
GMC position statement on less than full-time training – October 2011

Purpose of this document

1. This document sets out the General Medical Council's (GMC) revised requirements on the arrangements for specialty trainees in less than full-time training (LTFT) who are working towards a Certificate of Completion of Training (CCT).
2. Following calls for a review of the position, the GMC's Postgraduate Board concluded that the current arrangements are unsatisfactory and that a minimum time requirement for LTFT should be re-established. It follows consultation with key interest partners including the Less Than Full-Time Training Forum.
3. In effect, trainees will be required to undertake no less than 50% of full-time training.
4. For the small number of trainees who experience exceptional difficulties, it has been agreed that postgraduate deans should have flexibility to reduce the time requirement further. The absolute minimum would be 20% of full-time training, with an expectation that trainees should not undertake a placement at this level for more than 12 months.

Who is covered by the revised requirements?

5. The revised requirements are relevant to those involved in the organisation, delivery and receipt of postgraduate medical education and training in the UK.

Background

6. In response to the changing demographics of the medical profession and demands for greater flexibility and choice in work-life balance, opportunities for LTFT in specialty training, including General Practice (GP) training, have increased over the past decade. (LTFT has become the preferred term, rather than flexible, part-time, or supernumerary training or other expressions.)
7. Through custom, practice and previous European Union (EU) legislation, LTFT trainees were expected to work for a minimum of 50% of full time. However this was discontinued by the EU Directive 2005/36/EC, which was enacted into UK

legislation in 2007; no minimum time proportion was set, although many continued (mistakenly) to believe that the 50% minimum still applied.

8. It should be noted that the proposed arrangements are separate from those designed to deal with career breaks, out of programme training, maternity and paternity leave. Specific mechanisms already exist to meet the needs of these groups.

The current legal position

9. Article 22 of EC Directive 2005/36/EC permits member states to authorise part-time training under conditions laid down by 'competent authorities' – notwithstanding Article 25 (3) which requires all specialist medical training to be given on a full-time basis. The General Medical Council is the competent authority referred to within Article 22.

10. Article 22 provides that the competent authority may impose conditions so as to ensure that the overall duration, level and quality of that training is not less than that of continuous full-time training. The provisions in the Directive are reflected in the Medical Act 1983: Section 34 K (2) states that the GMC may impose conditions in relation to any part-time specialist training which it approves.

Issues

11. There is general agreement that the current position is unsatisfactory for several reasons.

- a. There remains confusion about the status of the 50% minimum: many colleges and deaneries have informally maintained the 50% approach even though it has no legal force.
- b. The absence of any enforceable minimum could lead to a position in which, theoretically, a trainee could argue that they should be allowed to train for as little as 10% of full time (which would mean that a five-year CCT programme would take 50 years to complete – a self-evidently absurd position). This may also disadvantage other trainees wishing to enter the specialty.
- c. There is a lack of good evidence about the impact on educational quality of different proportions of time spent in training. Through a survey in 2010, trainees in anaesthetics reported that working between 60% and 75% of full time leads to a better experience. However, introduction of the final stage of the European Working Time Directive and the Working Time Regulations in August 2009 – stipulating a 48-hour working week – highlighted to providers, deaneries and the colleges that undertaking training for less than 12 hours a week would be difficult educationally as well as practically.
- d. The deaneries' responsibilities to meet the standards for specialty including GP training (set out in *The Trainee Doctor*) and to provide

educationally coherent programmes, have been the control mechanism, but there is a question about whether, in the absence of a regulatory minimum, this is sufficient.

- e. The absence of any enforceable minimum has led to variations in approach and, arguably, the risk of unfairness.

Consultation with key interests

12. We have had wide ranging discussions across the sector with the UK health departments, NHS Employers, trainee bodies, the Academy of Medical Royal Colleges and the postgraduate deaneries.

13. GMC officers attended a meeting of the Less Than Full-Time Training Forum in June 2011, where the issues were discussed in detail. The forum is the sub-group of the Conference of Postgraduate Medical Deans (COPMeD) and involves key interests including deaneries, the medical royal colleges, employers and the British Medical Association.

14. The forum agreed that the current arrangements gave rise to potential unfairness because they depended on local decisions about the proportion of training time which was allowed. Although only a small number of LTFT trainees work less than 50% of full time, it was agreed that an enforceable minimum of 50% – with flexibility to reduce to 20% in exceptional circumstances – would need to be put in place to avoid a situation where trainees could take an inordinate amount of time to complete their CCT. Concern was also expressed that in the absence of an enforceable minimum, LTFT trainees risk becoming out of touch with clinical practice and remain in post unable to progress.

Position of the GMC's Postgraduate Board

15. At its meeting on 8 September, the Postgraduate Board reviewed the position.

16. The board concluded that there is a clear case for re-establishing a minimum requirement for LTFT. In doing so, the board endorsed all of the points agreed by the forum.

- a. Depending on eligibility and resources, trainees should be allowed to undertake training placements at percentages which are less than full time. Training programmes will be extended accordingly. Under normal circumstances the minimum percentage for LTFT should be 50%.

- b. In exceptional individual circumstances, trainees may be allowed to undertake training at less than 50% of full time. These circumstances should be considered by the trainee's deanery and should have the support of the postgraduate dean or their deputy. A placement at less than 50% of full time should be for a maximum of 12 months and should be subject to regular review to ensure appropriate career progression during the time.

- c. No trainee should undertake a placement at less than 20% of full time. Placements at less than 20% would not allow continuity of training, appropriate presence in the training place and coverage of different aspects of the curriculum.
- d. All LTFT placements should have the approval of the postgraduate dean or their deputy. They should meet the needs of the trainee, be appropriate for the training establishment and make best use of resources.
- e. Academic training programmes may be appropriate for LTFT trainees, but these should be discussed on an individual basis with the postgraduate dean. Under normal circumstances, an academic training placement done at less than full time should be a minimum of 50% of the full-time placement.

Implementation

- 17. The revised arrangements described in this position statement take immediate effect.
- 18. Trainees affected by these arrangements should contact their postgraduate dean to discuss their personal circumstances.
- 19. This document has been published on our website and circulated to key interest groups including the Less than Full-Time Training Forum, the UK Departments of Health, COPMeD, postgraduate deans, the Academy of Medical Royal Colleges, medical royal colleges and faculties, the Junior Doctors Committee of the British Medical Association and NHS Employers.