

Less Than Full Time (LTFT) Training Handbook

Less Than Full Time Training Handbook for Psychiatry resident doctors in the North West, June 2026.



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Introduction

Welcome to the North West School of Psychiatry LTFT Resident Doctor handbook!



Whether you're considering working LTFT for the first time, are moving between placements or are unsure about work planning, this handbook is here to support you. We also hope this guide can be a useful reference for trainers of LTFT resident doctors. Whilst working LTFT can be beneficial for wellbeing or responsibilities outside of work, it can also be challenging. This guide is designed to help psychiatry resident doctors navigate the LTFT training journey, so it feels clearer and more manageable.

*Never get so busy making a living that
you forget to make a life.*

— Dolly Parton

Why work LTFT?

There are many reasons why trainees choose to work LTFT. HEE is committed to increasing flexibility in medical training by supporting LTFT working.

Personal reflections from LTFT resident doctors

“After having my two boys, I chose to work at 60%, which so far has felt like the right balance for me and my family. It has allowed me to spend time with my young family whilst also focusing on my own ambitions.

Initially, I did struggle to accept that I was progressing through training at a slower pace than my colleagues. It was frustrating at first but over time, I've embraced the journey and have valued learning at a pace that suits me.

Balancing the different components of training was also a bit of a learning curve. Managing clinical work, mandatory teaching, psychotherapy and exams on a 60% schedule hasn't been easy. I have however become more confident in working closely with my clinical supervisor to plan a timetable that better reflects a 60% workload while still meeting my training needs.”

CT3 training at 60% LTFT

I had always thought LTFT was really only for parents with child-caring duties. As a single female IMG, I felt I had to prove myself by working at a 100% capacity.

My CT1 year was really difficult as a full-time trainee. Between my increasing clinical duties, the weight of on-calls, and the ever-growing portfolio stress, I felt like I was drowning. Eventually, my burnout became more than just "tiredness", and I found myself in a severe depressive episode... I was incredibly lucky at the time to have a very supportive CS, who alerted my ES and TPD, which then led to suggestions I take time to recover and return as LTFT.

Fast forward, I am now a CT2 working at 80% LTFT, and the difference it has made in my life is huge:

- I finally have the headspace (and free time!) to focus on myself and my own well-being.
- I don't “despise” going to work anymore... I actually enjoy being a trainee now and feel more focused and motivated at work!
- Being a doctor is no longer my entire identity. I now feel like I have a life outside of my career as I can spare time for my hobbies and interests.

Choosing to go LTFT was easily the best career decision I've ever made, and my only regret is that I didn't do it sooner. I want everyone to realise that it is better to earn a little less and finish training a little later, but with your health and happiness intact!!”

CT2 training at 80% LTFT



“I chose to work less than full time to prioritise meaningful relationships and to make space for new experiences, including travel and time with friends and family. While I value my work, it is only one part of who I am, and having balance allows me to live more fully outside of it.”

ST6 training at 80% LTFT

LTFT Training Applications

Who can apply?

All resident doctors with a confirmed substantive post with NHS England can apply for LTFT training between 50-80% full time equivalent (FTE). You must choose one of seven options as to why you wish to apply to work LTFT, which include:

- Disability/ill Health - this may include ongoing medical procedures such as fertility treatment.
- Caring Responsibilities - this is open to trainees of any gender and includes caring for children, or an ill/disabled partner, relative or other dependent.
- Welfare and Wellbeing - this is open to all trainees who feel that working LTFT will have a beneficial effect on their health and wellbeing including reducing potential burnout.
- Unique Responsibilities - for example when a trainee is offered a unique opportunity for their own personal/professional development, affecting their ability to train full time (e.g., training for national/international sporting events, a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).
- Religious Responsibilities - A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- Non-Medical Development - A trainee is offered non-medical professional development (e.g., management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.
- Career Development - open to trainees for the development of a broad career portfolio.

How to apply?

The [application form](#) should be completed electronically and sent to your Training Programme Director (TPD) for approval. The TPD will then forward the form to the school of psychiatry staff who should email you to confirm approval when this is complete. If for any reason you don't hear back from your TPD and you are close to the 16 week deadline, you can contact the School LTFT Champion for further support.

LTFT Training Applications

When to apply?

- Applications to train LTFT must be completed **at least 16 weeks' prior** to the date you intend to start LTFT training. Applications can only be completed later in exceptional circumstances (such as new occupational health recommendations, unexpected caring responsibilities, or short notice that you are training in the region). This is due to the high volume of applications received by the deanery and the time needed to process them.
 - Once you are working LTFT, you only need to re-apply if you are changing your LTFT percentage or applying to work full time
 - You can only commence training LTFT or make changes to percentage worked (including increasing back to full time) at rotation points, or on your return from leave (e.g. parental, sickness) unless in exceptional circumstances.
 - New starters may have ticked on Oriel that they wish to work LTFT. Unfortunately, this information cannot be accessed by the Deanery and thus applications need to be made in the usual way.
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Tier 2 applicants

There is additional [important guidance](#) for TIER 2/Skilled workers.

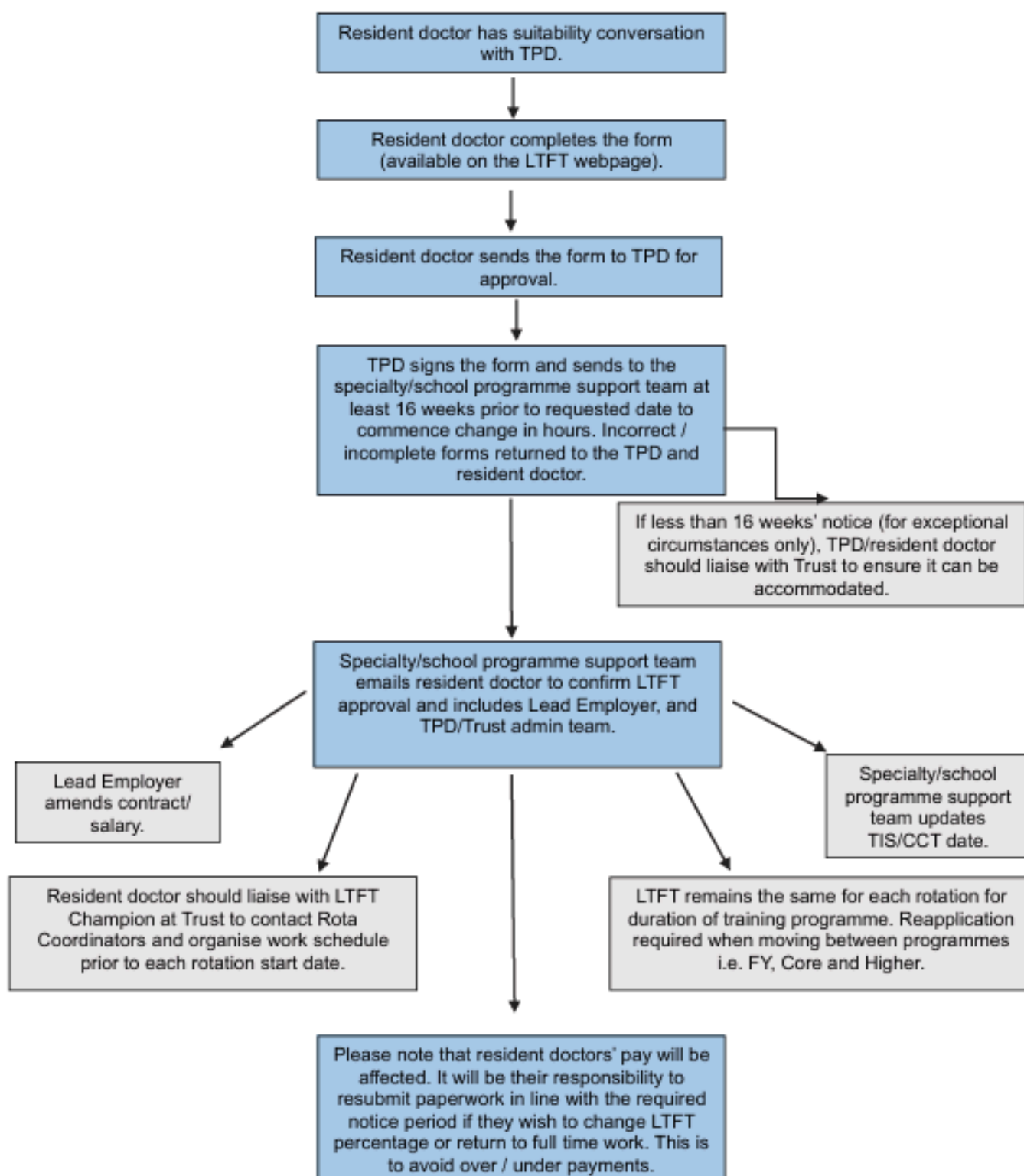
A reduction in hours will mean a drop in salary, and this could impact your eligibility to work on a skilled worker visa. When applying for a new visa, you should ensure that your salary meets the minimum requirements, including the minimum salary requirements for a skilled worker or Tier 2 visa. This is unlikely to majorly impact psychiatry trainees as even at CT1-2, working just 51% WTE will provide a salary just above the threshold, so this would only be a problem if a CT1-2 doctor wanted to work at 50%.



LTFT Training Applications Flowchart

NHS England Northwest

Less Than Full Time Application & Approval Process from August 2026



Pay

Pay is calculated according to the number of average hours you work, on-call frequency, and many other pay elements. It will be impacted by your chosen non-working day (NWD), as different NWDs will align differently with the full-time rota and zero days, impacting average hours. This means that even doctors working the same % whole time equivalent (WTE) on the same rota and grade can have different pay.



Calculating pay

- Basic pay is pro rata to the full-time salary for your grade and the exact % of weekly working hours that you work (which you can find on your generic work schedule).
- For on-calls, you will receive additional pay such as for working at night, at weekends and a non-resident on-call availability allowance, if applicable. These are all calculated according to the frequency that these elements are worked, not your % WTE. For example, you may be 60% WTE, but your weekend allowance is not 60% of a full-time trainee, instead it is calculated according to how frequently you work weekends e.g. 1 in 3 to 1 in 4, 1 in 5 to 1 in 6 etc.
- You should also be paid a LTFT allowance (£1000 per year regardless of WTE). This helps account for the extra work that LTFT doctors end up completing compared to full time colleagues.
- All psychiatry resident doctors are paid a [flexible pay premia](#), divided equally over your calendar years of training.

Pay

For further information

- Refer to the junior doctors' [terms and conditions of service](#) (your contract) which details the elements of your pay and NHS pay circulars which are regularly reviewed and updated and give the [value of these elements](#).
- There is information including worked examples on [LTFT pay](#) from NHS employers and their [LTFT weekend and on-call availability allowance calculator](#) (scroll down).
- The BMA has produced a [guide](#) explaining LTFT pay calculations and has a [pay checker](#) to ensure pay is correct. We recommend running your generic work schedule through this as soon as it is received to ensure any issues can be corrected before the first pay slip.



Moving Jobs Checklist

Before you start

- Contact your new clinical supervisor as early as you can to agree a non-working day, considering important elements of your training and any personal requirements e.g. caring responsibilities.
- Contact medical workforce at your host trust to inform them of your %WTE and agreed working days so they can develop your bespoke generic work schedule (GWS).
- Your bespoke GWS from medical workforce should be agreed with you at least 8 weeks before your rotation. This is dependent on the host trust receiving details of who is rotating to them in time from the lead employer.
- Check your pay calculation is correct using the [BMA pay checker](#).
- Advise medical workforce and your clinical supervisor of any important leave you want to take during the rotation so they can try to facilitate this.
- Your on-call rota should be received at a minimum of [6 weeks](#) before your rotation. Once you have this, confirm the on-call shifts you are allocated align exactly with your agreed GWS.

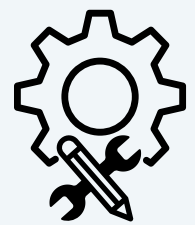
At the start of your new job

- Agree a regular supervision time with your CS.
- Complete an induction meeting to confirm core elements of your job plan and PDP for that placement.
- Consider making an email signature/automatic reply specifying your working days and who to contact outside of these times.

Throughout your placement

- Have regular check-ins during clinical supervision to ensure your workload is appropriate, and you are making progress in your training.

Generic work schedule and on-call commitments



The best resources when considering rostering is the [2016 terms and conditions of service](#) and [amendments](#), as well as the [BMA good rostering guide](#), which has specific guidance for [LTFT trainees](#).

- Each LTFT trainee should have a bespoke Generic Work Schedule (GWS) 8-weeks before rotation. This will calculate your pay according to your individual working pattern, which is why trainees may receive different pay even if they are working the same % full time equivalent.
- When you receive confirmation of a placement (which should be at least 12-weeks before changeover), make contact with the medical workforce team of the host trust to inform them of your LTFT status so they can create a bespoke GWS. Many medical workforce teams are experienced in LTFT rotas and should be able to support you through this process.
- You will need to contact your clinical supervisor (CS) in good time, to discuss your preferred non-working day (NWD). The agreement of a non-working day is a negotiation between you and your CS, balancing your personal responsibilities, training and service needs. You can contact your TPD or LTFT champion if an agreement on NWDs cannot be made.
- Usually, on-calls will be pro-rata e.g. if you work 80%, you are expected to work around 80% of the out of hours shifts that a full time doctor would, although this will not always be exact. A LTFT doctor can also work full-time on-calls if they choose, providing the total hours worked do not exceed 40.
- If, due to your personal circumstances, you have difficulty working any on call shifts that either end or start on your non-working day, you should discuss this with medical workforce.
- Zero days can often be 'lost' if they fall on a day that is already your non-working day e.g. if you do not work Mondays, and the zero day after weekend on-calls falls on a Monday. However, this will be reflected in your average weekly hours of work and therefore you will be paid more than a resident doctor who does not 'lose' this zero day. This means that these days are not taken back in lieu in any way.
- Rotas must follow specific [rules](#) to ensure they are safe and contractually compliant. This is calculated by the software medical workforce use when designing your GWS.
- Your allocated on call shifts should align perfectly with the agreed bespoke GWS. If they do not, it is highly likely your pay will be incorrect. Please contact medical workforce immediately if you identify differences between your GWS and your rostered on call shifts.

Example generic work schedules

Please find [example rotas](#) here, as well as examples from different psychiatry trainees below:

Psychiatry CT on 60% with no on calls on NWDs (Monday, Tuesday)

Duty Name	Code	Start	End	Intensity	Low risk rot Y	Day1 12am-7am	Day1 7am-8pm	Day1 8pm-8pm	Day1 12am	Day1 8pm-12am	Day1 12am-7am	Day1 7am-8pm	Day1 8pm-8pm	Day1 12am	Day1 8pm-12am	Resc start
Long day	A	08:00	21:30	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
Night shift	B	21:30	08:00	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
Zero Hours	0															
Standard Duty	S															

Week No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
2	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	21:00 - 08:00	21:00 - 08:00	08:00 - 08:00
3	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
4	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
5	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
6	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
7	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
8	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
9	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
10	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00
11	08:00 - 08:00	08:00 - 08:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 08:00	08:00 - 08:00

CAMHS ST on 80% with no on-calls on NWD (Friday)

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	9:00 - 24:00	00:00 - 9:00, 9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
2	9:00 - 17:00	9:00 - 24:00	00:00 - 9:00, 9:00 - 17:00	9:00 - 17:00		9:00 - 24:00	00:00 - 9:00
3		9:00 - 17:00	9:00 - 24:00	00:00 - 9:00, 9:00 - 17:00			
4	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
5	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			9:00 - 24:00
6	00:00 - 9:00		9:00 - 17:00	9:00 - 17:00			
7	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
8	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
9	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
10	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
11	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			
12	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00			

Psychiatry CT on 70% with 70% oncalls and no on-calls on NWD's (Thursday and Fridays)

Duty Name	Code	Start	End	Intensity	Low risk rot Y	Day1 12am-7am	Day1 7am-8pm	Day1 8pm-8pm	Day1 12am	Day1 8pm-12am	Day1 12am-7am	Day1 7am-8pm	Day1 8pm-8pm	Day1 12am	Day1 8pm-12am	Resc start
A	A	08:00	21:30	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
B	B	21:30	08:00	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
Long day	C	08:00	21:30	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
Night shift	D	21:30	08:00	FULL	0	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	
Zero Hours	0															
Standard Duty	S															

Week No.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
2	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
3	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
4	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
5	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
6	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
7	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
8	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
9	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
10	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
11	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
12	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
13	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
14	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
15	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
16	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
17	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
18	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
19	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00
20	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00	08:00 - 17:00

Individual work schedules

You should have an induction meeting with your CS within 4 weeks of starting each placement.

In this meeting you should discuss:

- Your individual work schedule
- Your personal development plan for that placement with consideration of adequate time to complete these objectives
- Your plans for annual and study leave
- Any occupational health (OH) adjustments you may have
- How to exception report (ER)

It is important that if you are working less than full time, your weekly timetable reflects this. You should not be expected to complete the same amount of clinical work as full time trainees and you should have adequate admin time. During supervision, you should continue to review your workload and job plan with your CS to ensure that this remains appropriate, and you are able to meet the necessary clinical and educational requirements for each placement.

If there are particular training opportunities that you want to engage with that occur on your non-working day, you may be able to swap some non-working days in discussion with your CS, but there is no expectation to do this.

You should receive regular psychiatric supervision.

Please discuss any concerns about job planning with your CS in the first instance and contact your ES or TPD for support if needed. You can also contact the LTFT reps or champion.



Example LTFT work schedules

Clinical Non-clinical Psychotherapy Teaching Research/CPD NWD

Outpatient ST CAMHS at 80%

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	9.10am clinical huddle 10am Clinic reviews	9.10am clinic huddle 10am clinic reviews	9.30am CBT case 11am clinic reviews	Research/CPD	Non working day
PM	1pm clinical huddle 2pm clinic reviews	Therapy/case supervision Psychiatric supervision	1-2.30pm complex case MDT/team meeting Admin	Research/CPD	Non working day

*Every 5th Thursday clinical – QI, admin and clinical time. 1st Monday of the month – regional academic programme.

Outpatient CT Early Intervention Team at 60%

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Non working day	Clinic reviews	MDT Admin	Non working day	Clinic reviews
PM	Non working day	Clinic reviews	12-1pm therapy supervision 1-3pm therapy 3-5pm Local teaching/ E-portfolio	Non working day	Psychiatric supervision Admin

CT teaching

There are two teaching programmes that run through CT. The Regional Academic Programme (RAP) which runs through CT1 and CT2 with 6 full day sessions every 6 months. Each Trust also runs a Local Academic Programme (LAP) teaching for a half day a week.

RAP is mandatory, and trainees are required to attend this regularly, achieving 70% attendance across the year, and are encouraged to complete this over the first two calendar years in training. This is so that you get to know your cohort of trainees and because the course is designed over two years and beneficial early on in training. After you have completed the 2-year course, you should no longer attend regional teaching.

Ideally, you should attend the local academic programme regularly. There may be points later in your training that you arrange with your clinical supervisor to prioritise other things, such as psychotherapy training, to make the most of your less than full time hours.

When completing relevant [teaching workplace-based assessments](#), during core training you only need one journal club and one case presentation per training year.



Psychotherapy

It is recommended that you attend balint group on a full-time basis as a CT1, completing all required sessions over a calendar year. This is because balint groups tend to be a better learning experience with consistent attendance of participants.

All other psychotherapy competencies should be completed as required for your stage of training.

It is recognised that when completing a psychotherapy case, you will often need to offer weekly sessions, making this period more intensive. This extra commitment may need to be taken into consideration when job planning and reviewing caseloads on each placement.

ST special interest days and endorsements

Special interest/research days can be taken either as full days or as percentage of full days, depending on trainee and CS preference.

Common options:

- Having some clinical time during each special interest/research day e.g. an 80% trainee may complete 2 hours of clinical admin on each special interest/research day. This can also be a good time to schedule other commitments such as psychotherapy.
- Having a clinical day after every set number of special interest/research days e.g. an 80% trainee could work clinically every 5th special interest/research day.
- Having a block of special interest/research time. This is useful if your research or special interest is likely to involve a full day time commitment for a period e.g. dropping your special interest day after 80% of the calendar year.

Please refer to college guidance for LTFT trainees regarding [endorsements](#).

Locum work

There is guidance for [undertaking additional locum work](#) from the north-west deanery. LTFT trainees can pick up additional work as long as there is not a negative impact on their training and they are not in a period of extended training related to an unsatisfactory ARCP. All additional work undertaken should be added to the annual Form R submission (this applies to full time doctors as well).

Flexible working

You can apply for [flexible working](#) by completing a [flexible working request form](#). The [flexible working policy](#) outlines the process and the possible outcomes. This process will allow you to apply for an informal change to your working hours or conditions for a short period of time. This would be undertaken and reviewed by the lead employer, NHSE and your TPD/ host organisation. Trainees are advised that the whole process may take up to 3 months to finalise. Please note, this is a short-term contractual change and could therefore result in contractual pay change.



Annual Leave and Bank Holidays

Annual leave is calculated based on duration of NHS service and whole time equivalent (%):

Whole time equivalent	AL entitlement (<5 years NHS service*)	AL entitlement (>5 years NHS service*)	BH entitlement
Full time	27	32	8
80%	21.5	25.5	6.5
70%	19	22.5	5.5
60%	16	19	5
50%	13.5	16	4

*This is 5 calendar years. For annual leave allowance, years of service do not have to be continuous, but this does not include time working as a locum.

If you are on a 6-month placement, you should halve this allowance to ensure leave is taken evenly across different placements.

To ensure you receive the correct number of bank holidays (BHs), you should add your annual leave (AL) and BH entitlement together. You should then take away any BHs that fall on one of your normal working days (as you will get these days off as BHs). A normal working day is a day you would usually be in work, so not a zero day, non-working day or with an on-call shift starting or finishing on this day. The remaining number is your total annual leave entitlement.

Annual Leave and Bank Holidays

Worked examples



You are on a 12-month long placement. You work 60% with <5 years NHS service and your normal working days are Tuesday Wednesday and Thursday. All bank holidays fall on Mondays and Fridays this year. You have 21 days of combined annual leave and bank holidays, and so you still have all 21 days to take as you have not had any bank holidays that have fallen on your normal working days.

You work 60% with >5 years NHS service and you are in a 6-month long placement. Your working days are Monday, Wednesday, and Thursday, and two bank holidays fall on your working days over the next 6 months. Your combined annual leave and bank holiday allowance over 12 months is 24 days, so you have 12 days over 6 months. You will use 2 of these days on bank holidays that you have had on your working days, therefore you have 10 more days of leave to take.



You work 70% with <5 years NHS service and you are in a 12 month long placement. Your working days are Monday, Tuesday, Wednesday and Thursday morning. You are rostered to be working on call shifts finishing on Christmas Eve and therefore have a zero day on Christmas Day (a bank holiday). This should not be removed from your leave allowance as it does not fall on a normal working day. Five other bank holidays fall on Mondays and one on a Tuesday over the year which should be taken off your leave allowance as they fall on normal working days. You have a total of 24.5 days of annual leave and bank holiday entitlement over the year, leaving you with 18.5 days of leave remaining to use this placement after the 6 bank holidays are removed from this number.

You work 80% with >5 years NHS service on a 6-month long placement and your working days are Monday-Thursday. You are entitled to 32 days leave allowance this year, so 16 days during this 6-month period. 4 bank holidays fall on Mondays during these 6 months. You therefore have 12 days of leave still to use this block once you have taken away these four days.



Study Leave

Full time trainees have 30 days of [study leave](#) per year, LTFT trainees get study leave pro rata according to their WTE%. For example, an 80% trainee is entitled to 24 days of study leave per calendar year. LTFT trainees can apply for the same number of personal study days per year as full time trainees. This is 5 days as a CT1-2 and 7 days as a CT3 (or once you have completed the RAP).

For external study leave separate to the mandatory teaching schedule, please use the [usual study leave application process](#). You are entitled to a day off in lieu if your course falls on a non working day and this should be agreed with your CS.



Sick leave and continuous service

[Sick leave](#) and [continuous service](#) are accrued according to calendar years, not working time equivalent. Therefore, these benefits will be accrued at the same rate as a full-time trainee.

Breaks in NHS service for over 3 months will result in a loss of continuous service and therefore your parental and sick leave entitlements. Continuous service does not include locum agency work, including with NHS professionals. Please bear this in mind if you finish your training outside of a usual rotation point and therefore can't progress straight into higher training.

Training progression

We recommend reviewing the RCPsych [curricula documents and guidance](#) for all the up-to-date information on progressing through training.

Annual review of competence progression (ARCP)

Your ARCP will still take place annually as this is a formal requirement for revalidation purposes. This will mean that your ARCP will not take place in line with the end of your training year. You do not automatically move up a training year at the time of your ARCP, even if all your competencies are met. You will be advised of the date that you will automatically move to the next grade which may be in between ARCPs and you should open a new training year folder on your portfolio at that point. You will need to complete a form R for each yearly review. ARCP requirements (such as the number of WPBAs) are pro rata. The [Gold Guide](#) (Guide for Specialty Training in the UK) states that those in LTFT training must meet the same overall requirements in specialty training as those in full-time training, just over a longer time period.

The ARCP panel members are used to scheduling and panelling ARCPs out of sync for LTFT Resident Doctors. If your last ARCP was recent and you only had a few competencies to meet, you will sometimes have a brief additional portfolio review at the end of your training year, for which you would not require another full Supervisors report. A note from your supervisor on additional progress since ARCP is usually sufficient. It is always best to check what's required for any additional reviews with your TPD.

Reviewing the RCPsych [ARCP decision aids](#) can be useful to ensure you are meeting all required competencies prior to your next ARCP.

Please discuss any queries regarding ARCP requirements with your TPD.

Exams

To complete core training, you must pass the [MRCPsych exams](#). This includes paper A, paper B and CASC. Theory papers (paper A and B) can be taken in any order, and CASC can be taken once both papers A and B have been passed. CASC cannot be taken until a trainee has completed 23 months WTE in training (i.e. most commonly in CT3). The validity period for exams has been extended to 6 years, meaning you have 6 calendar years to complete all 3 exams, once you have passed the first theory exam. There is a maximum of 6 attempts for any one exam component.

The deanery offers exam support, particularly for those who have been unsuccessful in previous exam attempts, and you will be emailed about offers periodically.



Training progression

Workplace based assessments (WPBAs)

WPBAs should be a useful framework for learning and feedback, rather than a tick box exercise. It is recommended to complete them gradually throughout your post to help with progressing your skills in that specialty.

Over a full training year of 12 months WTE, you should complete the same number and type of [WPBA](#) as full time trainees. This means for each annual ARCP, you should complete the same % of WPBA as your LTFT % (e.g. if you have an ARCP after 1 year in CT1 at 60%, you should have completed 60% of WPBAs). There is no strict guidance as to how many of each individual type are completed in each calendar year, providing the full range are demonstrated in each training year. We often recommend trying to complete a few more of these earlier in the year, to ensure that your portfolio is at the sufficient level, and you are not feeling worried in the lead up to ARCP.

After your ARCP, if you have received an outcome 1 you are not required to do any more WPBAs before the next training year. But if you choose to complete more, they can show excellent engagement with training. You should continue adding these to your current training year folder on your portfolio, until you move up a training year.

You are required to do a miniPAT in every placement. Whilst it is recognised that this is additional work for LTFT doctors, miniPATs can provide incredibly helpful and supportive feedback to enrich your learning and training experience.

It is important to keep track of when you are due to change training year (i.e. when you have completed 12 months working time equivalent) to ensure you meet all the competency / WPBA requirements. This information can be found on [TIS](#). This also has implications for your pay if you are going up a nodal point at CT3 and ST6 (see pay section above). If you think the dates on TIS are incorrect email england.psychiatry.nw@nhs.net.

CCT calculation

Training LTFT will lengthen the amount of time you spend in training and change your expected CCT date. Lead Employer should send you a CCT calculation automatically but ask for it if you haven't received it. Your CCT date should be updated on [ESR](#) and can also be calculated on [TIS](#) or [RCPsych](#).

Training progression

Accelerated training

If you receive an outcome 1 at ARCP, this means that you are progressing as expected. Just like for full time trainees, you would usually go into the next training year at the end of your 12 months WTE of training, not immediately after ARCP. For most doctors, the full duration of training is appropriate to ensure that all relevant capabilities can be met before CCT (certificate of completion of training) is awarded.

Accelerations to reduce training time are not the norm but can be considered in exceptional circumstances when:

- A Resident Doctor has previous clinical experience outside of the training scheme. This should be additional training that takes you beyond your training level in all domains and requires robust evidence. It is unlikely to be considered in core training due to the specific training requirements e.g. psychotherapy and it would also be unlikely if your additional experience was mainly service provision. If you wish to be considered for acceleration due to previous experience you should inform your ES and TPD as soon as you start your training (e.g. at the start of CT1 or ST4).
- A Resident Doctor has made exceptional progress in training. You would need evidence that you are close to achieving the standards for the end of training across most HLOs, by the end of your penultimate training year. If you wish to be considered for this you should discuss this with your ES and TPD 4-6 months before your penultimate ARCP.

For further information and criteria, please see the acceleration guidelines. Please note, there is no guidance that will robustly cover every circumstance, and the final decision about acceleration rests with the Postgraduate Dean.

It is worth noting that another option in the final year of ST training is to take up an acting up consultant post in the final 3 months that would provide a move up in responsibility whilst still having the benefit of a clinical supervisor. This is an alternative; it is not intended that both acceleration and acting up would be supported.





Difficulties with colleagues

In a recent survey, some trainees described very difficult experiences while being LTFT, including hostility and a lack of understanding from colleagues, supervisors being unsupportive or critical of LTFT training, or inappropriate workloads meaning that significant amounts of clinical and non-clinical work had to be completed out of hours.

If you feel you are being treated unfairly or are the victim of bullying or discrimination, it is really important that you raise this and there are plenty of avenues for support. You can contact the LTFT Reps or Champion, speak to peer allies, escalate to your ES or TPD or speak to your freedom to speak up guardian. All of us deserve respect, kindness and civility, just as we would show others, and this behaviour should be challenged at the earliest opportunity.



Returning from leave

Returning from a longer period of leave, either parental leave, sick leave or an OOP can be a stressful time. You are entitled to access the SuppoRTT programme to help you return with confidence.

This includes:

- Structured and supportive meetings before and after your return with your ES/CS
- Paid study days to support your return
- Access to the SuppoRTT activities including a psychiatry specific workshop which takes place twice a year
- A period of enhanced supervision when you first return where you can choose not to be placed on the on-call rota

More information can be found on the [SuppoRTT](#) website.



Wellbeing and mental health support

Many trainees, whether LTFT or full-time, experience anxiety, fatigue, burnout or overwhelm during training. **You are not alone** if you are experiencing this.

You can access support via:

- Our Psychiatry NW Whatsapp community, with groups including LTFT, SuppoRTT, breastfeeding and NW mums.
- Your [LTFT and SuppoRTT reps](#) (peer reps)
- Your [School of Psychiatry LTFT and SuppoRTT Champion](#) (Consultant)
- Your [Trust LTFT and SuppoRTT Champions](#)
- Your local ST and CT representatives
- Weekly Supervision with your CS
- Your ES and [TPD](#)
- [Peer allies](#) – if being treated unfairly around protected characteristics/LTFT
- [Occupational health](#)

External sources of support:

- [RCPsych Psychiatrists support service](#) – peer support for personal or work-related difficulties
- [Royal Medical Benevolent Fund](#) – financial support and psychotherapy for doctors
- [Medic Footprints](#) – career support
- [DocHealth](#) – psychotherapy offer
- [Sick Doctors Trust](#) – addiction support
- [Doctors Support Network](#) – peer support for mental health
- [BMA Wellbeing support services](#)
- [Training Support Network](#) – signposting to other support services
- [Practitioner Health](#) – Mental Health support service specifically aimed at Doctors. They accept self referrals and referrals from educational supervisors and have a number of therapies available with significantly shorter waits than the usual routes.
- Please see your GP if you are worried about your mental or physical health.

Contacts and Resources

KEY CONTACTS

School LTFT Reps/Champion: Up to date names and contact details can be found on the NWPGMD [LTFT webpage](#) (please scroll down), where you can also find details of the **Trust LTFT Champions**.

Please contact us with any concerns or questions!

Lead Employer: The Lead Employer is the point of contact for queries relating to contracts, pay, annual leave, pension, health concerns etc. Please visit their website for further information and contact details of the various teams: [Lead Employer](#)

Email: lead.employer@merseywestlancs.nhs.uk

Freedom to speak up (FTSU) guardians: FTSU guardians are independent, confidential advisors in all NHS trusts in England. They support workers in raising concerns including patient safety, bullying or harassment, when they feel unable to use traditional reporting channels. They ensure concerns are acted upon and workers are protected.

To find your local freedom to speak up guardian, including contact details, please click [here](#).

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Contacts and Resources

Useful Links

LTFT NW application page

<https://www.nwpgmd.nhs.uk/content/less-full-time-training>

LTFT NW policy

<https://www.nwpgmd.nhs.uk/sites/default/files/LTFT%20Policy.pdf>

Doctors and dentists in training terms and conditions (2016)

<https://www.nhsemployers.org/publications/doctors-and-dentists-training-terms-and-conditions-england-2016>

BMA rota and rostering guidance for LTFT trainees

<https://www.bma.org.uk/pay-and-contracts/working-hours/work-schedule/managing-rotas-and-duty-rosters-for-resident-doctors-in-england/rota-and-rostering-guidance-for-ltft-doctors>

RCPsych guidance on training LTFT

<https://www.rcpsych.ac.uk/training/your-training/training-less-than-full-time>

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