

## **Lead Employer Trust**

### **Less Than Full Time training**

## POLICY INFORMATION SHEET

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## Summary of Changes

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11 <sup>th</sup> March 2014	Remove all references to Health Education North East. Change to Health Education North East (HENE)	Pages: 3, 4, 6, 7, 12, 13, 15, 17, 18	17 <sup>th</sup> January 2014	V1
August 2014	Streamlined policy in line with updated guidelines for flexible working 30/06/2014	All pages	October 2014	V2
February 2015	Update to incorporate GP Practices	Pages: 7,8,9 and 10	May 2015	V3
January 2016	Remove reference of HENE, changed to HEE NE	Throughout	January 16	V4
January 2016	New forms inserted as appendix	Pages 13 – 26	January 16	V4
January 2016	Amendment to working hours and annual leave	Pages 11-12	January 16	V4
January 2016	Amendment to wording to bring in line with new process	Throughout	January 16	V4
April 2016	Addition of 16.1 Tier Two Information and changes to the forms in the Appendix	Page 10, 21 & 24	June 16	V5

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## 1 INTRODUCTION

The Employment Rights Act 1996 allows any employee to request the right to amend their working hours or place of work. From 30 June 2014, all employees have the legal right to request flexible working - not just parents and carers.

This is known as '[making a statutory application](#)'.

Under the new regulations Employers are responding positively to employee requests to work more flexibly.

Less than full time working opportunities benefit everyone: employers, employees and their families. They help to retain skilled staff and reduce recruitment costs, they help to raise staff morale and decrease absenteeism.

## 2 LESS THAN FULL TIME TRAINING AS A SPECIALITY TRAINEE WITHIN HEALTH EDUCATION ENGLAND within NORTH EAST and NORTH CUMBRIA

Less than full time Training for Doctors in training went through a process of reform in 2006 and was strengthened through the publication of two NHS Employers papers:

- **Principles Underpinning the New Arrangements for Flexible Training**
- **Equitable Pay for Flexible Medical Training**

This paper provides an overview of the eligibility criteria and pay arrangements that governs all applications from Specialty Trainees for training flexibly within Health Education England within North East and North Cumbria (HEE NE).

The Lead Employer Trust (LET) hosted by County Durham and Darlington NHS Foundation Trust works collaboratively with the Specialty Training department at HEE NE to ensure that there is a consistent and fair process to determine a trainee's request to train flexibly as well founded.

## 3 WHEN CAN AN APPLICATION BE MADE?

An application under the statutory right can be made by any employee who has worked for the same employer for at least 26 weeks to be eligible. An employee can only make one request in a 12 month period.

Employees can, for example, request to:

- Change the hours they work;
- Change the times when they are required to work

## 4 WHO CAN REQUEST LESS THAN FULL TIME WORKING?

Any employee can make a request to work less than full time. Requests will be considered as good employment practice and to enable employees to strike a healthy balance between their work and home life. An employee should make their request by completing the application form and sending to the LET and discuss with their line manager and Training Programme Director. The application must be completed on Stage 1: Application form (Appendix C).

### Statutory Right to Request Less than full time working

To make a request under the statutory right the employee will have to meet certain criteria:

- Be an employee of the LET for at least 26 weeks

- Not have made another application to work flexibly under the right during the previous 12 months

## 5 ELIGIBILITY

All trainees are eligible to apply for less than full time training. Those wishing to do so must show that training on a full-time basis would not be practical for them for well-founded individual reasons. The first step in the process is to complete Stage 1: Application Form, discussing with your Training Programme Director (TPD) and Educational Supervisor (ES) and return completed to the LET HR department.

All well founded reasons will be considered but it will be dependent on the business needs of the specialty in which the individual is training.

Where an application is refused by the Lead Employer Trust the applicant has a right to appeal.

All requests for less than full time Training will be treated positively. However, the overall training capacity of a training programme and service commitment will have to be taken into consideration.

Trainees may train flexibly from the outset or transfer from full-time to less than full time (and back again, if required).

**Trainee returning to full-time training, should this be required, will be facilitated but will depend upon the availability of training capacity and funding, so delays may be experienced. Again only one request to amend working hours within a 12 month period will be considered.**

## 6 TRAINING PROGRAMME DIRECTOR

- Ensure all considerations for less than full time working are in line with LET's Equality and Diversity Policy.
- Less than full time working must not have an adverse effect on service provision.
- Ensure that work is available for those working outside the service's/department's core hours.
- Less than full time working must be adequately recorded.
- Less than full time working must comply with training needs, GMC guidance, NIHR guidance, Gold Guide etc,

## **7 LESS THAN FULL TIME TRAINING ARRANGEMENT**

We encourage the trainee to discuss with the TPD the most appropriate method of training, which is suitable to both the trainee and service delivery. The options available include:

- **Slot-share** – Two trainees working in the same post a maximum of 60% each
- **Part-time in a Full-Time slot** – One less than full time trainee working 60% to 90%

## **8 EXTENSION OF TIME LIMIT**

The LET will ensure they make a final decision following any requests or appeals within a period of two months from first receipt. If the LET requires more time to come to a decision an extension can be mutually agreed. A written record of this must be made.

An extension may apply where the individual who normally deals with the request is absent from work due to leave or illness. The extension could last as long as the period of absence.

## **9 GROUNDS FOR REFUSING A REQUEST**

An application may only be refused where the LET has a clear service reason for doing so, as provided by the host training organisation or HEE NE.

The service ground(s) must be from one of those listed below:

- Burden of additional costs
- Detrimental effect on ability to meet customer/patient demand
- Inability to re-organise work among existing staff
- Inability to recruit additional staff
- Detrimental impact on quality
- Detrimental impact on performance
- Insufficiency of work during the periods the employee proposes to work
- Planned structural changes
- Training requirements (including GMC, NIHR and Gold Guide)

## **10 TEMPORARY CHANGES TO EXISTING WORKING PATTERNS**

The LET will consider requests from applicants to temporarily reduce their work commitment for an agreed period of time, not normally for more than 3 months, in order to manage personal or caring commitments without having to switch to a permanent part-time contract. Temporary requests may not necessarily be subject to the above formal procedure for permanent changes and will be authorised at the LET's discretion, in conjunction with the Training Programme Director and Host Training Organisation.

## **11 APPEALS**

If you are not deemed eligible for less than full time Training and want to appeal against this decision you must do so in writing to the Deputy Head of Human Resources within 28 days of receiving notification from the Human Resources department.

An employee has no right to make a complaint where they simply disagree with the service grounds provided by the LET, following discussion with the host training organisation, for declining the request.

However if the employee feels that the LET has failed to follow the procedure properly, there are other options open to the employee.

- ◆ Informal discussions with a member of the LET management team
- ◆ Assistance from a Trade Union Representative (if not already done so)
- ◆ Invoking the LET's Grievance Policy (complaints would enter at stage 3)

The appeal meeting must take place within 14 days after receiving the notice of appeal.

The employee has the right to be accompanied at the appeal hearing. The companion must be someone who is also employed by the LET, and can be a colleague or Trade Union Rep.

*A representative from the LET HR Department will be present at an Appeal Hearing to provide procedural advice. However, the decision will be taken by the Case Manager hearing the Appeal.*

The Case Manager hearing the appeal must inform the employee of the outcome of the appeal in writing within 14 days after the date of the meeting.

The appeal constitutes the final decision and there are no further levels of internal appeal.

## **12 REPRESENTATION**

Under the *ACAS Code of Practice 2009 - Disciplinary and Grievance Procedures*, the employee has a right to be accompanied by a 'companion' at formal meetings that may result in a warning or some other action. However, the LET will continue to extend the right to be accompanied at any formal meeting which is part of the process e.g. investigatory interviews. The employee may be accompanied by a trade union representative, an official employed by a trade union or a colleague employed by the LET but not someone acting in a legal capacity. Employees may only have one companion and the companion should not be someone who would prejudice the investigation/hearing process.

The LET also allows employees being investigated, or witnesses, to be accompanied at the investigation stages of the procedure, as long as that will not delay the investigation or the companion is not part of the investigation.

A LET employee who has agreed to accompany a colleague (also employed by the LET) is entitled to take reasonable paid time off to fulfill that responsibility, where possible.

The companion should be allowed to address the hearing and to put and sum up the employee's case, but does not have the right to answer questions on the employee's behalf.

It is the employee's responsibility to arrange their own representation.

## **13 TREATING AN APPLICATION AS WITHDRAWN**

An application for less than full time working will be regarded as withdrawn if:

- **If an employee twice fails to attend the meeting/appeal meeting to discuss the request and does not provide a reasonable explanation.**
- **The employee unreasonably refuses to provide the information needed to consider their application.**
- **The employee decides to withdraw the application**

## **14 CONTRACT OF EMPLOYMENT**

If a trainee changes employment to a less than full time trainee a new contract of employment will be issued.



## **14.1 Contract Length**

### **14.1.1 ST & SPR**

The CCT/CESR date remains the same as a whole time trainee because the date entered is anticipated and subject to other time counted by the Royal College once the percentage of hours worked is agreed by all parties. The trainee will need to apply to the Royal College via Specialty Training who will determine the actual CCT/CESR date taking into account the extra time needed for training flexibly. Once agreed and confirmed by the Royal College this will be confirmed through ARCP panel and LET will write to confirm your extension of contract.

### **14.1.2 CT**

These posts are part of a training programme and before a trainee can commence onto their next training year they must complete all the required competences. A less than full time trainee will take longer to reach these competences in comparison to whole time trainees, so the standard contract must be extended to allow the trainee to fulfill their training requirements. The LET will include this extension in your new contract of employment.

## **15 LESS THAN FULL TIME TRAINEE'S ANNUAL LEAVE CALCULATION**

After verifying the FULL TIME annual leave entitlement, the pro-rata leave will be given depending on the full time percentage equivalent and contracted less than full time hours (Appendix B). A new annual leave card will be issued along with your new contract of employment. Annual leave will be based on the percentage of hours working so will be set within contract of employment.

## **16 PAY AND SALARY ARRANGMENTS**

The pay system for less than full time training is where the basic salary is determined by the actual hours of work, as derived initially from the rota and confirmed by monitoring. Less than full time trainees are now paid proportionally to actual hours worked, salary is pensionable up to and including 40 hours per week. (Please see Appendix A). LTFT trainees are not normally be permitted to engage in any other paid employment whilst in less than full-time training.

### **16.1 TIER TWO VISAS**

Those trainees who are currently employed on a Tier Two working visa will be expected to ensure a minimum salary as specified by the UK Visas and Immigration; <https://www.gov.uk/government/publications/review-of-tier-2-analysis-of-salary-thresholds>; this does not include any pay banding supplements. Therefore trainees should be aware by applying for LTFT working they may be falling below the minimum salary requirement.

## **17 LESS THAN FULL TIME TRAINING FINANCIAL ARRANGEMENTS**

The training host organizations will be informed of the less than full time training being approved. The LTFT trainee must completed Stage 2: Training Plan with their TPD, ES and HR within the Host Training Organisation (Appendix D). This form is to be returned to the LET to confirm actual hours worked.

**If no confirmation is received prior to payroll deadline payroll will make minimum payment of the agreed percentage hours & FC (Pay Banding) (unless a minimum actual hours and pay banding has been agreed in advance for all trainees rotating to that particular host training trust or practice.**

For a rotational changeover all less than full time trainees will be required to undertake a Stage 2: Training Plan form in each of their host Training Organisations (if on-call is applicable) in order to clarify which less than full time banding is payable in their new training post. Until the host Training Organisation has confirmed the banding on a stage 2: Training Plan form, the less than full time trainee will receive the lowest band FC or lowest appropriate confirmed LTFT banding from the Host Training Trust.

Following the monitoring process, if the band FC or lowest confirmed LTFT Banding from the Host Training Trust, turns out to be inappropriate the banding will of course be readjusted and any arrears owing to the trainee would be paid in the next month pay.

## **18 RE-ASSESSMENT TO TRAIN LESS THAN FULL TIME**

Please note that all less than full time trainees will be assessed each year to ensure that they remain eligible for the less than full time Training Programme. The LET will send the Stage 3: Renewal of approval for training plan (Appendix E) to renew the LTFT contract one month prior to the renewal date.

## **19 EQUALITY AND DIVERSITY STATEMENT**

*The LET is committed to providing equality of opportunity, not only in its employment practices but also in all the services for which it is responsible. As such, an Equality Impact Assessment has been carried out on this policy to identify any potential discriminatory impact. The LET also values and respects the diversity of its employees and the wider community it serves. In applying this policy, representatives of the LET will have due regard for the need to:*

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

For further information, please refer to the LET's Equality Diversity & Human Rights Policy

## **20 MONITORING AND REVIEW**

The LET General Manager is responsible for monitoring the application of this policy and to ensure that the procedure is reviewed no later than three years from the date of issue. The Procedure may be amended at any time by joint agreement

## **21 REFERENCES/LEGISLATION**

Employment Act 1996  
Agenda for Change Terms and Conditions of Service Handbook  
Flexible Working (Eligibility, Complaints and Remedies) (Amendment) Regulations 2011

**LESS THAN FULL TIME HOURS AND BANDING**

**Actual Hours**

A division into four-hour bands based on hours of actual work enables some averaging to take place, and the pay for each band is based on the lower hours limit. Thus:

- F5 = 20 or more and less than 24 hours of actual work a week and attracts 50%
  - F6 = 24 or more and less than 28 hours of actual work a week and attracts 60%
  - F7 = 28 or more and less than 32 hours of actual work a week and attracts 70%
  - F8 = 32 or more and less than 36 hours of actual work a week and attracts 80%
  - F9 = 36 or more and less than 40 hours of actual work a week and attracts 90%
- } Of the full time basic salary

**Banding**

Band	Supplement Payable as a Proportion of the Calculated Basic
FA	50%
FB	40%
FC	20%

The above bands will be applied on the basis as set out above using the below flow chart

- **Band FA** – Trainees working at high intensity and at the most unsocial times.
- **Band FB** – Trainees working less intensity at less unsocial times
- **Band FC** – all other trainees with duties outside the period 8am to 7pm Monday Friday

LTFT trainee will continue to be paid actual hours worked for pension purposes (trainees salaries are pensionable up to and including 40 hours per week) however all contractual benefits will be based on the percentage of hours worked.

**LESS THAN FULL TIME TRAINEE'S ANNUAL LEAVE CALCULATION****Medical and Dental Specialty Trainees**

<b>Weekly basic contracted hours</b>	<b>Incremental points 0,1 and 2 for medical staff (27 days)</b>	<b>Incremental points 3 and above for medical staff (32 days)</b>	<b>Public Holidays (based on 8 in the leave year)</b>
24-27 hours – 60%	129.5	153.6	38.5
28-31 hours – 70%	151.0	179.2	45
32-35 hours – 80%	173	204.8	51
36-39 hours – 90%	194.5	230.4	57.5
40 hours – 100%	216	256	64

**Agenda for Change (Public Health) Specialty Trainees**

<b>Weekly basic contracted hours</b>	<b>On appointment or with less than 5 years NHS Service for non-medical staff</b>	<b>After 5 years NHS Service (for non-medical staff) (29 days)</b>	<b>After 10 years NHS service (for non-medical staff) (33 days)</b>	<b>Public Holidays (based on 8 in the leave year)</b>
24-27 hours – 60%	129.5	139.0	158.5	38.5
28-31 hours – 70%	151.0	162.5	185.0	45
32-35 hours – 80%	173	185.5	211.0	51
36-39 hours – 90%	194.5	209.0	237.5	57.5
40 hours – 100%	216	232	264	64

# Less than full time training

## Stage 1: Application Form

You will be emailed the outcome of your confirmation of eligibility, and if approved, you must then complete stage 2 by submitting your training plan for approval. You will only be eligible to commence LTFT once both stage 1 & 2 have been approved.

Please complete this form electronically, obtain any signatures by hand, then scan and email the fully completed form to your named HR Officer at the Lead Employer Trust (LET)

**All boxes marked with an asterisk (\*) are mandatory – forms missing this information will be returned, causing delays**

<b>Part 1: APPLICANT DETAILS</b>			
Surname*		Address*	
Forename*			
Maiden name (if previously used in training*)		GMC Number*	
Contact telephone number*		E-mail address*	
Are you a Tier 2 Visa Holder?*		Yes / No	
<p><b>If yes</b>, please be aware that a condition of the visa is to be in receipt of an 'appropriate salary'. The minimum appropriate salary is currently £35,000. It is the responsibility of the trainee to ensure the less than full time hours of work the trainee is requesting meet this threshold.</p>			

<b>PART 2: PROPOSED LTFT TRAINING PLANS</b>	
<b>Please note that there is no guarantee that these plans can necessarily be met.</b>	
Name and level of specialty Training Programme*	
Exact anticipated start date for LTFT training plan (dd/mm/yyyy)*	
Reason this date was chosen*	
Anticipated end date for this training plan*	
<b>In accordance with the new pay arrangements for flexible and educational requirements please indicate your:</b>	
Anticipated percentage of full time hours you are requesting to work (delete as appropriate)	50% 60% 70% 80% 90%
Anticipated actual hours of work including on-call	

<b>PART 3: CURRENT POST</b>	
Name of specialty training programme	
Grade and year of training (e.g. CT1, ST5)*	
Anticipated CCT date*	
<b>If you are a GP registrar</b> , do you still have hospital posts to complete?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which GP scheme are you in?*(delete as appropriate)	Northumbria / Durham / East Lakes / West Lakes

<b>You are required to discuss your application with your Training Programme Director (TPD) and your Educational Supervisor if you are currently in a training programme, before submitting this form. Please indicate that you have done so by ticking the boxes below.</b>			
I have discussed my application with my TPD*			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have discussed my application with my Educational Supervisor*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of TPD*		E-mail*	
Name of Educational Supervisor*		E-mail*	

<b>PART 4: APPLICATION FOR ELIGIBILITY*</b>			
<b>There are a variety of reasons why a doctor may wish to train less than full time. Please indicate below why you feel you are eligible for less than full time training.</b>			
(a)	<b>Health related reasons</b> Please give a brief outline, along with your latest dates of GP, Occupational Health and hospital consultant review, as appropriate. <i>(A letter of confirmation from an appropriate body must be included if you wish to work less than full time for health reasons)</i>		
(b)	<b>Responsibility for caring for children</b>		
	Name/s of Children (optional)	Age	
	Are you pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state expected date of delivery	
	Please add comments that are relevant to your current situation (please include family support, spouse occupation, home situation, child care plans)		
(c)	<b>Responsibility for caring for ill/disabled partner, relative or other dependant</b>		
	Please outline your responsibilities and indicate evidence/sources of this		

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**OTHER:**

Please outline your reason for applying for less than full time training

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**PART 5: DECLARATION**

- a) I have read the LET policy on less than full time training
- b) I have seen and read the documents relating to the principles and pay arrangement for less than full time training
- c) In accordance with the new pay arrangements I understand that I will be expected to move between posts and rotations on the same basis as a full time trainee in the same specialty
- d) I understand my working days and shifts will be agreed between myself and the host training organisation with each rotation
- e) I understand that personal information is recorded on HEE NE's database and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training.
- f) I have discussed my application with my Training Programme Director/ Educational Supervisor and I give the LET permission to contact him or her regarding my application if necessary.
- g) I confirm that I am not undertaking any other paid employment.
- h) I agree that the information given in this application is accurate to the best of my knowledge and belief.

Print Name\*

Signature\*

Date\*

***You should now email your fully completed form to your named HR Officer within the LET where it will be reviewed. You will receive an email to inform you whether this has been approved, and if so, you must then fully complete and submit a stage 2 training plan for approval prior to any change of working hours/pattern being implemented.***

**PART 6: CONFIRMATION OF ELIGIBILITY – FOR LET USE ONLY**

Eligibility confirmed:		Eligibility not confirmed (please state reason):
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Name:

Signature

Date

# Less than full time training

## Stage 2: Training Plan

Please complete this application electronically, obtain any signatures by hand, then scan and email the fully completed form to your named HR Officer within the Lead Employer Trust (LET)

**All boxes marked with an asterisk (\*) are mandatory – forms missing this information will be returned, causing delays**

Surname*		Specialty Training Programme*	
Forename*		Grade and year of training (e.g. CT1, ST5)*	
Email address*		Address*	
Telephone number*		GMC Number*	
<p><i>I confirm that I have received confirmation of eligibility to work less than full time and that I have discussed my training plans with my programme director and educational supervisor</i></p> <p>Signature *</p> <p>Date *</p> <p><i>I understand that personal information is recorded on HEE NE's database and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training.</i></p>			

### Proposed placement

Host Training Trust(s) or Practice*	
Exact start date for this training plan*	
Exact end date for this training plan*	
Number of sessions to be worked* (Full time is equivalent to 10 sessions)	

### Proposed weekly timetable

Your timetable must be agreed with your Training Programme Director, Educational Supervisor and HR within your Host Training Organisation (Practice Manager within General Practice).



Please indicate your starting and finishing times and give details of your activities for each session. Please also indicate the sessions you will be off.

*Please note, you must work with your Host Training Organisation to agree this timetable and cannot dictate your working pattern.*

	AM	PM
<b>MONDAY*</b>		
<b>TUESDAY*</b>		
<b>WEDNESDAY*</b>		
<b>THURSDAY*</b>		
<b>FRIDAY*</b>		
<b>Proposed out of hours arrangements*</b>		

<b>College Tutor or Educational Supervisor to complete</b>	I confirm that the proposed weekly timetable will meet required educational needs.
Name and email address*	
Signature*	
Date*	

<b>Training Programme Director to complete</b>	I confirm the proposed training arrangements.
Name and email address*	
Signature*	
Date*	

**SLOT ARRANGEMENTS TO BE COMPLETED BY LET**

Less than full time in full time slot*	<input type="checkbox"/> Yes
Supernumerary (if already confirmed by HEEoE) *	<input type="checkbox"/> Yes
Slot share*	<input type="checkbox"/> Yes
Full name of slot share partner (if applicable) *	

**For hospital based posts:**

<b>Medical Staffing to complete</b>	I confirm that the Trust will fund the full cost of banding, and that the Trust is satisfied with the arrangements for this post
Banding* (delete as appropriate)	FC, FB, FA
Confirmation of actual hours working (please state number)	

<i>of hours including basic and out of hours)</i>	
Name and email address*	
Signature*	
Date*	

***For GP Practice based posts:***

<b>GP Practice Manager to complete</b>	I confirm that the Practice is satisfied with the arrangements for this post.
Name and email address*	
Signature*	
Date*	

*You should now email the completed form to your named HR Officer within the LET. You will receive an email to inform you whether your less than full time training arrangements have been approved.*

## Less than full time training

### Stage 3: Renewal of Approval for Training Plan

This form should only be used to renew an existing approval, to apply for extension to a fixed term approval or to notify a change of placement

**Please complete this application electronically, obtain any signatures by hand, then scan and email the fully completed form to your named HR Officer within the Lead Employer Trust (LET)**

**All boxes marked with an asterix (\*) are mandatory – forms missing this information will be returned, causing delays**

Surname*		Address*	
Forename*		GMC Number*	
		Specialty	
Email address*		Grade and year of training (e.g. CT1, ST5)*	
Telephone number*			
Briefly state your reasons for continuing eligibility for less than full time training*			
Current CCT date			

#### Proposed next placement

Host Training Trust(s) or Practice*	
Exact start date for this training plan*	
Exact end date for this training plan*	
Number of sessions to be worked* (Full time is equivalent to 10 sessions)	

#### Proposed weekly timetable

Your timetable must be agreed with your Training Programme Director, Educational Supervisor and HR (or Practice Manager) within your Host Training Organisation.

Please indicate your starting and finishing times and give details of your activities for each session. Please also indicate the sessions you will be off.

Please note, you must work with your Host Training Organisation to agree this timetable and cannot dictate your working pattern.

	AM	PM
<b>MONDAY*</b>		
<b>TUESDAY*</b>		
<b>WEDNESDAY*</b>		
<b>THURSDAY*</b>		
<b>FRIDAY*</b>		
<b>Proposed out of hours arrangements*</b>		

<b>College Tutor or Educational Supervisor to complete</b>	I confirm that the proposed weekly timetable will meet required educational needs.
Name and email address*	
Signature*	
Date*	

<b>Training Programme Director to complete</b>	I confirm the proposed training arrangements.
Name and email address*	
Signature*	
Date*	

**SLOT ARRANGEMENTS TO BE COMPLETED BY LET**

Less than full time in full time slot*	<input type="checkbox"/> Yes
Supernumerary (if already confirmed by HEEoE) *	<input type="checkbox"/> Yes
Slot share*	<input type="checkbox"/> Yes
Full name of slot share partner (if applicable) *	

**For hospital based posts:**

<b>Medical Staffing to complete</b>	I confirm that the Trust will fund the full cost of banding, and that the Trust is satisfied with the arrangements for this post
Banding* (delete as appropriate)	FC, FB, FA
Name and email address*	
Signature*	
Date*	

**For GP Practice based posts:**

<b>GP Practice Manager to complete</b>	I confirm that the Practice is satisfied with the arrangements for this post.
Name and email address*	
Signature*	
Date*	

*You should now email the completed form to your named HR Officer within the LET. You will receive an email to inform you whether your less than full time training arrangements have been approved.*

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Equality Impact Assessment

Preliminary Assessment Form

v1/2009

The preliminary impact assessment is a quick and easy screening process.

It should:

- Identify those policies, procedures, services, functions and strategies which require a full EIA by looking at:
  - negative, positive or no impact on any of the equality groups
  - opportunity to promote equality for the equality groups
  - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

Division/Department

LET HR Department

Title of policy, procedure, function or service

Less than full time working

Type of policy, procedure, function or service

- Existing
- New/proposed
- Changed



**Q1 - What is the aim of your policy, procedure, project or service?**

To outline the process to be followed by employees who wish to request less than full time opportunities

**Q2 - Who is the policy, procedure, project or service going to benefit?**

LET employees with additional responsibilities

**Q3 - Thinking about each group below, does, or could the policy, procedure, project or service have a negative impact on members of the equality groups below?**

Group	Yes	No	Unclear
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Age		N	
Disability		N	
Race		N	
Gender		N	
Transgender		N	
Sexual Orientation		N	
Religion or belief		N	
Marriage & Civil Partnership		N	
Pregnancy & Maternity		N	
Relationships between groups		N	
Other socially excluded groups		N	

If the answer is “Yes” or “Unclear” you **MUST** complete a full EIA

**Q4 – Does, or could, the policy, procedure, project or service help to promote equality for members of the equality groups?**

Group	Yes	No	Unclear
Age	Y		
Disability	Y		
Race	Y		
Gender	Y		
Transgender	Y		
Sexual Orientation	Y		
Religion or belief	Y		
Marriage & Civil Partnership	Y		
Pregnancy & Maternity	Y		
Relationships between groups	Y		
Other socially excluded groups	Y		

**Q5 – Do you have any feedback data from equality groups that indicate how this policy, procedure, project or service may impact upon these groups?**

Group	Yes No Impact	Yes Impact	No	Unclear
Age			N	
Disability			N	
Race			N	
Gender			N	
Transgender			N	
Sexual Orientation			N	
Religion or belief			N	
Marriage & Civil Partnership			N	
Pregnancy & Maternity			N	

Relationships between groups			N	
Other socially excluded groups			N	

**Q6 – Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, procedure, project or service?**

Yes		No	X
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If you have answered “Yes” now follow the EIA toolkit and complete a full EIA form

**Q7 – How have you come to this decision?**

No indication that equality groups have been adversely affected by this procedure

**Q8 – What is your priority for doing the full EIA**

High	Medium	Low
		X

**Q9 – Who was involved in the EIA?**

LET HR Department

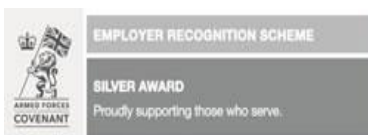
**This EIA has been approved by:**

LET Head of HR

**Date:** 29.4.2016

**Contact number:** 0191 275 4773

**Please ensure that this assessment is attached to the policy document to which it relates.**



North East  
**Better Health**  
at Work Award  
Gold Award

