

## Guidance for organising a LTFT rota in General Practice

### Introduction

In General Practice, most trainees work reduced sessions in a full time post. As with any LTFT post, trainees should have access to a pro-rata amount of educational and clinical opportunities.

It is very important that trainees are given adequate notice of rotas and working commitments as the organisation of child care and medical appointments often requires substantial notice. This does however rely on trainees playing their part by contacting the practice to discuss their rota well in advance of starting.

### Consideration of which days a LTFT trainee works

When deciding which days a trainee works at the practice, it should be a negotiation between the trainee and the practice. The decision needs to take into consideration:

- Needs of the trainee e.g. childcare availability and personal healthcare needs.
- Needs of the practice:
  - availability of an appropriate GP to supervise clinical work or provide tutorials (does not always need to be designated Clinical Supervisor)
  - availability of clinical rooms or workspace
  - timings of group tutorials (sometimes held if practice have several trainees working for them at the same time)
  - timings of practice meetings and educational sessions.

Almost all LTFT trainees prefer to work on fixed days each week. This can be particularly important when organising child care, as most facilities are unable to offer varying days each week. There may need to be some flexibility and the trainee may need to occasionally swap a day in order to attend different meetings or clinics only held on the days that they normally do not work.

Full and half-days or a combination of both can be considered depending on what suits the trainee and practice.

### Start and finish times

Start and finish times can be very important for LTFT trainees especially if using childcare. Many childcare options involve fairly fixed beginning and end times (commonly 08.00-18.00) with financial penalties being applied in settings such as nurseries if these deadlines are not met.

Trainees will need to consider whether they are likely to be able to make drop-off / pick-up times and may want to consider who else could be responsible for these. If financially viable,

they may be able to use a more flexible childcare option. if planned well, medicine is not the most predictable of careers, and there may be times when trainees are likely to run late.

Trainees may be able to negotiate with their practice regarding start and finish times.

Examples could include:

- if the practice offers some early appointments, the trainee may also be able to start a clinical session early, resulting in an earlier finish time and allowing them to pick up their child
- the trainee may start clinic at a slightly later time in order to drop their child off at childcare, but therefore finish later
- the practice may agree to only ask the trainee to do a duty doctor session (or similar session where doctor is less likely to finish on time) on the same day(s) each week so that it is easier for them to organise regular late childcare.

These options all depend on the trainee being able to complete the full number of clinical / educational hours required and the practice being able to provide appropriate clinical supervision and support. If both trainees and practices can try to be accommodating it generally results in a much better working relationship.

### Breakdown of the working week

A full time trainee in General Practice normally works a week made up of:

- 1 session VTS (during VTS term time)
- 1 session self-guided study time
- 1 session tutorial
- 7 sessions clinic time (8 sessions out of VTS term time)

Each session (clinical, VTS, tutorial, self-study) should comprise 4 hours to make up a 40 hour working week. For further information including what comprises educational and clinical sessions please view the [Forms, Guidance, Handbooks and Policies](#) resources – in particular Guidance for ST3 working week.

LTFT trainees should work a pro-rata number of sessions based on the %WTE that they work.

Below is a table detailing the number of sessions that you would expect to have depending on %WTE worked:

% WTE worked	Clinic time (during VTS term time)	Clinic time (out of VTS term time)	VTS	Tutorial	Self-guided study time
100%	7	8	1	1	1
90%	6.3	7.2	0.9	0.9	0.9
80%	5.6	6.4	0.8	0.8	0.8
70%	4.9	5.6	0.7	0.7	0.7
60%	4.2	4.8	0.6	0.6	0.6
50%	3.5	4	0.5	0.5	0.5

## Breaks

Breaks must be included within the 40 hours as per the 2016 terms and conditions:

Length of shift	Length of break
Less than 5 hours	No break
5-9 hours	30 minute break
Over 9 hours	Two 30 minute breaks

Further details can be found in the [‘Factsheet on Rota rules for GP trainees August 2016’](#).

Example breakdown of a 20-hour working week (50% WTE), in which when spreading the components over four, 5-hour days, includes a total of 30 mins break/day:

Admin / clinical (1:1 ratio)	14h	12h 30m	3h 7.5m admin		9h 22.5m clinical
		1h 30m breaks *	22.5m break *		1h 7.5m breaks *
Educational sessions (VTS, tutorial and self- guided study time)	6h	5h 30m	1h 50m VTS	1h 50m tutorial	1h 50m self- guided study
		30m breaks*	10m break *	10m break *	10m break*
Total	20h	20h	20h		

Please note although technically accurate, these timings to the half-minute will of course not be realistic, however they demonstrate how breaks should be spread across each of the clinical, admin and educational domains, rather than being accommodated in just one area.

Establishing a breakdown for your working week with your practice is likely to be most mutually agreeable if both parties can remain flexible whenever possible.

In addition, it is important to consider that as VTS session may not be the same duration as stated above, it may be necessary to average out the above times over a number of weeks, where it is not possible to achieve this exact split in any given week.

### Example breakdown of the working week

If training at 50% WTE, working out sessions is relatively simple with tutorial sessions/ VTS/ self-guided study time occurring every other week.

An example timetable for a trainee doing 50% WTE may comprise:

	Mon	Tues	Wed	Thurs	Fri
AM	Clinic	Clinic	VTS / self-study session alternate wks	Off	Off
PM	Clinic	Tutorial session / Clinic alternate wks	Off	Off	Off

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If VTS and self-study time are combined in the same session, the trainee can decide whether they would find it useful to use some of their self-study sessions to attend extra VTS sessions. (Please note that the trainee only needs to officially attend 50% of VTS sessions so this is not compulsory).

When working at percentages other than 50% WTE, slightly more planning is required. For example, if working at 60%, trainees should have a tutorial 3 out of every 5 weeks. Trainees will need to keep a tally of the various clinical and educational sessions they do, so that they can ensure they get the correct amount over a given period of time.

An example timetable may comprise:

	Mon	Tues	Wed	Thurs	Fri
AM	Clinic	Clinic	VTS (3/5 wks) Clinic (2/5 wks)	Off	Off
PM	Clinic	Tutorial (3/5 wks) Clinic (2/5 wks)	Self-study (3/5 wks) Clinic (2/5 wks)	Off	Off

Greater flexibility may be used when creating the timetable, if both the clinical supervisor and trainee are happy that they are meeting the educational and clinical requirements.

For example, instead of having a 4hr tutorial session 3 out of every 5 weeks, the trainee may have a shortened tutorial session (2.5 hrs) that is held every week, and also do an extra 1.5 hrs clinical time.

See timetable below:

	Mon	Tues	Wed	Thurs	Fri
AM	Clinic	Clinical time 1.5hr (e.g 1hr of appointments followed by 0.5hr clinical admin time) Then 2.5 hr tutorial time	VTS (3/ 5 wks) Clinic (2/5 wks)	Off	Off
PM	Clinic	Clinic	Self-study (3/5 wks) Clinic (2/5 weeks)	Off	Off

### **Working days that are normally considered to be one of the trainee's days off**

Trainees may occasionally need to work a day that they normally have off, for example to attend a mandatory training day, a special / infrequent meeting or in order to complete their educational experience (to attend clinics/meetings only held on the days they normally have off).

If this is necessary adequate notice needs to be given to the trainee so that they can make alternative arrangements for any appointments or child care needs on that day. In return, the trainee will be owed a day off in lieu.

## **Urgent and Unscheduled Care – UUSC (formerly Out of Hours - OOH) guidance**

As the new guidance has moved away from 'counting hours' of out of hours work completed, towards placing the onus on the trainee to ensure that they have covered full and comprehensive urgent and unscheduled care learning against a list of competencies, LTFT trainees are no longer required to calculate a certain number of hours of duty/year on a pro rata basis, as was formerly necessary.

More details are available on the [Urgent and Unscheduled Care webpage](#).

## **Annual leave entitlement and bank holidays**

LTFT trainees are entitled to annual leave and bank holidays on a pro-rata basis.

## **Study leave entitlement**

LTFT trainees are entitled to study leave on a pro-rata basis. If the study leave (training course, meeting, etc) falls on a day that is not normally one that the trainee works, then they should be entitled to an extra day off in lieu.

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