some respiratory relevant issues below:

- Talk to your educational supervisor about when you would like to change your roles/on call duties to support you through your pregnancy. When you choose to do this, is very personal but respiratory is a busy, 'on your feet' type of job so don't feel pressurised by what your colleagues in other specialities may choose to do. The hospital trust HR department should support you in this process.
- Be aware of radiation risks around A&E and in the bronchoscopy suite
- Be aware of infection risks when doing clinics (e.g. TB clinics) and bronchoscopies (e.g. patients with CMV). If unsure with precautions please check with occupational health.
- You accrue annual leave during your parental leave.

Please see NHS employers website for current guidance about leave including information about joint parental leave: <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhsterms-and-conditions-of-service-handbook/parents-and-carers>.

## **Returning to work**

There is a return to work process that is currently being re-evaluated including the introduction of a new initiate to better support trainees in this process. As the majority of us are dual GIM/respiratory trainees; this support process is vital to ensuring that the demands of the on-call pressures do not overtake a safe return to work. There is documentation on the West Midlands Deanery website (insert link) under the section (SuppoRTT). Trainees should discuss their specific training needs and support required with their supervisor. There may be some funding from Health Education West Midlands to support this.

Timelines for this process is summarised in the table below.

Pre-return to work review with educational supervisor	6-8 weeks prior to estimated return to training date
Return to work review	Scheduled at the pre-return to work review
Return to work training sign off	Scheduled at the return to work review

### **Keep in Touch (KIT) Days**

These are voluntary days that can be taken during your parental leave. You can take up to 10 days during your leave and these are paid at your normal rate. The purpose of them is to keep your training up to date. They can be used for courses, procedure clinics/bronchoscopy lists. It is a valuable time to get some work-based assessments done and trainees have found it useful to guide these days towards gaps in their portfolio.

### **Going LTFT**

If you are planning to go LTFT you will be required to complete an eligibility assessment. This can be found here (insert link).

As of April 2018, the previous Stage 2 forms (Placement Approval forms) have been abolished. If you plan to change the percentage you plan to work at, a new Stage 1 form is required. If you need to apply for a LTFT placement within a month, please email Helen Goodyear ([helen.goodyear@hee.nhs.uk](mailto:helen.goodyear@hee.nhs.uk)).

I have always found it useful to make an appointment with my future educational supervisor for each new placement to discuss timetables and days of work. This gives you a chance to discuss what your training needs are and how that can be fitted into an LTFT timetable. I also aim to meet with HR/medical staffing to discuss the rota and agree pay banding. It is useful to do this at the outset of your placement so there are no surprises once you are working in that trust.

There are some rules about what a LTFT timetable should look like. Generally, as a 60% trainee you should do 1 consultant ward round; 1 SPR ward round; 1 bronchoscopy list and 2 clinics. There will be some flexibility in this depending on your training needs and service provision. For example, you may need to do more clinics to complete speciality modules, but it should not be for the whole year (modules should be 12 half days of training in a subspecialty e.g. 12 occupational lung disease clinics). You may also need to accommodate changes in your job plan to address deficiencies. For example, if your working days mean you miss the lung cancer MDT for a year, the following year this should be addressed.

You will need to inform the JRCPTB that you are training LTFT. Finally, the deanery will need to be kept up to date with your proposed CCT date, as this may change over the course of your training with further leave etc.

## **On calls whilst LTFT**

Your on calls should be equivalent to the percentage you work at. So, if you work at 60% then you should do approximately 60% of the on calls that a full timer does. So, if a full-timer works 21 shifts in 16 weeks, you should work 60% of this, so 12.6 shifts per 16 weeks. And make sure you also get the pro rata amount of rest days too and days in lieu if you work a non-working day, e.g. if you work Monday/Tuesday/Wednesday and do nights Monday/Tuesday/Wednesday, then you will finish your shift on a Thursday so should get this back in lieu or rostered into your rota e.g. the following Monday off. And you are entitled to pro rata bank holidays e.g. 60% of 8 days per year. Obviously, you will work some of them on-call or have time off if they fall on your workdays, but this may not add up to 60% of the days, the remainder you are entitled to as lieu days.

You may be asked to do extra on calls for extra pay, but this does not shorten your training and in fact may squeeze your respiratory time. Trainees choose to do their on calls differently. Some have chosen to do all the on-calls which fall on their working days and make the rest up accordingly. Others choose to work every weekend but only 1 or 2 days of the weekend or you may choose to do the whole weekend but only do roughly 2 out of every 3 if working at 60%. As respiratory trainees we are at the mercy of medical staffing, getting this right, so ensure that you talk through your rota with them.

## **Locums**

There has been a newly released GMC statement on LTFT trainees and locums (insert link). The deanery has given further guidance on how this should be interpreted. It is expected that this will be in the department where they are working and have educational supervision. Trainees must follow the Good Medical Practice standards. The expectation is that 1-2 locum shifts per month may be undertaken. If it is more than this then this needs discussion with Dr Helen Goodyear, Associate Dean for LTFT training to discuss working at a higher percentage of fulltime. Trainees are encouraged to discuss any issues re doing locums they are uncertain about with Dr Goodyear. A LTFT trainee should not be doing locum shifts for slots left empty by them working LTFT.

## **ARCP**

It is difficult for the panel to keep up to date with your current stage of training. It is useful have a spreadsheet detailing your whole-time equivalent stage of training. Your requirements will be proportional to your stage of training which requires an element of guess work!

## **Money saving tips as a LTFT trainee**

- Let your medical protection know you are part time as the fee is less
- Childcare vouchers: this is a tax saving scheme to help pay for childcare. Please see further details (insert link).
- Ensure you are correctly collecting pension contributions for all you hours worked under 40 hours per week, not just the basic days. e.g. 60% = 24hr standard AND additional on call hours

Information regarding LTFT training is available via the JCPTB website and also via the following:

- Medical careers website [www.medicalcareers.nhs.uk/](http://www.medicalcareers.nhs.uk/)
- General Medical Council website [www.gmc.org.uk](http://www.gmc.org.uk)