

British  
Cardiovascular  
Society



**BJCA**  
Tomorrow's Cardiologists

# Less Than Full Time and Flexible Working in Cardiology:

A Resource Document for Trainees and  
Consultants Produced by the BJCA / BCS  
Working Group on LTFT working

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# Less Than Full Time and Flexible Working in Cardiology.



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# Less Than Full Time and Flexible Working in Cardiology.

## Abbreviations

**ARCP** Annual Review of Competency Progression

**BCS** British Cardiovascular Society

**BJCA** British Junior Cardiologists' Association

**BMA** British Medical Association

**BSE** British Society of Echocardiography

**CCT** Certificate of Completion of Training

**CPD** Continuing Professional Development

**DCC** Direct Clinical Care

**ES** Educational Supervisor

**FOI** Freedom of Information

**GMC** General Medical Council

**HEE** Health Education England

**KIT** Keeping In Touch

**LTFT** Less Than Full Time

**PA** Programmed Activities

**OOPR** Out of Programme Research

**SPA** Supporting Programmed Activities

**TPD** Training Programme Director

**WTE** Whole Time Equivalent

# Less Than Full Time and Flexible Working in Cardiology.

## 1. Background

### Flexible and Less Than Full Time Working as a Cardiologist in 2023

More doctors are choosing to work flexibly or less than full time (LTFT) than ever before<sup>1</sup>. Their reasons are varied: caring responsibilities, personal health, research, career interests outside of medicine or a desire to limit exposure to a working environment. Restrictions on who can choose LTFT working (and the change in terminology to help wash away pejorative 'part timer' associations<sup>2</sup>) have been replaced, thereby accommodating contemporary trainees' preferences. Whilst the proportion of LTFT trainees in cardiology is 4%<sup>3</sup>, some studies suggest the future proportion of trainees choosing flexible/LTFT working arrangements could be as high as 75%<sup>1</sup>.

Data from the annual British Junior Cardiologists' Association (BJCA) and GMC trainee surveys suggest the proportion of LTFT in both cardiology and general medicine is increasing. LTFT cardiology trainees are most likely to choose to work LTFT due to health or caring related reasons. As of 2022 approximately 10% of female trainees work LTFT, compared to less than 2% of male trainees, and LTFT trainees are over 13 times more likely to be at the end of their training compared to the start, probably due to increased caring responsibilities as trainees get older (BJCA survey data 2022).

To attract the best candidates, cardiology must be an attractive and viable option for all doctors. Trainees should be supported to achieve fair access to training opportunities and an equality of certification. In an ever-changing, challenging work environment, cardiology trainees and consultants may benefit from flexible working which a report for Health Education England has linked with improvement in wellbeing and job satisfaction<sup>4</sup>.

### National policy approaches to LTFT training

Following the publication of the 2022 'Gold Guide' the previous categories for LTFT working have been abolished in England, allowing any doctor to apply for LTFT training 'for any well-founded reason, including for their wellbeing or through personal choice<sup>4,5</sup>'. This change demonstrates a centralised commitment to supporting trainees in their choice to pursue LTFT working patterns, as laid out in both GMC and BMA guidance, and supported by evaluation from the Enhancing Junior Doctors' Working Lives 2022 report<sup>6</sup>. Differences exist in the application process between the devolved nations, which are outlined later in this document.

### Challenges of LTFT working and the role of this document

Despite efforts to normalise flexible working, difficulties in training LTFT as a Cardiologist exist, including reduced training opportunities, stigma from colleagues, challenges associated with achieving practical skills competence, issues with rotas, and payroll complications<sup>1,2,7</sup>. Mainstream media's portrayal of 'part time' medical professionals as being part of the root cause of poor health service performance (despite LTFT medical hours being considered full-time by many equivalent professions) has sharpened a negative picture of LTFT training in lay and medics alike<sup>7</sup>.

A 2023 report for The Royal College of Surgeons highlighted challenges faced by surgical trainees with caring and parental responsibilities; many issues that are faced by cardiology trainees too<sup>8</sup>. The most popular action aimed at improving the experience of trainees who are parents was to have a more flexible working pattern. By dispelling the myths and addressing the realities of flexible working, this document aims to offer practical advice, and ease the transition from a Cardiology workforce forced to train LTFT to one which chooses this path.

## Less Than Full Time and Flexible Working in Cardiology.

This document is aimed at Cardiology trainees and consultants considering or currently working LTFT, as well as trainers, rota coordinators, and others involved in the delivery of cardiology training in the UK. It has been created by a working group of trainees and consultants with personal experience of flexible and LTFT working, with the aim of providing support for our colleagues, and top tips to help you navigate the system and to get the most out of LTFT working.

We have endeavoured to prioritise accuracy at the time of publication, though recognise policies and guidelines are subject to future change. We therefore recommend readers check for updates at the time of reading. Finally, we would like to thank all of those who have contributed to the production of this document.

### References

- <sup>1</sup> Cathcart J, Mayne KJ, Hull R, et al. Less than full-time training (LTFT), is this the new norm? A cross-sectional study using a UK-wide online survey to evaluate trainees' views and intentions for LTFT. *BMJ Open* 2022;12(11)
- <sup>2</sup> Illsley A, Olssen-Brown A, Sutherland R, et al. Less than full time training: the trainee perspective. *Royal College of Physicians Edinburgh* 2019
- <sup>3</sup> Dobson R, Joshi A, Allen C, et al. Less than full-time training in cardiology. *Heart* 2019;105(18):1445-46.
- <sup>4</sup> Health Education England. Delivering greater flexibility (last accessed 15/2/23). <https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility>
- <sup>5</sup> Deans CoPM. A Reference Guide for Postgraduate Foundation and Specialty Training in the UK. *COPMeD* 2022
- <sup>6</sup> Health Education England. Enhancing Junior Doctors' Working Lives Annual Progress Report 2022 (last accessed 22/3/23) <https://www.hee.nhs.uk/our-work/doctors-training/enhancing-working-lives>
- <sup>7</sup> Illsley A. Time to look more closely at attitudes to less than full time working? *Br J Hosp Med (Lond)* 2020;81(2):1-3.
- <sup>8</sup> The Nuffield Trust. Future proof: The impact of parental and caring responsibilities on surgical careers (last accessed 14/3/23). <https://www.nuffieldtrust.org.uk/research/future-proof-the-impact-of-parental-and-caring-responsibilities-on-surgical-careers>



## Less Than Full Time and Flexible Working in Cardiology.



### Alicja Jasinska-Piadlo

Cardiology Trainee, Northern Ireland

I was at the beginning of my ST4 in a full-time post when I found a prospective PhD supervisor and planned a PhD grant application. I was determined to write a strong research proposal and apply for a competitive award, whilst raising two young children, away from my extended family who lived abroad. I realised that reducing my hours and applying for LTFT training was the only way to balance my roles as a

cardiology trainee, mother, and aspiring researcher. My ES supported my decision, and after getting approval from TPD, I went 80% LTFT, as the first trainee in my deanery to do so. With the help of HR and the rota coordinator, I designed my work schedule, and used my rostered day off for networking, university meetings, and preparing the research proposal. LTFT provided me a scheduled day off, so I could have a three-day weekend, self-care and family time.

I secured an NHS research grant after a year of 80% LTFT. LTFT was a hugely positive experience: it has improved my wellbeing and allowed me to focus more on my family, while I could prepare a competitive research proposal.

#### Top Tips:

Communicate clearly with your ES, TPD and deanery as soon as you know that you plan to apply for LTFT. Take the fixed day off work and set up an out of office email response so the department are aware you are off. Make friends in HR who are often experienced with supporting LTFT staff.

## 2. Trainee Eligibility and Application Process

### Overview

This section covers the LTFT application process for cardiology trainees. It is split into two sections; a common eligibility criteria section and four separate flow charts pertaining to the application process for each of the devolved nations.

### Eligibility Criteria

The first step in the application process is to assess your eligibility to work LTFT. The criteria for this are the same throughout the four devolved nations as they are based on a combination of European and UK wide legislation. The 2022 **Gold Guide** removed the previous categories required for LTFT applications, simplifying the process and allowing any medical trainee the opportunity to train LTFT for any well founded reason. Reasons may include, but are not limited to:

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- health reasons such as for a disability or ongoing health issue
- caring responsibilities e.g. for children or family member
- wellbeing or welfare reasons e.g. a reduced work pattern to reduce the risk of burn out
- religious reasons

Once you have established the reason that you wish to train on a LTFT basis, the next step in the process is to make an application. The process for this varies between each of the devolved nations so we have produced flow charts detailing country specific application process. Note that trainees are required to re-submit LTFT forms if their circumstances change, and they wish to change to a lower or higher percentage of WTE or to return to full-time working.

### England

Discuss your intention to apply LTFT with your TPD  
& current or prospective educational supervisor.

- Visit your local HEE website to identify the application form and process.  
Submit the relevant LTFT application form electronically and email HEE for approval.  
(This form must be signed by your TPD and Educational Supervisor).
- **Top Tip: Application Form must be submitted at least 12-16 weeks in advance to allow changes in working patterns.**

Eligibility will be assessed by the HEE Deanery LTFT Associate Dean against the standard eligibility.  
(Usually takes two weeks).

- If further supporting evidence is required:
- The trainee will be contacted by the LTFT team.
  - A meeting may be arranged with the LTFT Associate Dean.

If the trainee is deemed ineligible  
they have the right to appeal.

Trainees will be informed in writing via email once their LTFT form has been approved by HEE.  
Employers will then receive 12 weeks' notice as far as possible of change in LTFT status.

Trainees can begin working LTFT once working pattern and rota agreed with Trust.

Please see the [HEE website](#) for further information for each deanery including useful videos and resources.

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## Northern Ireland

Trainee obtains LTFT Training Information Pack & application form  
(via NIMCTA website or School Administrator)

Trainee completes application form and meets with HoS/TPD/FSD to discuss the  
appropriateness of the LTFT training application.

***Applications for August must be submitted by 31 March  
& application for February by 30 September.***

HoS/TPD/FSD discusses completed form with the School Administrator to explore a potential slot share  
or alternative option including using vacancies within GP and Foundation to facilitate request.

If the LTFT application can be accommodated  
refer to HSTC/GPTC/FPTC for approval.

If the LTFT application cannot be accommodated  
refer to HSTC/GPTC/FPTC for discussion on how  
the request can be managed.

The School Administrator confirms with HoS/TPD/FPD the outcome of the HSTC/GPTC/FPTC  
discussion and informs the trainee of their LTFT arrangement for the next 6 months /year, depending  
on start date of LTFT training.

School Administrator confirms posting when available and notifies the Trust.

Trainee commences training  
(Trainee re-applies for approval if any changes to hours of work in year).

Trainee re-applies for LTFT training for next year of training (August changeover).

The [NIMDTA website](#) has the information pack and application form.



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## Scotland

Informal discussion with the Associate Postgraduate Dean for LTFT training for your training region (North, South East, East, West) to discuss your eligibility and motivations.

Informal discussion with your Training Programme Director to discuss how your training will be affected by working less than full time considering aspects such as length of training, CCT date, salary and capacity for subspecialty training.

Formal request – this involves a formal meeting with your TPD who must sign **(FORM A)** in this step. Aim to do this 3 months before you wish to start training LTFT. At this meeting you must confirm the % you wish to work of both daytime and on call and you need to have an idea of what days you would prefer to work. Your TPD will liaise with the Clinical Director for Cardiology to ensure that your request can be met from service perspective.

Formal meeting with Associate Postgraduate Dean for your training region. You must send/take **FORM A** with you to this meeting. This meeting involves a discussion of your reasons for wishing to train LTFT and ensures that you are aware of the implications for your training.

Deanery requests the approval of the health board. When the approval of the health board has been obtained, the deanery will inform you that your application has been approved in writing.

If either the TPD or the Service reject the application they must give a reason in writing. If your request to work LTFT is rejected this decision can be appealed.

There is an annual review of working LTFT to ensure you wish to continue working with your current arrangements. If you want to change your working arrangements e.g. revert to full time working, then you must complete **FORM D** and again 3 months notice must be given.

The [Scotland Deanery website](#) has further information including Form A.

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## Wales

The Wales deanery has recently updated the LTFT policy, which is still currently a pilot.

Informal discussion with TPD to ascertain the impact LTFT will have upon future training and how it extends time on the training programme.

Existing trainees are requested to submit LTFT application during specific application windows. Only exceptional circumstances considered outside of these.

**LTFT Commencing**  
Feb 2024- July 2024.

**Application Window**  
1<sup>st</sup> Aug -31<sup>st</sup> Aug 2023.

Trainees new to Wales in a national recruitment window will receive information on how to apply for LTFT once they have accepted an offer. They will be given ten working days to apply.

Complete application using the link <https://heiw.nhs.wales/support/ltft/application-forms/>  
Once application window closes, all applications will be reviewed by the Programme Directors and relevant Health Boards/Practices to ascertain if the application can be supported.

Trainees will be notified of outcome and, where applicable, their slot share partners in their 'new' placement through Intrepid (online trainee portal) if already in the system, by letter or email if new to Wales.

HEIW will contact trainees if their LTFT request cannot be accommodated.  
All trainees have the right to appeal.

Once LTFT request is approved, from February 2023 there will be no requirement for doctors in training to renew their LTFT status with change of rotation. Trainees who wish to change their working percentage or go back to full-time are required to discuss their plans with their TPD and submit a new LTFT application during the application windows.

The [HEIW NHS Wales LTFT website](#) has all necessary application forms and further details.

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## 3. Guidance for LTFT Trainees

### *Kay Tay*

*Consultant Cardiologist, Queen Alexandra  
Hospital, Portsmouth*

My main motivation to go LTFT were family commitments. I had three children, all under the age of three years old during the start of my ST4 year of training. I chose to specialise in devices, a choice of subspecialty training which was not dictated by LTFT training. In my opinion, the choice of the subspeciality depends on the overall personality and fortitude of the trainee. The overall impact of LTFT on wellbeing was not to be understated in my case. It allowed some breathing space outside work alongside competing demands of young children. Unfortunately, LTFT training impacted negatively on my procedure logbook particularly in pacing skills because I was just starting to learn pacing. Working 60% LTFT meant that I could not get onto the steep learning curve of pacing appropriately in a time that I would have preferred. However, I successfully completed my training and am now a qualified devices consultant, and I would 100% support cardiology trainees who would want to train LTFT.

#### Top Tips:

Carefully plan your work schedule to ensure appropriate volume of cases and exposure to procedures is vital if pursuing a procedural subspecialty. Talk to ES and TPD early if you realise that your procedure numbers are behind, and you do not feel you are progressing at desired pace. Be realistic though, as it will take time to develop skills and gain experience. You will get there in the end!

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### Pay

Understanding how pay will change when working LTFT compared to working full-time is important for planning ahead. Basic pay will be reduced and is calculated pro rata to your nodal pay point for grade based upon the proportion of full-time hours. Weekend and on-call allowance is paid pro-rata to the value of the full-time allowance. Additional pay for some trainees may include flexible pay premia and London weighting. The [Pay section on the BMA website](#) has a detailed section explaining how pay calculations are made. The [NHS Employers calculator](#) can be used to calculate weekend and on-call availability allowance.

LTFT trainees are entitled to an annual allowance of £1000 paid in full and not pro-rated in any way, to recognise the relative increased cost of training experienced by LTFT trainees. Further details are available on the NHS Employers website [NHS Employers website](#). Doctors who work LTFT are permitted to do locum work, outlined in a [2017 GMC position statement](#). This should however be declared on Form R. Further guidance can be found on the [COPMED website](#) regarding additional work.

### Top Tips:

Before starting your post, check with the trust's Medical HR / Workforce and your union that your working pattern, rota, and salary have been correctly calculated, including the LTFT annual allowance.

### Study Leave, Annual Leave and Bank Holidays

Annual leave, bank holidays and study leave for LTFT trainees are calculated pro-rata of full-time leave based on training percentage. Study leave is leave that allows time inside or outside of the workplace for formal learning that meets the requirements of the curriculum and personal training objectives. Study day allowances per annum are 30 days for Cardiology trainees, and LTFT entitlement is calculated on a pro rata basis. If you are required to attend a training course required by the curriculum which exceeds your pro rata entitlement, your employer is required to make further arrangements for additional study leave if this can be done whilst ensuring safe delivery of services, see [BMA website](#) for further information.

Annual leave and bank holidays are also calculated on a pro-rated basis. For example, LTFT 80% of a full-time rota receives 80% of the entitlement of annual leave, 80% of study leave, and 80% of bank holidays regardless of whether they fall on a day when you work or do not.

### Rotas and Rostering

After receiving successful approval to work at LTFT, trainees will be allocated to either reduced hours in a full-time slot, or a slot-share between two trainees. The BMA and NHS Employers created a [Good Rostering Document](#) which includes key principles and recommendations for rostering LTFT doctors. Some key points to consider include:

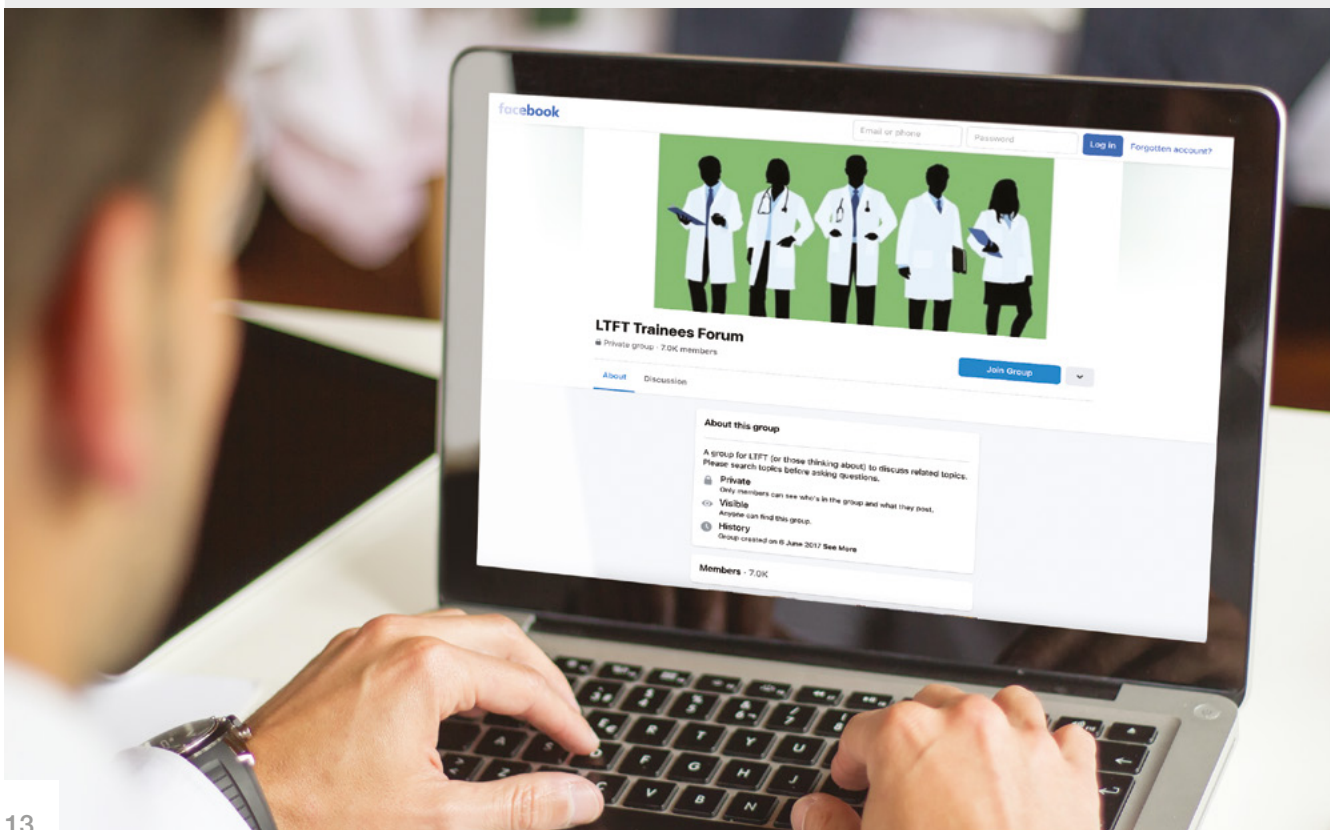
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- All reasonable attempts should be made by the trust to facilitate fixed leave days.
- Fixed leave (including on call shifts) is often vital for those with caring responsibilities as most care providers are unable to offer varying days each week.
- LTFT contribution should be designed to maximise and preserve educational opportunities while maintaining a safe service.
- Where possible, clinics and theatre time should be prospectively designed into rotas.

A LTFT Cardiology trainee may require a bespoke working pattern, for example if there are restrictions on night shifts for health reasons. There should be parity with full time trainees. Blocks of on calls, including nights, should be discussed with the coordinator, and the compulsory rest period after a night shift must be considered.

### Top Tips:

The LTFT Trainees Forum on Facebook is a community group with nearly 7000 members with a vast knowledge on all aspects of LTFT training.



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### *Myo Thant Zaw*

*Cardiology Trainee,  
East of England*

I chose LTFT for family reasons, and working LTFT allows us to spend more time with our family. I needed some days off to take care of our son since my wife, who also works LTFT, is a trainee in the same deanery. We can recharge on extra days off and work harder the rest of the week. Negatives include reduced income, and as an Electrophysiology trainee, there is some difficulty in achieving certain procedural skills, particularly if lab lists are running on an off day. I enjoy doing LTFT and have a better work-life balance than when working as a full-time trainee.

### Top Tips:

At the start of a new placement, review with your ES and Rota Coordinator a personalised work schedule to account for procedural days vs off days. Monitor your progress and numbers of procedures. If these aren't progressing at an appropriate rate in proportion with your percentage LTFT then speak to your ES and TPD about ensuring equitable access to training.



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Table of example calculations of Rota, Leave Allowances, WPBAs for LTFT trainees

	Full time	80% LTFT	60% LTFT
<i>The following are a weekly activity example</i>			
Weekly Hours (Average inc. OOH)	46	37	28
Ward sessions	4	3	2
Clinics	2	1-2	1
Lab sessions	2	1-2	1
Other training sessions (echo, imaging)	2	1-2	1
On call (%)	100	80	60
<i>The following leave calculations per calendar year</i>			
Annual Leave*	32 days	26 days	19 days
Bank Holidays†	8	6	5
Study Leave	30 days	24 days	18 days
Study Budget	Unchanged	Unchanged	Unchanged
<i>The following WPBAs per calendar year</i>			
Mini-CEX/CBDs	5	4	3
DOPS	4-6	3-5	2-4
MCR	4-6	4-6	4-6
Teaching observations, patient surveys	As per decision aid	As per year of training (as opposed to calendar year)	As per year of training (as opposed to calendar year)

\*Junior doctors receive 32 days annual leave after 5 years of NHS service; a full-time trainee with less than 5 years of service will receive 27 days annual leave, and a LTFT trainee the pro rata equivalent. †Bank Holidays are pro-rata irrespective of whether the bank holiday falls on a working day or not

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### Training Opportunities

Cardiology training opportunities should be a pro rata equivalent to a full-time post, with a balance of on-calls, ward cover, procedural lists, and administration time. Timetabled options should be discussed early with the department/ES to ensure a balanced provision of training needs as well as service provision. As a LTFT trainee the length of your training programme may be extended compared to the full time equivalent, and the [completion date calculator](#) can be used to calculate your estimated dates of training year progression and CCT date. However, the 2022 Cardiology/GIM curriculum includes competency-based criteria for progression, so liaise with your TPD to discuss how long your training will be extended.

#### Top Tips:

Speak to colleagues in advance to assess when the key activities happen that you need to attend for your core or subspeciality training e.g. cardiac MRI list, pacing lists, imaging MDT or inherited cardiac conditions clinic. Do these disproportionately fall during off days? If so, proactively review these at your supervisor meetings to see what alternative training arrangements can be made.

### 2022 Cardiology and Internal Medicine Curriculum

Between 2022-2023 the majority of cardiology trainees will be transitioning to a new curriculum for Cardiology and Internal Medicine Stage 2. LTFT trainees should carefully check with their TPD or JRCPTB as to their date for curriculum transition, as they are likely to be more out of sync with full-time trainees. Further information regarding this transition on the [JRCPTB website](#), with links to the decision aids and curricula in section 6 below.

### Assessment

The length of training is dependent on a successful annual review of competency progression (ARCP). As LTFT trainees are working fewer hours with less time for training opportunities, this should be reflected in ARCP targets, estimating pro-rata where you would expect to be with Decision Aid targets. ARCP may take one of two forms depending on the deanery. Some deaneries undertake all ARCPs at a single time-point yearly, including LTFT and full-time equivalents together. However, other deaneries perform ARCPs for LTFT when they are expected to have achieved all the targets in the Decision Aid.

#### Top Tips:

At ES meetings, discuss what training requirements will be required for satisfactory progression, especially when ARCPs may not fall at the end of a training year.



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### Society Membership discounts

BMA members on a LTFT contract can claim a discount on their monthly fees if they earn less than £50,000 from all medical earnings.

The GMC offer a 50% discount for those whose gross income from all sources during its registration year is less than the income threshold (currently £34,000 effective from 1 April 2023).

The Royal College of Physicians London of London offers a discount to trainees working 80% LTFT or less, which is available to subscribing RCP trainee members. This will be applied at the start of your training. For those who switch to start LTFT during training, please contact [membershipqueries@rcp.ac.uk](mailto:membershipqueries@rcp.ac.uk).

The Royal College of Physicians of Edinburgh has a 25% discount for those working up to 80% LTFT. To apply email [memsubs@rcpe.ac.uk](mailto:memsubs@rcpe.ac.uk).

The Royal College of Physicians and Surgeons of Glasgow have a LTFT discount, determined by percentage of full-time working e.g. 80% LTFT will be expected to pay 80% of membership fee. Use their online contact form for queries.

A photograph of a doctor in a white lab coat, holding a black stethoscope. The doctor's arms are crossed, and the stethoscope is draped over their chest. The background is a plain, light grey.

Claim a  
**discount**  
on your  
monthly  
fees

## Less Than Full Time and Flexible Working in Cardiology.



### **Doug Lee**

*Cardiology Trainee,  
West Midlands*

I'm a cardiology trainee in the West Midlands deanery sub-specialising in cardiac imaging: CMR and complex echocardiography. I applied for LTFT training for health reasons, as I have end stage chronic kidney disease and became dialysis dependent in 2006. I need to dialyse four times weekly at four hours per session which I do at home as this allows greater flexibility with work commitments.

Prior to securing a training number at ST3 level, I was working full-time and dialysing, which was tough but doable. I didn't know about the possibility of LTFT training until a consultant geriatrician friend suggested it. Applying was relatively simple and quick. I work LTFT at 80% and having the equivalent of an extra day off a week is kinder to myself and something that I appreciate. The deanery was supportive of my circumstances and placed me at hospitals relatively nearby to limit the commuting time. My timetabled sessions are as follows: 3 of CMR, 1 TOE, 1 stress echo, 1 clinic, 1 complex echo, and 1 admin. I have a fixed day off mid-week, when I can pick my son up from school and take him for his swimming lessons. I try to get onto dialysis early so that I can have some family time in the evening.

Advantages of LTFT? Having extra time during the week to spend with my son is fantastic and being able to get on dialysis at leisure as opposed to rushing home from work in the evening to try to fit it in before bed. I selected LTFT for health concerns, but spending time with my son and family has been priceless. My placements have generally supported LTFT training. Some opposed it, but it was a minority. Disadvantages? Workload seems unchanged. I have to do a lot of CMR/echo reports but never have time, so I usually come in early/stay late or join in over VPN at home during dialysis.

### Top Tips:

**Take a full day off as opposed to half days, as you may struggle to finish work on time. Try not to work on your non-contractual days unless rostered - no logging in from home, or even going into work. Be kind to yourself and enjoy the time off. Apply for the BSE LTFT logbook extension to avoid spending AL and off days scanning patients to build your logbook cases.**

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### Echocardiography training

For LTFT trainees wanting to complete a British Society of Echocardiography (BSE) accreditation (TTE, TOE, ACHD etc) and have passed their written exam, the BSE have arranged a new [extension request process](#) to allow LTFT trainees additional time to complete their logbooks, recognising the additional time required. Those working 60% or less will receive a 24-month extension, those more than 60% will receive a 12-month extension.

### Parental leave

All employees, whether working full-time or LTFT, have a right to take 52 weeks maternity leave. Further information on maternity/paternity/adoption leave and pay can be found in section 15 of the [NHS terms and conditions service handbook](#).

### Returning to work

Whilst LTFT training is an option for trainees who are returning to work after taking time out of training, we suggest you talk to family, supervisors, and TPDs, when working out whether this is the right option for you. The BCS has issued a [useful resource](#) to support cardiologists who wish to return to work after a period of absence.

## 4. Information for those assessing, supervising and co-ordinating LTFT Cardiology trainees

It is important that all who are involved with postgraduate training understand the specific requirements and training needs of LTFT trainees. In 2023 COPMeD outlined principles around [LTFT trainee and programme management](#).

### Training programme directors

Training programme directors (TPDs) are involved in the application process for LTFT training and assignment of posts. All trainees can now apply for any well-founded reason, including wellbeing and personal choice. When reviewing a LTFT application, it is important to consider service requirements as well as the training programme capacity. It is expected that all applications for disability, ill health and caring responsibility will be accepted. LTFT trainees are required to complete a new application for any subsequent change in percentage of WTE.

Assigning placements for trainees should be planned on an individual and local basis. Trainees should not be disadvantaged by their LTFT status, including having equal access to teaching hospitals, tertiary centre work and out of deanery training where required. It can be in the form of a LTFT trainee in a full-time post, slot shares, or as a supernumerary doctor, subject to funding and GMC approval. Slot shares are most commonly two trainees working 60%. However alternative arrangements may be arranged, such as three trainees at 60% into two slots, with agreement from the deanery and assuming sufficient funding.

## Less Than Full Time and Flexible Working in Cardiology.



### *Denise Braganza*

*Consultant Cardiologist and Training Programme Director, East of England*

Happy trainees train best, and having been LTFT myself, I know how vital a day or two away from training to catch up on life and spend time with a young family can be, which then enables you to focus attention into training. I love seeing male and female trainees in our deanery take extended parental leave and then consider LTFT training. I want to support all LTFT requests, though there are several considerations from a TPD perspective:

- Ensuring the LTFT does not adversely affect the trainee themselves. Is their proposal for the percentage of hours realistic to support progression of training?
- Making sure the LTFT does not adversely affect the full-time trainees in the same trust in terms of their training opportunities.
- Going LTFT extends your CCT date. If I have a trainee who was going to our tertiary centre for their final two years and they then start 80% LTFT, I have to accommodate them there for a longer period. This has the knock-on effect of not being able to bring another trainee into that slot. But we already have those other trainees in the system and rightly expecting and needing the training opportunities. Who should get preference? Sometimes that can be a difficult thing to balance.
- Placement for LTFT for me takes the same consideration as full-time trainees – training needs and work-life balance.
- Another practical difficulty from a TPD standpoint is that if LTFT training changes CCT date to conclude later in the training year than Aug/Sept, I can't recruit into the role until the following September via national selection, creating long gaps. Luckily, we have several trainees OOPR, so their return to training time may coincide with a LTFT CCT date.

### Top Tips:

Slot shares work well, but trainees may not be geographically able to achieve this. ARCPs must be done at least every 12 months, but doing another ARCP closer to the end of a training year for LTFT trainees can be of benefit for all.

# Less Than Full Time and Flexible Working in Cardiology.

## Supervisors

Educational and clinical supervisors should meet LTFT trainees early in post to ensure that individualised training plans and learning outcomes for the rotation are in place. Early negotiation for non-working days is vital and should consider both the trainee's needs and the needs of the department. Regular meetings should take place as for full-time trainees, and supervisor reports should reflect the pro-rata basis for workplace-based assessments.

Key points for supervisors to consider:

- Trainees' requirements will differ. Individualised training plans and learning objectives should take account of the LTFT nature of the trainee's work, particularly what can be achieved in the time they work.
- The expectation is that trainees will have the same training opportunities as their full-time colleagues, so the proportion of training to service work should be the same.
- The balance between on-calls (GIM/Cardiology), clinics, wards, procedures etc is expected to be performed pro-rata.
- Where trainees have separate GIM and Cardiology Supervisors, there may need to be greater than usual communication between their supervisors to ensure equitable distribution of time.
- Trainees may miss out on training activities that occur on a fixed day off; where possible, arrangements should be made to allow the trainee to achieve the relevant competencies by some other means.

## Appraisers

LTFT trainees should have an annual ARCP in line with their full-time colleagues and may require an additional ARCP at a critical progression point. When assessing the trainee's progress, it is expected that they will achieve their competencies and workplace-based assessments on a pro-rata basis. Some assessments are not required every year, such as the patient survey. These should be performed in the relevant training year, rather than calendar year as per the Gold Guide. The penultimate year assessment review (PYAR) is expected to be completed within 12-18 months of CCT, as per full-time training. At this review, the expected CCT date should be reviewed, and this is capability not time based.

## Rota co-ordinators

Co-ordinating a registrar rota with LTFT trainees can be challenging, and coordinators require early notification of LTFT posts starting in a department to ensure adequate planning to meet both their training needs and the needs of the department. If in a slot share, the process can be relatively straightforward, but arrangements can be more complicated where this is not the case. Working patterns need to be agreed with the employing or host organisation. Covering gaps in the on-call rota, particularly on an LTFT trainee's off day, is not the responsibility of the trainee. See previous section for further guidance on rotas and rostering.

## Less Than Full Time and Flexible Working in Cardiology.

### Top Tips for planning a LTFT rota:

- LTFT trainees are expected to have the same proportion of training and service work as their full-time counterparts including on calls, ward work, clinics and lab or imaging training sessions.
- Where trainees are LTFT for health reasons or caring responsibilities, they are likely to lack flexibility in their work patterns, and a fixed off day should be supported.

## 5 Guidance for LTFT Consultants

There are many reasons for wanting to work on a LTFT basis as a consultant. LTFT working can enable individuals to devote time to caring responsibilities and to other roles and responsibilities outside clinical medicine. There is an increasing drive to prioritise wellbeing for doctors and LTFT working may help an individual to achieve a healthy work-life balance. From a trust perspective, appointing LTFT colleagues can help with staff recruitment and retention, improve diversity within the workforce, and is part of the national NHS Improving Working Lives Initiative (2000). The BMA has issued a [statement regarding flexible working for consultants](#).

### Consultant Contracts – The Basics

For those transitioning from registrar training to a consultant post, it is worth familiarising yourself with the structure of the NHS Consultant Contract and job plans.

- Consultants are employed for a number of Programmed Activities (PAs) per week.
- A standard full time NHS consultant post consists of 10 PAs per week.
- A consultant working fewer than 10 PAs per week would be considered to be working LTFT. This is a slightly different concept to working at a percentage whole time equivalent as seen in training posts. As a consultant you are contracted and paid for the sessions that you provide.
- It is possible for a consultant job plan to equate to more than 10 PAs, particularly when taking on-call commitments or educational and managerial roles into account.

PAs are made up of a mixture of Direct Clinical Care sessions (DCC; including clinics, procedural or imaging lists, clinical MDTs, ward rounds and administration tasks relating directly to clinical care) and Supporting Professional Activities (SPA; including participation in training, medical education, continuing professional development, appraisal, research, clinical management and local clinical governance activities). Further PA allowance may be available for additional NHS responsibilities, such as acting as an educational supervisor, service lead, Caldicott Guardian, Clinical Director or Medical Director.

During normal working hours 1 PA will normally constitute 4 hours of work, during premium time 1 PA will normally constitute 3 hours of work. For job planning purposes, predictable work arising from on-call duties (for example a weekend CCU or post-take ward round) will be scheduled as a PA. Unpredictable work arising from on-call duties attracts an additional PA allocation based on the average frequency and duration of emergency work.

For consultants participating in an on-call rota, or with a flexible job plan, weekly PA allocation will usually be annualised to give an average weekly PA allocation and pay will be calculated on an annualised basis.

## Less Than Full Time and Flexible Working in Cardiology.



### *Amy Burchell*

*Consultant Cardiologist,  
Musgrove Park Hospital, Somerset*

I am a LTFT Consultant cardiologist in complex echocardiography and Heart Failure, with experience as a LTFT Trainee and OOPR, and a mother of two mischievous boys. I started cardiology training in 2009 and finished my ST3-5 years full-time before starting my PhD in 2012. Two years later I went on my first maternity leave. My husband was a surgical trainee at the time,

and we decided that I would return to work on a LTFT basis so that I could spend more time caring for our son. I needed approval from my supervisors, PhD funding organisation, university, and deanery to extend my PhD and OOPR to work LTFT at 60% while on OOPR.

Completing my PhD LTFT had its pros and cons. My project was a longitudinal study and spreading my PhD over a longer period gave me more time to follow-up my participants. Attending conferences on childcare days was difficult, but overall I had more years to attend annual conferences. I used KIT days to complete key study visits but had to watch as other publications changed the face of my field whilst I was away.

My PhD took 5.5 years after I had my second son in 2016. After discussing with my TPD, I decided not to return to ST6 with on-calls in a tertiary centre after returning to clinical training in 2018. I extended my training to do a LTFT return-to-work placement as a ST5+ in my local DGH. After six months, I started ST6 at 60% LTFT.

Eleven years as a registrar and three curriculum revisions later, I earned my CCT in 2021. I was fortunate to know my local Trust needed a consultant with my skillset. I discussed LTFT employment with the Clinical Service Lead prior to my formal application. My job plan allows me to attend weekly MDTs and consultant meetings and I get the same SPA allocation as my full-time colleagues. OOH commitments and additional roles raise my PA allocation to 8.26 from 6PAs on Wednesday to Friday. Despite this, “mission creep” and service development activities often trickle into my non-working days, which I attempt to avoid. There is a lot of admin and I sometimes wonder whether my co-workers realise I’m not full-time (although I expect my full-time colleagues feel swamped as well). However, after writing this, I’ll walk to pick up my kids from school and enjoy how LTFT working helps me reconcile being a mum and a doctor.

### Top Tips:

**Keep a track of your pro-rata ARCP requirements. You will know better than anyone which stage of training you are at. By virtue of being LTFT your training will be spread out over a longer period of time, and therefore LTFT trainees are more susceptible to curriculum changes and moving goalposts.**

## Less Than Full Time and Flexible Working in Cardiology.

### Commencing a LTFT Consultant Post

When thinking about LTFT working as a consultant, the first thing to consider is what you would like your working week to look like and how this will fit with your current or prospective department. Flexible working can take many forms, for example, working fewer than 10 PAs per week, working 10 PAs over fewer than 5 days, job shares, and flexible timing of activities (e.g. term time only contracts or flexible rostering). All trusts should have a Flexible Working Policy and most trusts now have a LTFT Working Champion who can provide advice and support.

New consultant posts will generally be advertised with a 10 PA allocation. Consultants wanting to work as part of a job share or  $\geq 50\%$  full time equivalent can apply for any substantive post. Job plans are finalised following success at interview, however, unless discussed in advance, posts will be offered at 10 PAs and it is good professional practice to discuss any variation in this prior to accepting the post.

#### Top Tips:

If you would like to work LTFT, don't be put off by a consultant post advertised as 10 PAs. Arrange to speak to the department's Clinical Service Manager and/or Clinical Service Lead sooner rather than later. An informal discussion will help you to establish the service needs of the department and how your skill set can contribute to the service on a LTFT basis.

Consultants wishing to amend their job plan, including those looking to transition to flexible or LTFT working, should discuss their options with their Clinical Service Lead and/or Clinical Service Manager. This may form part of the routine review of your job plan during your annual appraisal, but if not, it would be good practice to discuss and reflect on any changes in working pattern as part of your appraisal process. Employers have a duty to consider seriously, and make reasonable attempts to accommodate, any requests to work flexibly (see [Schedule 28 Flexible Working Arrangements, Terms and Conditions – Consultant contract \(2003\) | NHS Employers](#)).

### Payscale

If you have been a LTFT trainee, you may be eligible to start at a higher point on the consultant payscale. This should reflect when you would have completed training, had you not been training on a LTFT basis. Note that time spent out of training, for example out of programme research to complete a higher degree, is unlikely to be taken into consideration unless you are commencing an academic post for which your qualification is an essential, rather than preferable, specification. Any payscale queries should be discussed directly with the employing Trust's HR service in the first instance. This is referenced in Schedule 13, point 7 of the Terms and Conditions Version 13 Jan '23 [Consultant contract \(2003\) | NHS Employers](#).



## Less Than Full Time and Flexible Working in Cardiology.

### Top Tips:

Use the [completion date calculator](#) to calculate your full time CCT date versus your LTFT CCT date as supporting evidence to submit to Trust HR.

### Out of hours work

Where a LTFT consultant participates in an on-call rota on the same basis as a full-time colleague, they will receive the full value of an on-call availability supplement. If the participation in the rota is on a different basis, a consultant will receive the same supplement as a full-time consultant on an equivalent rota. If a doctor is on-call on a day that they do not normally work, time off in lieu or additional payment should be agreed.

### Job Planning

Job plans should be reviewed on an annual basis; this will often form part of your appraisal process. Under the framework agreement, consultants wishing to undertake remunerated clinical work outside the main contract are obliged to offer their first spare professional capacity to the NHS. Part-time consultants who wish to use some of their non-NHS time to do private practice would be expected to offer up to one extra PA on top of their normal working week.

Broadly speaking, the division of PAs between DCC and other activities should largely be scheduled on a pro-rata basis. However, given that the CPD requirements and revalidation processes are the same for those working on a LTFT and full-time basis, it should be recognised that LTFT colleagues will need to devote proportionally more of their time to supporting professional activities (SPA).

### *In England and Northern Ireland:*

No specific stipulation around the allocation of SPA time beyond working on a broadly pro-rata basis.

### *In Wales:*

The consultant contract in Wales is based around a 37.5 hr working week. This will usually consist of 10 PAs made up of 7 DCC sessions and 3 SPA sessions. PAs will be of 3–4-hour duration. The usual break-down for a consultant working <10 sessions is shown below.

Total PAs	Direct Patient Care	Supporting Activities
9	6	3
8	5	3
7	5	2
6	4	2
5	3	2
4	2	2
3	2	1

## Less Than Full Time and Flexible Working in Cardiology.

### ***In Scotland:***

Unless otherwise agreed, a full-time consultant will devote 7.5 PAs per week to DCC, and 2.5 PAs to SPA. LTFT consultants will require an SPA allocation that is higher than the pro-rata allocation, as set out below.

Total PAs	Number of SPAs
2 or less	0.5
2.5 – 3.5	1
4 – 5.5	1.5
6 – 7.5	2
8 or more	2.5

### **Leave Allocation**

The consultant contract describes annual leave allocation based on weeks of leave per year (usually six weeks per year, see contracts for allowance in individual nations). This can make calculating annual leave allowance for LTFT consultants more complicated, particularly if working a flexible working pattern with an annualised PA allowance. Broadly speaking, annual leave should be taken on a pro-rata basis. In some trusts this may be calculated in days, in other trusts it may be calculated in hours. It is usual practice for public holidays to be taken on a pro-rata basis, with consideration for consultants whose working pattern does not meet the appropriate pro-rata numbers of public holidays.

#### Top Tips:

As an example of appropriate public holiday entitlement. Dr X works 8.2 PAs per week with Mondays and Tuesdays as fixed non-working days. In England there are usually 8 bank holidays per year. On a pro-rata basis, Dr X is therefore entitled to 6.5 public holiday days per year. Over the course of the year two bank holidays fall on a Friday but the other bank holidays are on a Monday or Tuesday. Dr X is therefore entitled to an additional 4.5 days of leave in lieu of public holiday entitlement that has not been taken. If Dr X works all or part of a Friday bank holiday, they are entitled a day off in lieu similar to their full-time colleagues.

The recommended standard for consultants' professional and study leave is a maximum of thirty days (including off-duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom.

#### Top Tips:

Speak to your local HR department early to clarify the local process within your trust for calculating leave allowances.

# Less Than Full Time and Flexible Working in Cardiology.

## 6 Further Information on LTFT Working

Resources for Trainees / Trainers on Flexible Working:

- British Junior Cardiologists Association Flexible Working <https://bjca.tv/flexible-working/>
- Women in Cardiology Flexible Working <https://www.womenincardiology.uk/working>
- NHS Employers Flexible Working <https://www.nhsemployers.org/flexible-working>
- Association of anaesthetists / RCoA LTFT A-Z guide <https://www.rcoa.ac.uk/news/less-full-time-training-z-guide>

Application Process Deanery Websites

- England <https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility>
- Northern Ireland <https://www.nimda.gov.uk/download-category/ltft/>
- Scotland <https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft>
- Wales <https://heiw.nhs.wales/support/ltft/application-forms/>

2022 Curricula and Decision Aids

- Transition to 2022 Curriculum details <https://www.jrcptb.org.uk/training-certification/shape-training-and-physician-training-model/transition-new-curricula-jrcptb>
- T2022 Cardiology Curriculum Full <https://www.jrcptb.org.uk/sites/default/files/Cardiology%202022%20curriculum%20FINAL%20July%202022.pdf>
- T2022 Cardiology Curriculum Rough Guide <https://www.jrcptb.org.uk/sites/default/files/Rough%20guide%20to%20Cardiology%202022%20FINAL.pdf>
- T2022 Cardiology Decision Aid <https://www.jrcptb.org.uk/sites/default/files/Cardiology%202022%20ARCP%20Decision%20Aid%20FINAL.pdf>
- T2022 Internal Medicine Stage 2 Curriculum <https://www.jrcptb.org.uk/documents/internal-medicine-stage-2-curriculum>
- T2022 Internal Medicine Stage 2 Decision Aid <https://www.jrcptb.org.uk/documents/internal-medicine-stage-2-arcp-decision-aid-2022>

Trainee guidance

- Pay <https://www.bma.org.uk/pay-and-contracts/pay/ltft/less-than-full-time-trainees-pay-explained>
- Calculating on call allowances <https://www.nhsemployers.org/system/files/2022-08/LTFT-allowance-calculator-22-23.xlsx>
- Annual allowance <https://www.nhsemployers.org/news/junior-doctor-ltft-allowance-update>
- Good rostering: <https://www.bma.org.uk/pay-and-contracts/working-hours/work-schedule/managing-rotas-and-duty-rosters-for-junior-doctors-in-england/good-rostering-guide>

## Less Than Full Time and Flexible Working in Cardiology.

- CCT date calculator: <https://www.jrcptb.org.uk/training-certification/less-full-time-training>
- NHS T&Cs (for parental leave): <https://www.nhsemployers.org/publications/tchandbook>
- Return to work document <https://www.womenincardiology.uk/articles/return-to-work-guidelines>
- Gold Guide 9th Ed 2022 <https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf>
- Regarding additional work: <https://www.copmed.org.uk/publications/guidance-on-undertaking-additional-work>

### Relevant organisations

- British Cardiovascular Society <https://www.britishcardiovascularsociety.org/>
- British Medical Association <https://www.bma.org.uk/>
- NHS Employers <https://www.nhsemployers.org/>
- Royal College of Physicians London <https://www.rcplondon.ac.uk/>
- Royal College of Physicians Edinburgh <https://www.rcpe.ac.uk/>
- Royal College of Physicians and Surgeons of Glasgow <https://rcpsg.ac.uk/>

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