Royal College of Anaesthetists

Guidance for TPDs on maximising the use of training slots and minimising gaps

A Practical Guide

The College has recently become aware of differences around how the rules regarding slot sharing are being applied in individual deaneries. This guidance will outline the process in relation to filling slots that are empty for reasons such as Dual CCT trainees undertaking an ICM placement, trainees being on maternity leave and the various types of Out of Programme (OOP) time.

Until recently Deaneries have discouraged TPDs from placing trainees into empty slots due to the risk of overfilling programmes and having nowhere to place trainees returning early from time out of the programme. However, in the last few years the Academy of Medical Royal Colleges, the Statutory Education Bodies (SEBs) and the GMC have become more flexible in their approach to slot sharing which subsequently allows us to increase the number of trainees placed in a programme.

The drive for more flexibility has come from doctors in training though the NHSE Enhancing Junior Doctors Working Lives workstream and is enacted through the Gold guide which encourages the utilisation of OOP Pauses and access to less than fulltime training (LTFT) for personal choice.

However, this flexibility adds another layer of complexity for Training Programme Directors (TPDs) in trying to manage all of these requests whilst keeping rotations full and ensuring departments are able to provide safe patient care.

The Training Committee would like to share some general principles which have been agreed with the Lead Dean for Anaesthetics and should support better utilisation of slots to increase access to slots.

In addition, the Conference of Postgraduate Medical Deans (COPMeD) has developed Principles for supporting programme management of LTFT doctors in training.

Recent changes to the principles involved in slot sharing

LTFT at 80% whole time equivalent (wte) and 60% wte can be slot shared resulting in a trust having 1.4 trainees instead of 1. **This process is now supported by a national funding stream** which pays for the extra 0.4 trainee distinct from the normal deanery funding, enabling slot sharing. Whilst there is a small cost the trust related to the extra service commitment, the benefit is an increase in ability to deliver service through a reduction in gaps on rotas.

The following is a direct quote from the Lead Dean for LTFT, Mr Jon Hossain:

'In England there is a consistent mechanism of funding of LTFT posts, based around the tariff funding model of 50% salary support and a placement fee. The funding is designed to allow slot sharing of funded training posts, slot sharing is allowed at any percentage over 50 and

in any combination (such as 50/50, 60/60, 80/80 60/80 etc). Deanery LTFT budgets will provide a top up to employers if the total percentage is more that 100%, employers will also receive a placement fee for each doctor in training in a slot share. This means that employers will not be disadvantaged financially for having 2 trainees in a slot and this will maximise training capacity. The employers will have to fund any out of hour working, as they would for a full-time trainee. The out of hours percentage should normally match the agreed LTFT percentage, but this is an issue of service and for the employer and employee to negotiate.'

Fill empty gaps not just NTNs

TPDs are able to appoint into vacant gaps on rotations not just into relinquished NTNs. This means that gaps left by those 'out of programme' (eg OOPT/E/C/P, parental leave, dual CCT placement) can be filled. Inevitably this will mean that programmes will have more trainees than slots on a rotation which requires careful management, but the number excess is predictable annually and the ability to slot share makes bringing trainees back into the programme easier. Therefore, it is important to have an oversight of the needs and requirements and training patterns of all trainees mapped out in order to manage how gaps are made available, how they are filled and for how long. This process will require liaison with the Head of School and other appropriate roles within the Deanery. It doesn't apply to gaps caused by Long-term sick leave.

Again, this is a direct quote from the Lead Dean for LTFT, Mr Jon Hossain:

'OOP is for the TPD to manage and make sure there is a slot when the doctor in training returns. The vacant training capacity can be mortgaged to get more trainees in. It's a balancing act by the TPD to manage the programme, it's not easy.
Parental leave again the TPD has to manage. I don't think deaneries have told TPD's to keep posts vacant, again with planning the TPD can mortgage the capacity. TPD's do have to negotiate with a returning doctor about return-to-work timing.'

For example, the Northwest School has 153 higher specialty training (HST) slots in the region but currently has 180 trainees with NTNs. This is driven by the observation that there are always trainees, for a variety of reasons, out of the Northwest training programme annually; these gaps are backfilled and slot sharing, as above, has allowed an increase in the total number of trainees.

Offer posts after the recruitment offers window has closed

It is important to note that the recruitment window remains open even after the initial offers have been circulated. This means that appointable candidates who do not receive an offer are kept on a waiting list and if another post becomes available before the next recruitment round opens, Schools who are aware of additional posts/ slots can notify the Anaesthetics National Recruitment Office (ANRO) who will be able to make an offer to the next appointable person on the list; this person may have taken other employment such that there will be likely be a notice period before they can join the rotation.

Counting OOP experience

The College has produced guidance to enable trainees to count up to one year of experience obtained before recruitment to a core or higher training post. This should enable TPDs to help trainees progress at a faster rate through to CCT.

Conversations to enact this guidance

Specialty/Programme Manager – they may be concerned around over-filling a programme. It is important to ensure that this group are fully informed of the ways in which capacity will be managed and monitored, and how slots can be shared/ utilised. Ensure that managers are aware of the flexibility guidance from the College and the how the new rules in the Gold Guide apply. Once on board, they are usually proactive about enacting this and can assist in calculating a region's safe excess.

Associate Dean (AD) with responsibility for School of Anaesthesia - they are usually not the same specialty and may have variable understanding of how a slot share in anaesthetics is different to one in paediatrics for example. The AD should have a good understanding of the principles around slot sharing outlined in the guidance circulated via NHSE and, as a result, will be in a position to be able to support you overcome any resistance.

Business managers – they should be informed about the additional national funding for LTFT trainees, and it will be worth discussing its availability to support slot sharing in a programme. It is also worth including the region's LTFT lead in these conversations as they will have knowledge of the funding streams too.

Anaesthetic National Recruitment Office (ANRO) – the ANRO team should be contacted directly via anro@hee.nhs.uk if a post becomes available in a rotation, in-between recruitment rounds, that you would like to fill.

Useful link

Less Than Full Time Training – Policy and Guidance