

GMC position statement: Conditions for less than full-time training

Purpose of this statement

- 1** The General Medical Council's (GMC) role is to protect and promote the safety of the public and to ensure educational quality and coherence is maintained when a doctor is in less than full-time (LTFT) training. Through this statement the GMC, as the competent authority, is setting conditions for LTFT training for doctors who are working towards a Certificate of Completion of Training (CCT), as required under Article 22(a) of Directive 2005/36/EC*.
- 2** This updates our statement published in October 2011, and the revised statement is effective as of the date of publication.
- 3** This statement should be read in conjunction with other legal obligations, including those established under relevant equality legislation, for example the Equality Act 2010. Such obligations may, in certain circumstances, impact upon the exercise of discretion by Postgraduate Deans and require an assessment of the individual doctor's circumstances. All doctors in training, including those in LTFT training, are required to comply with the professional duties established by the GMC under Good Medical Practice.

The current legal position

- 4** Article 22 of the Directive allows Member States to authorise training on a LTFT basis under conditions laid down by competent authorities. The General Medical Council is the competent authority in the United Kingdom.
- 5** Article 22 provides that the competent authority shall 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 section 34K (2) of the Medical

* The Directive, as amended by Directive 2013/55/EU, and the Medical Act 1983 use the term 'part-time training'. However, in postgraduate medical training in UK 'less than full-time' is the preferred term, rather than flexible, part-time, or supernumerary training or other expressions.

Act 1983 ('the Act'), which allows the GMC to impose conditions in relation to any part-time specialist training which it approves.

- 6 Article 25(3) of the Directive which requires all specialist medical training to be given on a full time basis does not apply to part-time training which is permitted pursuant to Article 22. Neither the Directive nor the Act set requirements or prohibitions relating to how a doctor spends their time outside their training programme hours.
- 7 The GMC does not determine the practical or operational arrangements for doctors wishing to train at LTFT. Nor do we prescribe how any LTFT training pattern may be expressed across a week or another period, provided that the Postgraduate Dean approving the arrangement is assured that the standard of training is maintained regardless of training pattern. The ability of training programmes and training environments to support one or more doctors to train LTFT will depend on local arrangements, including, but not limited to, the contractual conditions to which doctors are subject. The Gold Guide outlines Postgraduate Deans' and employers' responsibilities to consider proposals to move to LTFT training and to determine the ability to accommodate a change.
- 8 Equally, the GMC does not set requirements for what a doctor may or may not do outside of their training programme hours, including part-time work, although any work undertaken outside training that requires a licence to practise should be declared as part of their whole practice appraisal.
- 9 The Gold Guide sets out guidance for operational management of LTFT training to support consistent decision-making by Postgraduate Deans.

Conditions for less than full-time training

- 10 The conditions for LTFT training should ensure doctors maintain current competences and continue to develop capabilities to progress, maintain an appropriate presence in the training environment and cover the required aspects of the curriculum.
- 11 The GMC has established a minimum time requirement for LTFT training. Doctors in training should be allowed to undertake training at percentages which are less than full-time.
- 12 The minimum percentage for doctors in LTFT training should be not less than 50% of full-time training.
- 13 In exceptional individual circumstances, Postgraduate Deans have flexibility to reduce the time requirement for LTFT training to less than 50% of full-time. However, doctors in training should not normally undertake a placement at less than 50% for a period of more than 12 months.
- 14 No trainee should undertake a placement at less than 20% of full-time.

- 15 All LTFT placements must have the approval of the Postgraduate Dean or their deputy. They should meet the needs of the doctor in training, be appropriate for the training establishment, ensure safety and continuity of training and make best use of resources.
- 16 Decisions to grant LTFT training should be subject to regular review to ensure appropriate progression during the period. LTFT trainees will be required to continue to engage with the annual appraisal cycle of ARCP to meet statutory revalidation requirements. Expectations around training and competency progression will be pro-rata according to the level of less than full time training.
- 17 Academic training programmes may equally be appropriate for doctors in LTFT training, and 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 full-time training and the programme should ensure the doctor in training is able to develop both clinical and academic competences, as required by their curriculum and assessment system.
- 18 Training programmes will be extended accordingly to ensure they are of equivalent overall duration to full-time training and to comply with any minimum duration requirements under [the Directive](#), but depending on the progress in achieving learning outcomes by the doctor in training, it may not be necessary to extend the training programme on a full pro-rata basis. The expected end date will be decided by the Postgraduate Dean (or individual acting with delegated authority on behalf of the dean) and confirmed at the doctor's ARCP. If a shorter than pro-rata period of training is anticipated due to achievement of competences, this should be discussed with the relevant medical college or faculty to confirm that the curriculum and assessment and Directive requirements are met, including the minimum duration requirements under the Directive.

Who is covered by these conditions?

- 19 These conditions apply to those involved in the organisation and delivery of training and doctors in postgraduate medical education and training in the UK.

Background

- 20 In response to the changing demographics of the medical profession and demands for greater flexibility and choice in work-life balance, interest in and opportunities for LTFT training are increasing. Through custom, practice and previous European Union (EU) legislation, doctors in LTFT training were expected to work for a minimum of 50% of full-time. However this was discontinued when EU Directive 2005/36/EC was enacted into UK legislation in 2007; no minimum time proportion was set in the Directive. This statement re-establishes a minimum time requirement for LTFT training.

- 21** The absence of any enforceable minimum could lead to a position in which, theoretically, a doctor in training could extend the duration of training to such an extent that successful completion is unlikely. This may also disadvantage other trainees wishing to enter the specialty. The 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, Postgraduate Deans and the colleges that undertaking training for less than 12 hours a week would be difficult educationally as well as practically.
- 22** The LTFT training arrangements are separate from arrangements for career breaks, out of programme training, maternity and paternity leave or other statutory absences from training.

Consultation with key interests

- 23** The statement published in 2011 was developed following wide ranging discussions across the sector with the UK health departments, NHS Employers, trainee bodies, the Academy of Medical Royal Colleges and the Postgraduate Dean, including the Less Than Full-Time Training Forum. The revised statement has been considered by the Postgraduate Deans at COPMeD, the BMA and NHS Employers.
- 24** The LTFT Training Forum advised that the situation whereby there was no minimum time requirement for LTFT training gave rise to potential unfairness because decisions were made locally about the proportion of training time which was allowed. Although only a small number of doctors in LTFT training are 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 a doctor in training could take an undue amount of time to complete their CCT. Concern was also expressed that in the absence of an enforceable minimum, doctors in LTFT training risk becoming out of touch with clinical practice and remain in post unable to progress.

Implementation

- 25** The revised statement is effective as of the date of publication.
- 26** Doctors in training affected by these arrangements are encouraged to contact their Postgraduate Dean to discuss their individual circumstances.

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