

Royal College LTFT Training Updates

RCOG update on LTFT Training

The college has utilised a Training Evaluation form this year to help the College to identify national trends and issues affecting O&G education. This form included information about LTFT training asking the trainee to complete if LTFT and what percentage.

1576 trainees (approximately 80%) responded with the results in the following table

% training time	Number	% of total
Full time (100%)	1266	80.3
LTFT (80%)	69	4.4
LTFT (70%)	27	1.7
LTFT (60%)	181	11.5
LTFT (50%)	25	1.6
Other	9	0.5

The GMC survey presented last year suggested that 5.5% of O&G trainees trained LTFT whereas our survey suggests it is in the order of 20%.

The RCOG has continued to provide students and trainees with information and advice about LTFT training with presentations and an advice zone at the RCOG medical student careers day, the junior doctors (Foundation doctors) careers day and the National Trainees Conference (ST1-7).

Jennifer A Davies

Consultant Obstetrician and Gynaecologist

RCoA update on LTFT Training

I have been working on the College website LTFT training pages to bring them up to date. In particular they had focused on reduced hours for childcare reasons and I was keen to make it clear that there are other reasons to use LTFT training. I hope this information will facilitate those with other category one issues to come forward and ask for support. Linked to the website we have our 2015 version LTFT A-Z; this includes a section on LTFT training in Intensive Care Medicine. We also have a dedicated page for LTFT training on the FICM website which has links to the rest of the college LTFT information.

The Chair of GAT (Group of Anaesthetists in Training) has formed a network of enthusiastic LTFT trainee leads around the country who receive updates regularly. GAT is part of the AAGBI (Association of Anaesthetists of GB and Ireland) and earlier this year, in a joint venture with the RCoA, we ran a **LTFT Matters** day which proved highly successful. We trialled, for the first time in the AAGBI building, a baby room with live streaming from the meeting room. The day was both relaxed and productive. This was our second LTFT day, open to anyone with an interest in LTFT training in anaesthesia and intensive care. It received excellent feedback so we will run another next year.

I run regular workshops for new College Tutors and am able to present factual information as well as discuss with them the issues they face in their hospital departments and possible solutions. The College is keen to support LTFT training for those who need it. In anaesthesia more than ninety percent of LTFT trainees become full time consultants so a period of LTFT training that facilitates workforce retention is very worthwhile for employers as well as for the doctors themselves.

Over the last year I have been establishing contact with one consultant, often a TPD, in each school who acts as a link between the College and the trainers. I send out occasional updates which the contact passes on as appropriate in their school.

I hope this year to increase awareness of LTFT options in ICM so that they are more accessible to those who would benefit from this opportunity. There are obvious difficulties for some intensive care rotas but there are also good examples and these units could perhaps offer advice to others. This is a work in progress.

Anaesthesia continues to offer LTFT training to about 12% of trainees. We are seeing an increase in LTFTers in the core years which is a challenge to training in a craft specialty. Returning to work after a long period of leave reduces confidence, which is more marked for an inexperienced trainee. Added to the requirement to pass exams and produce a CV ready for specialty recruitment this can be quite a strain on a junior trainee.

Schools are running **Return To Anaesthesia** courses for those coming back to our specialty after long absence of any sort; maternity leave and ICM training being two common examples. Although not restricted to LTFT trainees they do represent a large proportion of returners and for this reason RTA has become part of my remit. My project at present is to raise the profile of these courses so that more trainers and trainees know what, where and when they are

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and can use them as part of a personal return to work package. Along with an overview on returning to clinical practice and advice on some relevant e-learning materials, I plan to add course information to our College website.

*Susan Underwood FRCA FFICM
RCOA Bernard Johnson Adviser LTFT Training*

RCPCH update on LTFT Training

- Last committee meeting in Edinburgh in May 2016, when I took over as Chair from Annabel Copeman.
- Committee posts are all full, even in Scotland.
- Recent trainee survey in Scotland showed that trainees are only allowed to be LTFT for a few years and not for the whole part of their training.
- LTFT in England face differences according to their Deanery e.g. working extra as locums allowed or not (some Deaneries are stringent with implementing the Gold Guide which specifies that LTFT should not do extra).
- Currently, we are looking at "back to work" courses available nationwide and trying to create one for the RCPCH where members can attend as again this varies according to region.
- Trainee survey highlighted that there is still a perception from full time trainees that LTFT are idle, cherry pick and inflexible due to the nature of the days they work.
- Committee members are happy to contribute to the e-learning package.

*Priya Kumar
Consultant Paediatrician
Clinical Lead for Diabetes/ Named doctor for Safeguarding
General Paeds CSAC Assessment Advisor
RCPCH Tutor*

RCS update on LTFT Training

There remain small numbers of LTFT trainees in the surgical specialities.

A survey published by the Association of Surgeons in Training (ASiT) in BMJ open has highlighted some of the perceived problems among surgical trainees. They felt there was not easily accessible information about LTFT training, senior support is lacking and it is difficult to organise. 54% of LTFT trainees reported experiencing bullying or harassment.

The report makes gloomy reading but the attention it has received has resulted in the Chair of the Joint Committee for Surgical Training, Bill Allum, setting up a task force to address some of the problems highlighted. This group, which I'm on, has just met for the first time last week (29th September) and begun the task of collecting information and writing a position statement with recommendations. We hope this will influence surgical educators, TPDs and heads of school and lead to a more welcoming attitude in the future.

The Royal College of Surgeons of England website has recently been upgraded and updates to the LTFT working and careers advice pages can now begin!

*Claire Murphy
Flexible Working Advisor, Royal College of Surgeons of England.*

RCP update on LTFT Training

Consultant census and higher specialty trainee survey: Summary and key points

- 20% consultants LTFT
- 39% of female consultant workforce LTFT
- 7% male consultant workforce LTFT, increasing in recent years
- 37% of all consultants over 60 years are LTFT, the majority are male
- LTFT working predominantly in non acute/non GIM specialties
- 58% LTFT consultants do on call/specialty take, while 83% of full time consultants do
- 13% FT consultants do non emergency elective work at weekends, 7% LTFT
- No significant difference in job satisfaction between FT and LTFT consultants
- 11% of trainees LTFT: 20% female trainees, 1% male trainees
- LTFT training predominantly in non-acute non GIM specialties, as with consultant working

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- 47% LTFT trainees participate in GIM/acute take, as opposed to 62% of FT trainees do

Dr Johnny Boylan *Dr Harriet Gordon*
Clinical Fellow *Director*
MWU RCP London *MWU RCP London*

COGPED update on LTFT Training

- Nothing significant to report
- England overall Fill rate after Round 1a and 1b for Aug 2016 was 82.80%
- Round 2 underway for Feb 2017 start dates

Richard Weaver
COGPED Representative

RCPsych update on LTFT Training

- I have done a presentation to the Psychiatric Trainees' Committee on LTFT issues.
- The Psychiatric Trainees' Committee is organising a "Return to practice" event in November at which I will be running a workshop on LTFT.

Fiona Harrison
RCPsych Representative

AoMRC/RCSEd update on LTFT Training

Item 1

This year the Flexible Careers Committee has published its Parental Leave Survey:

This document has been widely circulated electronically to Junior Doctors' groups; NHS Employers; Post Graduate Deaneries; Health Education England Boards and is available on our website. We have promoted the findings by provision of flyers for numerous conferences; at the Medical Women's Federation conference and most recently at the HEE training day.

We have been in communication with Daniel Mortimer at NHS Employers who has agreed to provide guidance and information to all employers:

1. They will provide employers with clear advice on the importance of discussing 'keep in touch' (KIT) arrangements prior to the member of staff going on maternity leave. In relation to doctors on rotation who are returning to another Trust, in most cases neither the employers nor HEE will have confirmation of the future employing trust before the doctor goes on maternity leave, so it will rarely be possible to involve them in this discussion. However, we will remind employers that keeping in touch days are intended to facilitate the staff returning to work as smoothly as possible, whether in the current organisation or another trust.
2. The advice will include information that keeping in touch is wider than just KIT days. We will note that the pre-maternity leave discussion should also address voluntary arrangements for keeping the employee up to date with any developments within the organisation which will facilitate her return, and for keeping the employer up to date with any changes which may affect the employee's return to work (with due regard to legal protections for women in that respect).
3. They will also provide guidance to employing trusts of the requirement for a risk assessment for all employees returning to work who have recently given birth or are breastfeeding, and the need to address any issues raised during the risk assessment.
4. They will circulate a link to the HSE guidance on availability of facilities for breastfeeding, reminding employers of their obligations.
5. They will reiterate the recommendation that trainees on maternity leave have specific access to a named consultant (normally the educational supervisor) who can support and advise during the first three months of their return.

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They will also recirculate a link to the Academy's Return to Practice guidance to assist employers with planning for this ahead of the doctor's departure. M Mortimer has also shared our report and this response with colleagues at the Department of Health so that the review of the Gender Pay Gap in medicine is sighted of our group and this important feedback.

We are in the process of distributing letters to all Postgraduate Dean's/HEE Boards to highlight our recommendations which fall within their remit. (if anyone has a list of all names & contact details this would significantly speed up this process for us).

Item 2

Following tabulation of the data collected on subscription and training fees for Less than Full Time trainees I wrote to and circulated the information to all Colleges and Faculties. I encouraged them to adopt the best practice (generally but not specifically that of RCP) of their sister Colleges in the interest of Equality & Diversity. I've had several positive responses from institutions who are going to review their practices on the basis of the data provided.

JCST Chair Bill Allum has agreed along with the CEO's of Member Colleges to bring the surgical training fees into line with the JRCPTB who provide the gold standard ensuring no LTFT trainee pays more than a full time trainee. The mechanism to achieve this process is still under negotiation but I hope a solution will be found before next year's fee implementation.

Item 3

The Later Careers Survey has been launched and is currently available for responses:

Please click this link to participate in the survey

<https://www.rcpworkforce.com/se/253122AC2406E99E>

We will be analysing the data and hope to report early next year.

I have been invited to speak on this topic at Enabling and Supporting Experienced Surgeons: How old is too old to operate? Meeting in London in November.

Item 4

We have written to all Colleges to ascertain whether they are able to offer concessions for family members who are both College Members or Fellows? It has been brought to our attention that certain Colleges offer reduced subscription to family Members and Fellows, who reside at the same address, and we wondered whether this good practice was widespread. The Royal College of Paediatrics and Child Health appear to be the gold standard in this respect offering reduced subscription to Members and Fellows who reside at the same address. Their Members and Fellows receive one copy of the Archives of Disease in Childhood to share and receive a £65 a year discount. Currently no other College who have yet responded provides any such concession.

Item 5

We have undertaken research into the adverse health effects, particularly in relation to pregnancy & pre- & post-natal complications, for females associated with a medical career and feel there would be value in undertaking a survey – though question design will be challenging if we are to avoid adverse bias. This survey is in the early stages of drafting.

Item 6

There is the possibility of discrimination in relation to permission to undertake any locum work by less than full time trainees. Are there such restrictions for any other NHS workers that are LTFT? Some Colleges/Deaneries apparently allow locum work if it is within the employing Trust but not by Locum Agencies for others it is at the discretion of the Post Graduate Dean. Paragraph 6.67 of the Gold Guide states that trainees will not normally be permitted to engage in any other paid employment while in LTFT training without the permission of the Postgraduate Dean. We understand that if a doctor has capacity to increase the hours that they work, an assessment of their overall participation rate may be required but also that there are occasions when LTFT trainees may be able to work additional sessions, because of non-recurring childcare relief such as holiday with grandparents or availability of partners at weekends, when the option to do locums arises. Clearly applying for clearance for each locum from the postgraduate dean is overly burdensome and impractical.

We plan to survey all Colleges and Deaneries to ascertain the current position and then hope to distribute best practice to develop a level playing field for all LTFT trainees.

Miss Elaine Griffiths

Chair of Flexible Careers Committee