

Less than full time guidance for trainees and their departments at St George's

1. Trainee considering/requesting to go LTFT

- a. Trainee should discuss their plans with their Educational Supervisor (ES) if need advice and can contact the LTFT champion (currently Rosy Wells – rosy.wells@stgeorges.nhs.uk) if they would like to discuss further or require further information and/or advice
- b. The trainee should make a formal HEE request – via the portal: [Submit a ticket : PGMDE Support Portal \(hee.nhs.uk\)](#)
- c. The trainee should also email their ES and TPD to inform them of the request. The formal request needs to be at least 3 months prior to the date the trainee would like to start as LTFT.
- d. If the request is approved by HEE, HEE should let the next trust know formally. However, this can often be delayed. Therefore, we advise that trainees proactively contact their next rotation and inform:
 - Human resources/medically staffing (HR)
 - The trainee's clinical and/or educational supervisor
 - The rota coordinator for your placement
- e. If the date the trainee wishes to start LTFT is <3 months' notice, and the ES supports this, then HEE will ask if the department whether it can accommodate the request (including all departments the trainee will be working in within that 3 months).
The department the trainee is going to (i.e. the clinical supervisor there or educational lead), HR and the departmental rota coordinator need to agree that this can be accommodated. This is usually accomplished by an email chain from all parties confirming that it can be accommodated.

2. Process for LTFT rota design when LTFT training agreed

- a. When LTFT working agreed formally by HEE, HEE should send confirmation of % LTFT and placements for the trainee.
- b. Prior to each new placement/rotation, the trainee should proactively inform the rota coordinator for each placement as early as possible
 - The LTFT percentage that he/she is working and
 - Which days he/she wishes to work.
 - The trainee should include details of how easy he/she would find it to change these working days (e.g. childcare arrangements). And also whether it is possible to work nights going in to, or coming out of, non-working days.
 - The rota coordinators may choose to send a questionnaire to incoming juniors to request this information. See example in Appendix 1.
- c. The rota coordinator collates above information and decides (as early as possible) whether the rota can accommodate requests and where there may need to be changes to non-working days. Any changes to be discussed with juniors ASAP to allow maximal time for non-working days to be changed (this may include changing childcare arrangement, caring responsibilities, research days etc).
- d. Non-working days requested will be accommodated if possible. However, this may not be possible for service delivery reasons. In which case, the trainee must be given adequate notice to rearrange childcare etc.
- e. The rota coordinator allocates shifts according to above
 - Most juniors will be allocated a whole 'line' of the rota and should work with the rota team to agree shifts that they will work according to their percentage of WTE (e.g. trainees working 80 % WTE will usually be working 80% of all shift types that a whole-time trainee is working. This means the trainee is will work be training at 80% and working 80% of out of hour shifts). Guidance on the number of each type of shift a trainee should do, and what each shift entails, should be provided by the rota coordinator.
 - The trainee cannot selectively rule out bank holidays etc (these would need to be agreed by rota coordinator to ensure service delivery). The trainee cannot opt out of all nights, weekends or long days. He/she must do their percentage of each type of shift, unless there is an occupational health agreement excluding the trainee from these.
 - Guidance on rostering for LTFT trainees:
[bma-nhse-good-rostering-guidance-may2018.pdf](#)
 - If two juniors are allocated to the same line of the rota, they may allocate shifts amongst themselves if they/the rota coordinator prefers (this is usually if doing 50% on calls^[LE1]). The juniors should then inform the rota coordinator of the allocated shifts and ensure any changes they may make between themselves are communicated to the rota coordinator.
- f. Once shifts have been allocated/chosen, the rota coordinator agrees that the rota is consistent with service delivery and the lead consultant for that placement agrees that it is consistent with adequate training.

- g. The rota pattern (full time shifts on their rota line AND the shifts that the trainee has been allocated) should then sent to HR for review and calculation of %LTFT and payment.
- h. HR then confirms to all that it is satisfactory and returns to department rota coordinator to be entered onto final rota. At this stage the rota is finalised. This should aim be >6 weeks prior to the trainee starting the rota where possible.

Appendix 1. Example of questionnaire sent to incoming juniors.

Dear Incoming Colleagues,

We look forward to welcoming you to St George's in March 2024! I am writing on behalf of the rota team to get key information to allow us to build the best possible rota for you and your team. We also received limited, and sometimes inaccurate, information from HEE so we will ask you to confirm the important details.

As many colleagues are now working LTFT (less-than-full-time) or have reduced working patterns for other reasons the days of rolling rotas are gone. We build bespoke/customised rotas at St George's for both paediatric Registrars and SHOs. We try, as much as possible, to meet everyone's requirements. This involves a lot more work before the start of the rotation but will hopefully lead to a better experience for you all. We are exploring self-rostering systems but do not have the software set up yet.

Please complete the questionnaire below/attached **within the next 5 days**. We will then build a rota around people's preferences. We may not be able to support everyone with all of their preferences as these can be conflicting. For example, Monday and Friday are the most popular off days for colleagues working LTFT but we cannot give all staff members the same off day, particularly when they are in the same subspecialty. When the finalised rota is complete there will be no choice of rota 'slot' but everyone's rota slot will hopefully meet their needs.

We will try to build rotas to facilitate your annual leave, **but this cannot be guaranteed**. Please list up to 3 weekends and one week which you would rather not work and we will try facilitate this if you specify them now.

A complication with off days for LTFT trainees: different specialities have different training opportunities on different weekdays. If you are flexible with your off days, it may facilitate more training opportunities. For example, if you are a registrar rotating in endocrinology, the diabetes clinic runs all day on a Wednesday and if you had every Wednesday off you would miss a significant training opportunity. I advise you to contact the current registrar/SHO/consultant in your speciality to see if there are specific days that are key to your learning. If you do not know who this is, we can give you their contact details.

We will produce a draft rota which will then go through several checks with HR and some changes may be required. We will give you the opportunity to feedback during the finalisation process although this may be over a short timeframe. We aim to have the finalised rota to you six weeks before the start of the rotation.

Warm regards,

Simon and the rota team (Younes, Kate, Beth)

Name:	
Are you expecting to start at SGH on 4 th of March 2024?	

Expected specialty:	
GMC number	
Level of training (ST1-8, junior/senior clinical fellow)	
Are you a GRID trainee?	
Are you undertaking a SPIN in the subspeciality of this upcoming rotation?	
Photo for department photoboard	
Personal/Preferred Email	
Home Address	
Land Line (if applicable)	
Mobile number	
Do you have any MRCPCH exams in the coming rotation? Please supply dates.	
Do you have any ST3 Mandatory SIM training days in the coming rotation? Please supply dates.	
Do you have any other specific/significant study leave requests?	
Do you have any major life events occurring in this rotation (weddings, parental leave etc...)? If so, please supply (approx.) dates.	
Do you expect to have any restrictions on your practice or scope of work (such as occupational health related) in this coming rotation? (you do not need to provide details)	

Please specify up to three weekends and one week which you would rather not be working.	
Do you have any other special requirements that we should know about?	
LTFT Trainees	
What is your expected LTFT%	
What are your preferred LTFT non-working days?	
How flexible are these days?	
Are you willing to work night shift ending or starting on your LTFT/non-working day?	

LTFT Issues:

LTFT if off Mondays and Tuesdays for example, will be doing proportionally more Fridays and Saturdays as your allocation of nights will have to fit into 4 weekdays (Wed to Sat)

Other Issues:

RSM DAYS

Any other specific courses/study leave requests

[GP MANDATORY LEAVE DAYS and EXAM days not for this rotation]

Any Occy Health restrictions expected or in current role.

Any major life events for which AL will be needed