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Less Than Full Time Training

The Trainee Perspective

# Survey Results

A survey by the Royal College of Physicians of Edinburgh's Trainees & Members' Committee on less than full-time training.

## Executive Summary

As the number of consultants and trainees in physicianly specialties working less than full-time (LTFT) has risen in recent years to 15% of all trainees and 23% of consultants (RCP, 2018), the Trainees and Members' Committee (T&MC) of the Royal College of Physicians of Edinburgh (RCPE) recognised a unique opportunity to better understand the experiences of those working LTFT as well as attitudes towards and knowledge of LTFT across the medical profession. By undertaking a survey of all medical trainees working both full time (FT) and LTFT, this report highlights the benefits and challenges of working LTFT with a view to generating further dialogue and greater understanding of the issues affecting this growing group of doctors.

The results of this bespoke survey show that, as well as 15% of trainees already working LTFT, two thirds of trainees (66%) have considered working LTFT. They cited a range of reasons, including childcare, the pursuit of work-life balance, or to prevent burnout. However, the number of FT staff who have worked LTFT in the past was comparatively much lower (4.6%), suggesting a large gap between preferred and actual professional work patterns.

We believe that a better understanding of LTFT working and improved access to it when required can help to create a more valued medical workforce, potentially reduce burnout rates, and address current levels of trainee attrition where lack of access to LTFT working appears to be a factor. We hope that all relevant stakeholders will reflect on what the findings mean for the medical workforce. Although the main reason for working LTFT was to provide childcare, a theme running throughout the survey comments was the perceived role of flexible working in reducing burnout. As professional burnout continues to be a significant issue among medical trainees (RCP, 2018), we suggest that improved attitudes to LTFT working, as well as better knowledge of working LTFT and the implications for clinical and non-clinical work, will benefit trainees as they seek a professional work pattern to suit their needs.

## Recommendations

- 1** Local and national guidance should be created to highlight the educational opportunities for those training LTFT and efforts should be made to ensure educational provision is accessible for all trainees irrespective of mode of training (FT/LTFT)
- 2** Royal Colleges should create and deliver regularly updated information regarding LTFT in collaboration with the Academy of Royal Medical Colleges (AoMRC) where appropriate
- 3** There is an expectation for LTFT trainees to obtain Annual Review of Competency Progression (ARCP) commitments yearly not pro rata. Clear guidance on frequency of ARCPs should be produced to ensure clarity over the timing, content and expectations of LTFT trainees
- 4** There is often confusion about the rota requirements for those training LTFT. Clear and comprehensive guidance should be created to support better knowledge and delivery of this alongside clarity regarding the proportion of clinical vs non-clinical sessions that is appropriate for those training LTFT
- 5** The fee reductions made available to trainees working LTFT should be more effectively communicated by those organisations to improve awareness and uptake



## Introduction

The number of trainees and consultants working less than full-time (LTFT) is rising, currently standing at 15% of all trainees and 23% of consultants compared, a 5% increase in the last 2 years (RCP, 2018). The majority of LTFT trainees are female (91%) meaning that a quarter of all female trainees and 3% of all male trainees currently work LTFT (RCP, 2018). In the latest workforce census produced jointly by the Physicians' Royal Colleges in Glasgow, Edinburgh and London (2018), 17% of specialty trainees stated that being able to work LTFT would improve the quality of their training, suggesting fewer trainees work LTFT than may actually wish to. There is a growing interest in the LTFT trainee population with organisations such as the General Medical Council beginning to focus on collecting information about their experience, such as preparedness for entering the Foundation Programme (GMC, 2019).

15% of trainees work LTFT,  
91% of whom are female

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The Royal College of Physicians of Edinburgh Trainees & Members' Committee (RCPE T&MC) recognises that there are different reasons for working LTFT and wished to better understand what factors are relevant when considering LTFT working, as well as the challenges and benefits LTFT working can bring. As a result, the RCPE T&MC - distributed in collaboration with the Royal College of Physicians of London (RCPL) and Royal College of Physicians and Surgeons of Glasgow (RCPSG) trainee committees – conducted a survey of all medical trainees, regardless of LTFT experience, to explore knowledge and attitudes to LTFT. The survey was emailed to, 4,200 trainees in November 2018 via the Joint Royal Colleges of Physicians Training Board (JRCPTB). A total of 631 higher specialty trainees across the four nations completed the survey, a response rate of 15%. This report is a summary of their responses.

As this survey was distributed by email with a one-off distribution to a large group, response rates are within expected bounds of between 6-15% (Manfreda et al, 2008). However, given the response rate, it must be considered that the views collected may suffer from inherent non-response bias. Response rates alone are not enough to judge validity or reliability of results, however, the demographics of respondents are broadly reflective of the trainee population surveyed, as analysed in the demographics section.

## Demographics

The specialties of those who responded mirror the distribution of higher specialty trainees in practice, with the majority of respondents training in geriatric medicine, respiratory medicine, acute internal medicine or gastroenterology. The exception was cardiology, which was under-represented in the survey; 4.91% of respondents were cardiology trainees, yet this is the largest medical specialty, comprising 11% of the trainee workforce (RCP, 2018). Approximately half of respondents were dual-accrediting in general internal medicine.

The average age bracket of respondents was 31-35 years, and responses were evenly distributed throughout training grades ST3-7. Representation of trainees across the four nations of the UK mirrored the distribution of trainees.

One limitation of the survey was that seventy per cent (70%) of respondents were female, meaning women are over-represented as they make up 53% of the trainee workforce (RCP, 2018). This may be because the subject of the survey was more relevant to female respondents. It is worth noting the gender divide between higher specialty trainees: Cardiology trainees are 73% male which may explain the under-representation of this group in the survey responses.

The views of both LTFT  
& full-time trainees  
across the UK are  
presented in this report

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The survey was designed to understand the views of all medical trainees, regardless of LTFT status. Of the respondents, 55% worked full-time. Whilst this is an underrepresentation compared to the workforce (85% trainees work FT) it remains a majority of respondents. Of those working LTFT, the majority (22%) worked between 0.6 and 0.69 whole time equivalent (WTE), or between 0.8 and 0.89 WTE (17%). Only one respondent worked less than 0.5 WTE, which is

in keeping with the General Medical Council's 2017 position statement enforcing minimum 0.5 WTE unless exceptional circumstances are present. Of the LTFT trainees who responded, 61% reported being part-time in a full-time slot, 26% jobshared and 5% were supernumerary. The remaining 8% had 'other' arrangements.

## Regarding LTFT training

As suggested earlier, the survey responses reflect census data in that 66% of those currently training full-time plan to work LTFT at some point in the future, with another 21% stating they would consider it. Of those working full-time, only 4.6% have worked LTFT in the past. The most frequent reason given for contemplating LTFT in the future was for childcare reasons, followed by work-life balance and to avoid the risk of burnout. A smaller proportion cited wishing to pursue academic interests such as a PhD or to pursue activities outside of medicine, for example training in sports or setting up a business.

### LTFT should be open to anyone who wishes to train this way

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Amongst those currently working LTFT, the main reason for choosing to work LTFT was to care for children (82%), followed by disability or ill health (8%), and work-life balance (3%). No respondents work LTFT to meet religious commitments, but all other qualifying reasons as listed in the Gold Guide were quoted by at least one respondent (COPMeD, 2017). Interestingly,

when asked which of the reasons listed in the Gold Guide were appropriate to work LTFT, only 60% felt religious commitments were appropriate, compared to over 95% who believed a caring responsibility was an appropriate reason. Overall, respondents felt LTFT should be open to anyone who wishes to train this way and 75% of respondents felt no reason should be required. Thematic analysis of over 200 free text comments also revealed that a desire to increase accessibility of LTFT was a recurring theme.

*"...simply because you want to..."*

*"...[it's] every person's choice to work less than full time... [it] should be respected and valued equally..."*

*"Every doctor should have the right to work part time without having to get pregnant or be in a national sporting team."*

*"...I don't get the option to work LTFT... [because] I don't have a baby or adverse life circumstances..."*

Of the LTFT trainees who responded, 50% felt their work commitments accurately reflected their LTFT status, but only 25% felt that their non-clinical commitments were in line with their LTFT status. Thematic analysis of comments from respondents identified three main themes:

#### 1 Same outcomes are expected per year for Annual Review of Competency Progression (ARCP), quality improvement work and audit as full-time counterparts:

*"I do all SLEs (supervised learning event)/research/audit of a full time colleague but generally in my own time to make up for being LTFT."*

*"We are expected to obtain ARCP commitments yearly, not pro rata. There is no clear guidance on frequency of ARCPs or at what point in the year a LTFT trainee should have their ARCP"*

#### 2 LTFT trainees have less administrative time in their working week despite often having the same amount of clinical facing time and thus the same amount of administrative time as their full-time counterparts:

*"I have only ever missed admin sessions being LTFT yet am expected to train for twice as long as my colleagues... almost double the clinical experience."*

*"The day taken off as LTFT is usually the admin day which means admin has to be done in my own time."*

*"I have proportionally less admin time, still expected to perform same amount of non-clinical work."*

#### 3 LTFT trainees work more additional hours over their contracted hours than their full-time counterparts:

*"Management doesn't stop always working in evenings and weekends to catch up."*

*"I work much more than my full time colleagues but not paid for it."*

## Knowledge and attitudes

Overall, LTFT trainees were positive in their comments about training LTFT, many stated they now have greater job satisfaction and work-life balance. A large proportion of comments focussed on the benefits perceived in preventing burnout and reducing attrition from medical specialities.

*"...definitely felt benefits from working LTFT in terms of my general health and wellbeing."*

*"Many of my colleagues have quit medicine... but I feel [they] may not have done if they could have worked LTFT."*

Despite the perceived benefits, thematic analysis of free text contents revealed that LTFT trainees feel guilty because of the effects on staffing levels at work and 'not being there enough'. Full-time and LTFT respondents commented on the added burden that LTFT training puts on full-time colleagues, with the onus on them to work unfilled shifts.

*"Since most LTFT trainees are parents, they usually have a superior reason to leave work on time... or not cover extra shifts... leaves the full time trainees sharing a larger burden of work between them."*

Only 40% of trainees felt they understood how LTFT worked on a practical basis. Furthermore, only 40% of trainees felt they knew enough about the educational opportunities presented in LTFT. Nearly two thirds (58%) felt they knew enough about LTFT training in terms of effect on training time, leaving 42% unsure.

From the trainee perspective, the perceived knowledge of their senior medical colleagues' understanding of LTFT was limited. Training Programme Directors (TPDs) were rated best for understanding (70% mostly or completely understanding LTFT training). When asked about attitudes to LTFT, only 17% of respondents felt senior colleagues viewed LTFT positively. This was reflected in the free text comments with negative attitudes to LTFT from senior colleagues being one of the main emerging themes, with frequent reference to LTFT trainees being viewed as less committed to their career than their full-time counterparts.

*"General negative attitude prevails around LTFT trainees and their commitment."*

*"Sneering attitude from some senior colleagues who... don't see me as a team player because I'm not always there."*

Although educational supervisors and TPDs were rated slightly better, with 26% and 30% respectively feeling that they view LTFT positively, 25% felt TPDs display a negative attitude to LTFT. There was an even divide about the attitudes of trainee peer group to LTFT training, with 33% reporting positive attitudes from peers, 33% negative, and 33% undecided.

### LTFT working can lead to greater job satisfaction and work-life balance

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Regarding rota issues, half of respondents felt they didn't know enough about the effect of LTFT on rota patterns, including annual leave, bank holiday entitlements and study leave.

29% felt their rota co-ordinator understood how LTFT training impacts rotas. Educational supervisors were viewed as having a bit more knowledge, with 37% reporting good understanding of LTFT impacts on rotas and working patterns. With regards to fixed days off, 60% agreed they were easy to arrange if required but only 37% felt LTFT trainees were adequately involved in planning their own working patterns. Additionally, 20% reported feeling pressurised to cover vacant shifts when not in a job share. Of the respondents, 33% were unaware of whether their deanery has a specific individual appointed to look after LTFT trainees.

*"Complete lack of understanding from HR and payroll."*

*"Managers [need to] understand the impact of LTFT trainees on rotas."*

## Costs of LTFT Training

Whilst 32% of trainees felt LTFT had a positive effect on their educational opportunities, 42% felt these opportunities had been reduced through LTFT. Of LTFT trainees surveyed, 68% regularly attend educational events on a day when they are not scheduled to be working, yet only 18% claim a day in lieu in return.

Furthermore, 23% claim expenses for educational events attended on days when they are not scheduled to work.

**68% regularly attend educational events on a day when they are not scheduled to be working**

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The majority of LTFT trainees do not claim fee reductions available from the Physicians' Royal Colleges, General Medical Council, British Medical Association, defence unions or speciality organisations, in large part due to being unaware of these reductions. 86% of respondents felt fees should be reduced to reflect LTFT status and 92% suggested fee reductions pro-rata. Other suggestions included a blanket reduction for all LTFT trainees (as is the case for RCPE Collegiate Members); capping lifetime fees once they

reach the same as full-time counterparts; or using salary brackets rather than LTFT status. A number of respondents commented that, while they agreed with professional fee reductions, fees should remain the same for exams.





## Conclusions

Whilst there are clear potential benefits for some individuals to work LTFT there are challenges for trainees, the profession and the NHS. This survey has laid the foundation for more work in this area. There are limitations in generalising the results across all trainee groups as, while acceptable for an email based survey, the response rate only totalled 15% of all trainees and there were proportionally more responses from women and LTFT trainees than their counterparts, likely due to the perceived relevance of the subject to these groups.

There are many reasons for the increase in LTFT working, the most common being to provide childcare, although thematic analysis of survey comments revealed a theme around the prevention of stress and burnout. This survey found that both full and LTFT trainees perceive LTFT training as a way to improve work-life balance and job satisfaction. However, this needs to be balanced with the appropriate structure and support to meet needs across the workforce.

### **1 Two thirds of trainees surveyed report that they considering LTFT training in the future**

While the main reasons for working LTFT were childcare or ill health, 66% of trainees are considering LTFT in the future, often for childcare reasons, but many more cited work-life balance or to prevent burnout as the reasons. This suggests a mismatch between reasons for wanting to work LTFT and those that are actually approved, and that the current rules around LTFT are not suitable for the demands of the medical workforce.

### **2 The non-clinical workload on those working LTFT is proportionately higher than full-time colleagues**

When hours are reduced, trainees are more likely to have administration time cut from their schedule than direct clinical contact sessions. This generates the same amount of administration required as for those training FT thus those working LTFT will have less time to complete the same amount of clinically-facing administration and have notably less time for non-clinical training tasks resulting in an imbalance. This may be related to lack of knowledge from those who design LTFT working patterns about the needs and requirements of this group of trainees.

### **3 Too few trainees are involved in working pattern planning**

Only 37% of trainees reported being involved. Senior medical colleagues were felt to have the least knowledge of LTFT, suggesting this group should be considered as a target for education and training to reduce issues for LTFT trainees and foster improved attitudes.

### **4 Almost a quarter of trainees reported negative attitudes from TPDs and educational supervisors towards LTFT working**

While many areas are appointing Deans to oversee LTFT training 25% of respondents still reported negative views towards LTFT from TPDs and 23% reported negative views from educational supervisors. This is concerning, particularly given the number of trainees who indicate that they are considering LTFT.

### **5 Many trainees lack basic knowledge of LTFT training**

Of our respondents, 35% of trainees lacked basic knowledge of LTFT training, how it works and impact on training, and 51% of trainees stated they would like more information about LTFT from their royal college.

### **6 There are significant financial considerations of LTFT training**

The associated salary decrease of an LTFT trainee is often not associated with a proportional reduction in fees from professional bodies. Of all respondents, both full-time and LTFT, the overwhelming majority (87%) supported the concept of reducing professional fees to reflect LTFT status, with 92% suggesting pro-rata deductions. It was also felt that organisations that do offer a reduction should advertise this more widely.

### **7 Scheduling of training events often do not take LTFT into consideration**

Sixty-eight (68%) of LTFT trainees attended educational events on days when they are not scheduled to work, yet only 23% claim costs or a day in lieu when this occurs. Additionally education sessions are traditionally held on the same day of the week limiting trainee's working LTFT to attend. Greater flexibility in educational event organisation and departmental meetings to reflect common working patterns would be welcome.

The current rules around LTFT are not suitable for the demands of the medical workforce

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## Next steps

LTFT trainee numbers are increasing and this survey has helped to explore the reasons for considering and undertaking LTFT training. Trainees reported on the impact of LTFT on training opportunities, as well as on other colleagues, and the costs of LTFT training. It is clear that more work needs to be done to establish how best to support LTFT trainees is needed, to improve equity for this group and foster positive attitudes.

Going forward the Royal College of Physicians of Edinburgh is committed to supporting doctors who wish to work LTFT and strongly supports the principles of flexibility in training/working. Following on from this survey the the College and its Trainees and Members' Committee intends to undertake a body of work regarding LTFT training and working. This will include the delivery of an annual LTFT symposium for all those interested in working LTFT, working with the JRCPTB and Federation to optimise LTFT training and develop resources to improve knowledge and understanding of training LTFT and the development of a RCPE survey for consultants.

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