

Less than full time (LTFT) Academic GP Training - a few considerations

1. Academic/clinical split

There are no set guidelines for how to organise the academic/clinical split in trainees who are working less than full time. Remember that full time academic trainees spend:

- ST3 – 2d/week clinical, 1d/week VTS teaching, 2d/week academic
- ST4 – 2d/week clinical, 3d/week academic

For less than full timers, there is no set way to organise this other than needing to have the same overall time spent on each component over the duration of your training.

It is important to liaise with your trainer/academic supervisor about what works best for you and your practice when working out how to split your time. The program directors and GP dean will also need to be happy with your proposals so it is worth discussing with them early on. However, it is essentially decided on a case-by-case basis rather than there being set rules.

How you personally manage the split will depend to a degree on what percentage of time you are working and at what stage in your training you become less than full time (i.e. how much academic time you have left to complete.) Other considerations will include when you are taking your exams (as will probably want to have a significant amount of clinical time prior to this), when you want to attend teaching, what your academic work involves and the timescale for academic projects you are involved with (i.e. whether it is best to spread your academic time out evenly, or whether it is best to concentrate your academic time to work on specific high intensity projects.)

Personal preference is also important – given that full time academic trainees only work 2d/week clinical you will need to decide whether, as a less than full time trainee, you would prefer to have times when you are working less than 2d/week clinically, or whether you would prefer to have ‘blocks’ away from clinical training completely so that when you are doing clinical work you are in practice 2d/week. If you do have blocks out, think about how long you (and your trainer) are happy for these blocks to be.

If you are less than full time from the start or from an early stage in your training, there may be some scope to start having protected academic time prior to ST3 (although you will still have the same amount of academic time overall, just spread out over a longer period). For example, you may choose to work 80% LTFT in ST2 – 3d/week clinical (with 1/2d VTS teaching per fortnight) and 1d/week academic. This will then reduce the overall amount of academic time you have left to complete in ST3/4, enabling you to maintain a more even academic/clinical split later on in your training.

2. E-portfolio and out of hours (OOH) sessions

Academic trainees and less than full time trainees only need to complete WPBAs on a pro-rata basis. However, you will still need a 6 monthly clinical review and will need enough reflections and assessment to inform this. Bear this in mind if you are considering a block of time that is heavily weighted towards academic work.

OOH can also actually be helpful—you only need 72 hours OOH over ST3/ST4 and there are no specific guidelines about when this should be completed. Undertaking OOH shifts may therefore be a good way to keep up clinical competencies and log entries whilst concentrating on a block of academic work.

In general, if you are having any problems with working out how to divide your time make sure you speak to other trainees for advice and involve OUCAGS if you are experiencing problems.

3. VTS Teaching

When deciding about teaching, think about whether you want to attend a ‘full year’ of teaching in ST3, (i.e. 1d every week) or spread it out over a longer period. You are only entitled to 1y equivalent of 1d/week teaching over ST3/4, but you don’t have to necessarily do this all at once, i.e. could attend teaching fortnightly for 2y.

Remember that teaching in ST3 August-March tends to be more CSA focused, whereas April-July more focused on jobs/business aspects of becoming a GP- this may influence when you do the teaching. Also, some sessions are repeated each year so make sure you do not end up attending the same teaching twice.

If you are a LTFT trainee in ST1/2 the same principle applies. You are entitled to attend 1y worth of teaching for each VTS year. However, most ST1/ST2s complete a full consecutive year of teaching (half day/fortnight), and when they have completed this they simply do clinical work when they would otherwise have been at teaching (until they enter the next year group.)

4. CSA and exams

Remember there is no rush! In general, don’t try and do the CSA too early (i.e. when you have not had enough clinical time) as you are expected to perform at the level of a qualified GP and this will be hard to do if you have had less clinical exposure and are not yet up to speed with your consulting times. However, particularly for the CSA, it is important to have colleagues to revise with and this may be harder to organize if you are taking the exam out of sync with your colleagues, or if you are taking your exam once you have finished attending teaching completely.

5. Diploma of Health Research

You still only have 3 years to complete the diploma, even if you are less than full time. Therefore think carefully about making sure you will be able to undertake sufficient modules within the time frame. Modules also run over 5 days (i.e. you will need to arrange extra childcare to cover these days when you are attending a module if you are normally off on a particular weekday.) You can suspend from the diploma for periods of time (e.g. when you are on maternity leave).

6. Getting in touch with current less than full time trainees

Please ask the departmental ACF lead (listed on the website) if you would like to be put in touch with any current less than full time trainees, who will be happy to discuss any of the above issues in further detail, or help with any other queries about less than full time training.