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LTFT Frequently Asked Questions

This document was produced by the Secondary Care LTFT Forum which includes representation from Resident Doctors, HEIW, Host Organisations and NWSSP. The purpose of the FAQs is to support not only Resident Doctors when considering for applying to train Less Than Full Time but also for anyone who is involved in supporting LTFT training in the workplace.

Pay and Hours of work

Q: Why are the hours on my payslip different to my working hours?

A: LTFT pay is based on a full-time working week being 40 hours a week. However, each WTE% will fall within a 4-hour range to accommodate any fluctuation within different weeks in the rota and your payslip will show the lower hours of the 4-hour range.

It is important to understand that it is your working hours and *not* WTE % that will determine your basic salary band. At times the hours your full-time colleagues are working will be more than 40 hours per week, by working the WTE% of these hours, your average hours worked may mean that your pay falls into a different range, attracting a different level of pay

Example 1: you work at 70% on a 44-hour rota, therefore the hours of work would be 30.8 hours and would show as 28 on your payslip and your basic salary band would be F7.

Example 2: you work 70% on a 48-hour rota, therefore the hours you work would be 33.6 and would show as 32 on your payslip and your basic salary band would be F8.

Basic Salary Band	Proportion of Full Time basic Salary	Hours of actual work (including out-of hours)	Hours showing on payslip
N/A	1	40	40
F9	0.9	36 – 40	36
F8	0.8	32 – 36	32
F7	0.7	28 – 32	28
F6	0.6	24 – 28	24
F5	0.5	20 – 24	20

Please note, this is basic only and does not include any pay band supplements associated with out of hours work.

Q: How is my pay calculated?

A: Your salary will be calculated at the percentage of the whole time equivalent (WTE) that you are working when compared to Full Time colleagues on the same rota. It is comprised of 2 elements; your basic salary, which is based on the average hours that you work including out of hours, and a pay supplement, which reflects the frequency of your out of hours work.

For example: If working at 80%, you will be allocated 80% of the hours/duties that a Full Time doctor is expected to work, including any out of hours duties. The average hours of that work pattern will then fall into one of the 5 LTFT pay brackets (shown above) to determine your basic salary. If you work out of hours you will be allocated one of 3 pay supplements based on your type of work pattern and the frequency of your out of hours.

Pay Band Supplements as follows:

Band	Value
FA	50%
FB	40%
FC	20%

In specialties where Full Time residents work on average considerably more than 40 hours your agreed % may result in higher hours and therefore a higher salary bracket. Additionally, if this results in your average hours being higher than 40, which would place you outside of the LTFT pay scheme, your hours will need to be adjusted accordingly to bring you back in line with the LTFT pay scheme.

Examples:

If working 70% LTFT of a 46 hour Full Time rota ($46 \times 0.7 = 32.2$) the banding is confirmed as F8 (32 hours) FA (50%), your hours in the payslip will show 32 hours with a 50% banding.

If working 70% LTFT of a 40 hour Full Time rota ($40 \times 0.7 = 28$) the banding is confirmed as F7 (28 hours) FA (50%), your hours in the payslip will show 28 hours with a 50% banding.

For a table of salaries, please use this link - [Single Lead Employer - Trainee Hub](#).

LTFT trainees will need to submit their rota to the local Medical Workforce team/rota coordinator for them to calculate the appropriate banding which is shared with the payroll team for processing. Your payslip will reflect the number of hours that includes your banding.

For further information please read [NHS Employers Equitable Pay for flexible training and Principles](#).

Q. Where can I find information about my salary, banding and working hours?

A: The front sheet issued by SLE at the start of each rotation will confirm the Full Time rota hours and your % as well as the banding (provided it has been confirmed by the Health Board) and will show the salary with the hours element of the banding applied.

Please note, when rotating to a new placement, any delays in the rota being submitted can result in a delay to the banding being paid correctly and should be done as soon as possible (aim for 8-10 weeks), ahead of the rotation start date.

Q: Can I work a different on-call percentage?

A: Your OOH will reflect the WTE status you have requested in your LTFT application. You can request to work a higher % on-call if this suits your circumstances and is agreed by your department; lower % out of hours would generally be led by occupational health advice. You should liaise with the workforce team/rota coordinator to

understand how this could impact your pay. It should be noted that this is not always guaranteed and could be subject to change.

In some specialties of training, a proportion of clinical work needs to take place in emergency work and so a reduction in out of hours commitment could have an impact on your training and so would need to be discussed with your Training Programme Director (TPD).

Q: Do I have to work a nightshift that finishes on my non-working day?

A: Yes, occasionally. If you are participating in a Resident rota and weekends and night shifts form part of that rota you will be expected to work a proportionate amount relative to your banding e.g. if Full Time colleagues are working 10 weekends (Friday, Saturday, Sunday) over a year you would be expected to work 7 weekends (Friday, Saturday, Sunday) if you were 70%. This is to ensure that Full Time colleagues do not work increased weekends which would impact their pay and compliance with EWTD.

This may mean that occasionally you could start or finish your shift on a non-working day, though this should be infrequent. Liaise with your department and rota coordinator if this impacts on aspects such as childcare or other commitments.

Q: Will I be guaranteed my preferred days of work?

A: Resident Doctors' preferences of working days cannot always be guaranteed, and flexibility may be required to ensure that there is a balance between training requirements (including educational opportunities), service demands and the wishes of the Resident Doctor.

We recommend contacting your host organisation 8 to 10 weeks prior to rotation to make them aware of commitments that may impact your working pattern (i.e. childcare, extra-professional commitments). However, host organisations may not be able to confirm at that time if they are waiting for further information about the rotation.

Q: When changing host organisation will I have to have apply to work LTFT again?

A: No, you only need to apply to work LTFT once unless you wish to make any further changes (decrease or increase hours). However, if you are rotating to a new host organisation you will be required to liaise with them 8 to 10 weeks before you rotate to discuss your working pattern

Q: When will I know my rota?

A: Working patterns and rota's should be made available no less than 6 weeks prior to the Resident Doctor commencing the post within the host organisation.

My Training programme

Q: Will my training time be extended by going LTFT.

A: Yes, all training programmes will be adjusted so the Resident Doctors expected completion date/CCT will reflect the indicative time requirements of the curriculum, in accordance with the Gold Guide (4.87).

The table below illustrates the equivalent training time in months for LTFT Resident Doctors.

%WTE	Sessions	6 Months	12 Months	18 Months	24 Months	30 Months	36 Months
80%	8 sessions a week = 9.6 months per year	7.5 months	15 months	22.5 months	30 months	37.5 months	45 months
70%	7 sessions a week = 8.4 months per year	8.5 months	17 months	25.5 months	34 months	42.5 months	51 months
60%	6 sessions a week = 7.2 months per year	10 months	20 months	30 months	40 months	50 months	60 months
50%	5 sessions a week = 6 months per year	12 months	24 months	36 months	48 months	30 months	72 months

Q: If I am progressing ahead of target, can I accelerate my training?

A: Yes, all Resident Doctors can request that their training time be reduced if they feel they have achieved and demonstrated the necessary capabilities and competencies ahead of target. Resident Doctors should check guidance from their respective Royal College, speak to their Educational Supervisor and familiarise themselves with [HEIW guidance](#) before submitting an application form for the ARCP panel to consider bringing forward their expected completion date/CCT.

Q: Do I have additional ARCPs if I am LTFT?

A: All Resident Doctors must have an annual ARCP however a LTFT Resident Doctor may need an additional ARCP at a transition/critical point in the curriculum to determine progression to the next stage of training.

An ARCP panel will expect a LTFT Resident Doctors to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace-based assessments evenly.

Q: If I am awarded additional training time, how will it be calculated?

A: Additional Training time should be awarded proportionate to the time it will take to demonstrate achievement of the outstanding requirements i.e. to the point of an exam result.

The ARCP panel should document whether the time being awarded is calendar months or WTE so it is clear how much time has been used and remains in accordance with the Gold Guide (4.108).

Q: I am in a slot share arrangement, is that the same as a job share?

A: No, a slot share is not a job share which would normally restrict the post holder to work 50% of a full-time post and instead you will be asked to manage any on-call arrangements for the WTE equivalent for the posts you are sharing.

Q: I work 70% and am in a slot share with two other Resident Doctors but I want to increase my hours, can I?

A: Unfortunately, it cannot always be guaranteed and would depend on the configuration of the rotation at that point in time. In the first instance you should speak to your Programme Director to see if it can be accommodated and if not you may be asked to delay your application until a gap on the rotation becomes available.

Q: Do I still have the same grace period post CCT?

A: The Period of Grace (POG) is available to higher specialty or run through trainees from the point of CCT and for six calendar months irrespective of your LTFT status.

Leave and Entitlements

Q: What is my annual leave entitlement if I work LTFT?

A: Annual leave is calculated based on salary point rather than length of service, as stated in the [Medical & Dental Terms and Conditions](#). Depending on the salary scale, and the point of the scale you are on, you will be entitled to either 28 days or 33 days pro rata'd, plus bank holidays (also pro rata'd). The SLE team will calculate your annual leave for each rotational placement based on the FTE percentage held on Intrepid. The annual leave and bank holiday will be confirmed on the front sheet provided by the SLE team.

Q: As a LTFT Resident Doctor how much parental leave do I get and how does it affect my training time?

A: The duration entitlement of any maternity / paternity / shared parental leave is the same regardless of LTFT status. The payment element will depend on your individual eligibility. Please see the relevant [policy](#) for eligibility criteria.

Your expected completion date of training will be adjusted by calendar weeks to reflect the time out of training. *We recommend that you check Royal College guidance to ascertain whether accrued annual leave counts towards training time or not.*

Q: How much study leave and budget am I entitled to as a LTFT Resident Doctor?

A: Resident Doctors are entitled to 30 days of study leave per year which will be pro rata'd for LTFT Resident Doctors however they will receive the full year funding allocation.

Q: Do I get time back in lieu if I have attended a study day/compulsory course on my normal non-working day?

A: Yes but agree this with your department in advance to ensure they are supportive and that it is appropriate for your training needs. Study leave counts as working time so should normally be taken on rostered working days however if it is necessary to complete training on a non-working day, then a day off in lieu should be granted but please consider compliance with European Working Time Directive/New deal legislature

Q: My departmental teaching falls on my day off?

A: If this is necessary to achieve core competencies then resident doctors should reflect on working days to see if adjustments can be made. If not speak to your ES/TPD to discuss potential alternative arrangements to acquire the required competencies.

Application Process

Q: What supporting information is required for an Exceptional application?

Disability and ongoing mental health condition

- Letter / Report from OH physician/GP/medical specialist confirming ongoing treatment & follow-up; explain why LTFT is a reasonable adjustment.

Primary Carer

- Letter /report signed by you and the cared-for person's GP or social worker. Statement confirming you are the primary carer; confirmation of significant ill health and/or disability; a care plan.

Childcare Responsibilities

- Full (long) birth/adoption certificate showing the child's and parents' names (short form not accepted). Team will accept any reasonable documents showing a significant and unforeseen change since accepting your offer.

Q: Can I submit a late application if I miss the window deadline?

A: No application will be accepted outside of the window unless it is for exceptional circumstances, within National Recruitment or increasing their WTE.

For more information on the different application routes please see the [HEIW website](#)

Q: I have just secured a place to train in Wales and wish to work less than full time. How do I apply?

A: You can apply using the 'New Recruits' application but this must be submitted within 10 days of receiving written confirmation from the HEIW team to allow sufficient time for HEIW to liaise with your host organisation to gain approval.

Q: I am going on parental leave and do not know my plans to submit an application at the next window, what should I do?

A: You do not need to apply via the window application and instead Resident Doctors returning to training can apply via the exceptional circumstances route.

Q: I was working at 80% before I went Out Of Programme. Whilst OOP I increased to 100% but wish to return to training at 80%, do I need to reapply?

A: It will be assumed that you will return to your pre-OOP working pattern and so no changes will need to be made unless you wish to change your LTFT % and so the application form will need to be submitted to do this.

Q: Can I request to change my working hours from any date?

A: Yes, you can however we would encourage that wherever possible you align your 'start' date of LTFT with the rotation/changeover date for ease.

Q: I am returning from a period of maternity / shared parental leave; when should the reduced hours commence from?

A: Your LTFT hours following a period of maternity / shared parental leave should commence from the physical return to work date, after the period of accrued annual leave. The dates of which will be confirmed in the confirmation letter you would have received from the SLE team, prior to the start of your leave period.

Q: How quickly will I know if my application has been approved?

A: If you have applied through the application window, we endeavor to notify you no later than 12 weeks before you are due to rotate or change over date.

If you have applied via the exceptional, new applications or increased routes then the entire process should take no more than 8 weeks.

Please note, the agreement isn't formalised until you have written confirmation from HEIW.

Q: My application has been refused, can I appeal?

A: In the rare situation that an application or working pattern has been refused, we will always encourage that the Resident Doctor try and liaise/resolve the issue with the Programme Director or Host Organisation in the first instance. However, where the matter cannot be resolved the Resident doctor can submit an appeal using the digital [appeals form](#).

Once received the appeal will be considered by an independent panel within 20 days of receipt and the decision confirmed to the Resident Doctor within 5 working days of the Appeals Panel decision.