

Less Than Full Time Training in Neurology



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There was a time when being a doctor could only mean working full time and 'full time' could mean over 100 hours a week. This left many doctors facing tough decisions regarding work-life balance. Many female doctors wondered whether they should have children at all. If they did so, some changed specialty or left medicine altogether while others saw little of their growing children.

Thankfully times have moved on and from 1995 more doctors were able to train part time in supernumerary positions. This system worked well for trainees, but was unpopular with trusts who felt they did not get value for money. Few posts became available and word spread fast that part time work may not be so feasible after all. A new contract for Less Than Full Time (LTFT) training was therefore introduced in 2005 with new funding arrangements and a revised pay scale.

Who can apply to work less than full time?

All doctors can apply to train less than full time but there is no obligation for employers to grant this request. Each case is assessed individually and those in category one are given priority (see Table 1). A 2008 BMA survey revealed that 78% of flexible trainees were caring for young children and 22% reported personal ill health or disability.¹ Smaller deaneries may find it harder to resource and support LTFT training.

How popular is LTFT training?

PMETB estimates that 4.1% of doctors are training LTFT. 9.2% of all respondents to a 2007 PMETB survey said that they would like to train flexibly. In the 2008 BMA survey, 8% of all respondents were flexible trainees (13% of

female trainees) and a further 22% of all trainees (32% female, 11% male) had considered part time training.¹

How to apply

Each deanery has a named member of staff responsible for LTFT training. If you are interested in applying you should contact this person as soon as possible as the process may take several months. Typically you will be expected to send in an application form explaining your reasons for requesting LTFT. Some deaneries may then invite you for a face-to-face discussion about the various options. Your application will be discussed between the associate dean and the programme director. If the trainee is turned down for LTFT an appeal may be held. Once the deanery has agreed to fund your application there is some more paperwork to deal with (see ABNT website for details).

Slot share vs supernumerary posts

There are two main ways that you can work LTFT. Most deaneries would prefer you to be part of a slot share i.e. two doctors share one full time position. Some deaneries provide funding to allow each trainee to work 60-80% of full time so that they may both attend training days etc. However many deaneries are now stipulating that each trainee may work a maximum of 50% each. Supernumerary posts may still be funded if there is nobody available for the trainee to slot share with.

LTFT training in neurology

Female neurologists seem to make life choices influenced by their careers.² They are more often childless, have fewer children and have children later when compared to their male colleagues.² Relatively few neurologists work LTFT at present, but many more (including significant numbers of men) say they would like to work part time at some point in their careers. The changing expectations of both sexes, as well as the increasing proportion of female trainees, have important implications for workforce planning in neurology. Increased part time working will require additional training posts to ensure that service requirements are met.

The availability of LTFT training is crucially important to promote equal opportunities and allow doctors to make choices about their work-life balance.

Despite the bureaucracy involved, LTFT work is a realistic option for neurology trainees. Three of the eight members of the current ABNT committee (including the author) are training flexibly and highly recommend it! ♦

Table 1: Reasons for applying for LTFT

Category one

Doctors with disabilities or suffering from ill health.

Doctors caring for young children.

Doctors caring for ill or disabled partners, relatives or other dependents.

Category two

Doctors training for national or international sporting events.

Doctors who take on short term extraordinary responsibility e.g. membership of national committees.

Doctors training for religious roles.

Doctors undertaking non-medical professional development.

REFERENCES

1. BMA survey of junior doctors 2008: flexible training opportunities.
2. Carroll CB, Penigiran Tengah DSNA, Lawthom C, Venables G. *The feminisation of British neurology: implications for workforce planning.* Clin Med 2007;7(4).