

Less Than Full Time Training: Position Statement

1. Background

There is increasing concern that surgery, particularly at the core level, is not attracting sufficient candidates of the appropriate skill level. All options for training must be considered in order to recruit and retain quality candidates and avoid attrition, particularly of women, as trainees progress through surgical training.

A key factor for attracting and retaining trainees is the availability of less than full time (LTFT) training. LTFT training can be invaluable in permitting a trainee who would otherwise leave the profession to progress to the next stage of her / his career.

As a craft specialty, surgery can present particular challenges to those in training. LTFT training in surgery is relatively rare compared to other specialties and can be difficult for trainees to access and organise. Craft skills take time to master and LTFT training programmes must provide sufficient time to allow this. Many of those training LTFT do so only for a relatively short period and go on to work full time in their substantive post.

The College is supportive of trainees wishing to train at LTFT and encourages trusts, deaneries and LETBs to be as accommodating to the needs of these trainees as possible. LTFT training in surgery is a legitimate and a valid career choice and should be respected as such.

Lessons can be learnt from other medical and craft specialties which have been able to accommodate LTFT trainees within their rotas and training programmes. Likewise, rotas accommodating academic trainees, who spend a proportion of their time undertaking research, can provide models for accommodating LTFT trainees.

LTFT training must be both supported and seen to be supported in order to be considered as a realistic career option for trainees in surgery.

2. General Principles

- 2.1. There is a well-established and nationally agreed set of principles and process for arranging LTFT training¹. However, it should be noted that LTFT training is not automatically granted to all those requesting it, well-founded reasons must be provided.
- 2.2. All trusts, deaneries and LETBs should have a local LTFT training policy which is easily accessible to trainees and trainers. Policies should be constructed to reflect NHS Employers' *"Principles underpinning the new arrangements for flexible training"*.

¹ NHS Employers' *"Principles underpinning the new arrangements for flexible training"*.

- 2.3. The overriding principle in relation to LTFT training should be one of fairness. LTFT training policies should be drafted to be accessible and clear, presenting LTFT working in a positive light. Policies should be applied consistently to all trainees who request LTFT training.
- 2.4. Training programmes must meet all relevant legal requirements, including those related to employment law, training and working time regulations.
- 2.5. It should be acknowledged and accepted that there will be times when LTFT trainees are not available. They should not be penalised or made to feel guilty for this.

3. Less Than Full Time Training Programmes: Content

- 3.1. The training programme for a LTFT trainee should provide the same educational opportunities on a pro-rata basis as that of a full time trainee, including but not limited to, out of hours opportunity, audit, research and teaching.
- 3.2. LTFT trainees should be given sufficient opportunities to achieve quality indicators required of their training. The provision of these opportunities should be adjusted on a pro-rata basis.

4. Less Than Full Time Training Programmes: Organisation

- 4.1. Where possible, LTFT trainees should be placed in a full time (FT) slot.
- 4.2. Policies should explain all of the options for LTFT training (normally slot share, LTFT in a FT post and supernumerary). Trainees should be made aware that if one particular LTFT option is not feasible, other options would be available.
- 4.3. In some surgical specialties there are relatively few trainees with whom job- or slot- shares can be arranged. This should be acknowledged and alternatives should be provided.
- 4.4. Trainees should be made aware of how LTFT training would affect working patterns, length of training, salary etc.
- 4.5. All those involved in training and supervising surgical trainees should strive to be accommodating and supportive of LTFT trainees, including making the process of organising LTFT training as straightforward as possible.

Notes

This statement should be read by surgeons, trainers and trainees, particularly those surgeons directly involved in the management of surgical training programmes.

The College's flexible working advisor is available to provide information and advice to surgeons and trainees considering LTFT training. She can be contacted via ois@rcseng.ac.uk. Further information about LTFT training is available on the College's website <http://surgicalcareers.rcseng.ac.uk/flexible-working>