

Attitudes and barriers to accessing and maintaining less than full time (LTFT) training

Survey of East of England Trainees

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Introduction

- There seems to be increasing demand for LTFT training:
 - Geographical challenges
 - Change in families / “perfect storm families”
 - Change in medical work culture
- Varied experience of LTFT across the country & across specialties
- In HEEE 3958 trainees
 - Male : female 39.9% : 54.9% *
 - LTFT 349 (8.8%)
 - male 33 LTFT female 316

Why do this survey?

- “Oh no not another survey”
- Investigate issues rather than just complain about LTFT problems
- Investigate anecdotal and coffee room tales about HEEE issues with applying for LTFT training
- Establish reasons for perceived barriers to accessing & maintaining LTFT training
- Provide evidence to engage with HoS about need for LTFT opportunities



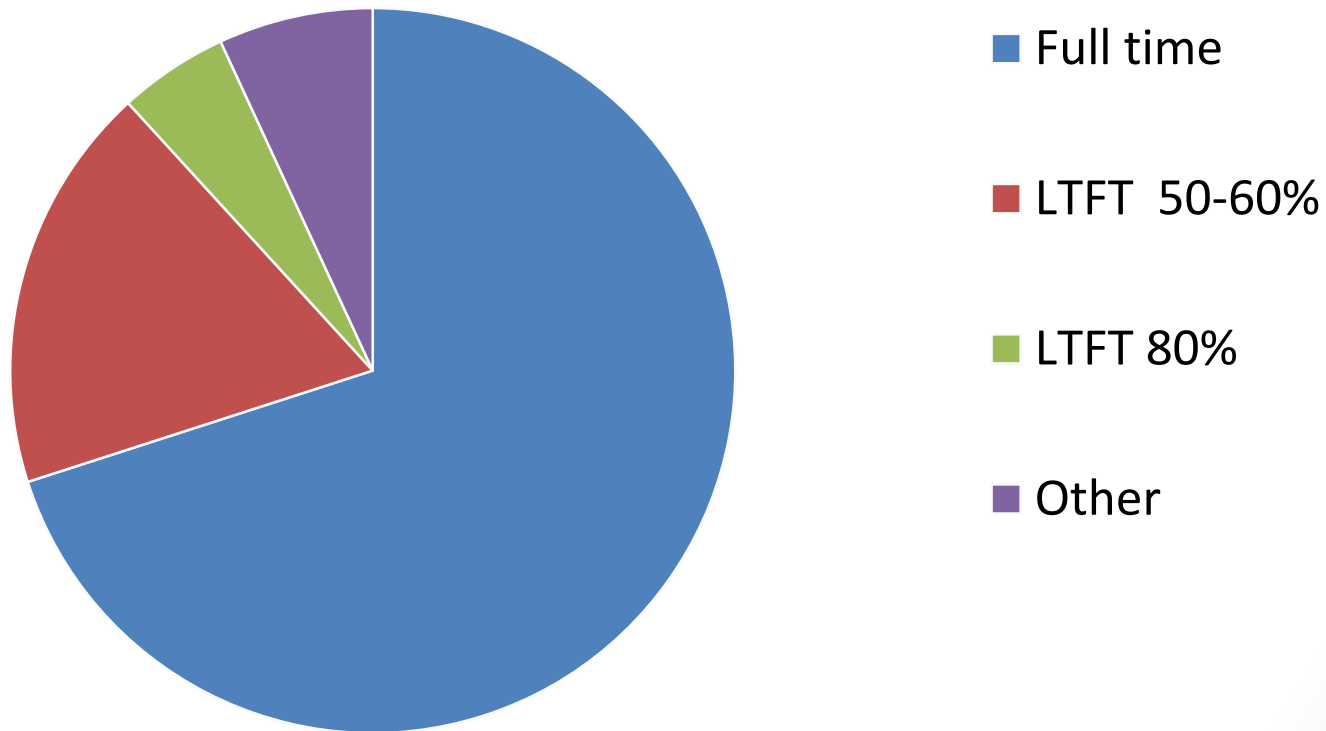
Survey design

- Survey Monkey© tool
- Sent to ALL trainees in ALL specialties/ schools
- 16 questions, less than 10 minutes
- 392 responses, 9.9 % hit rate

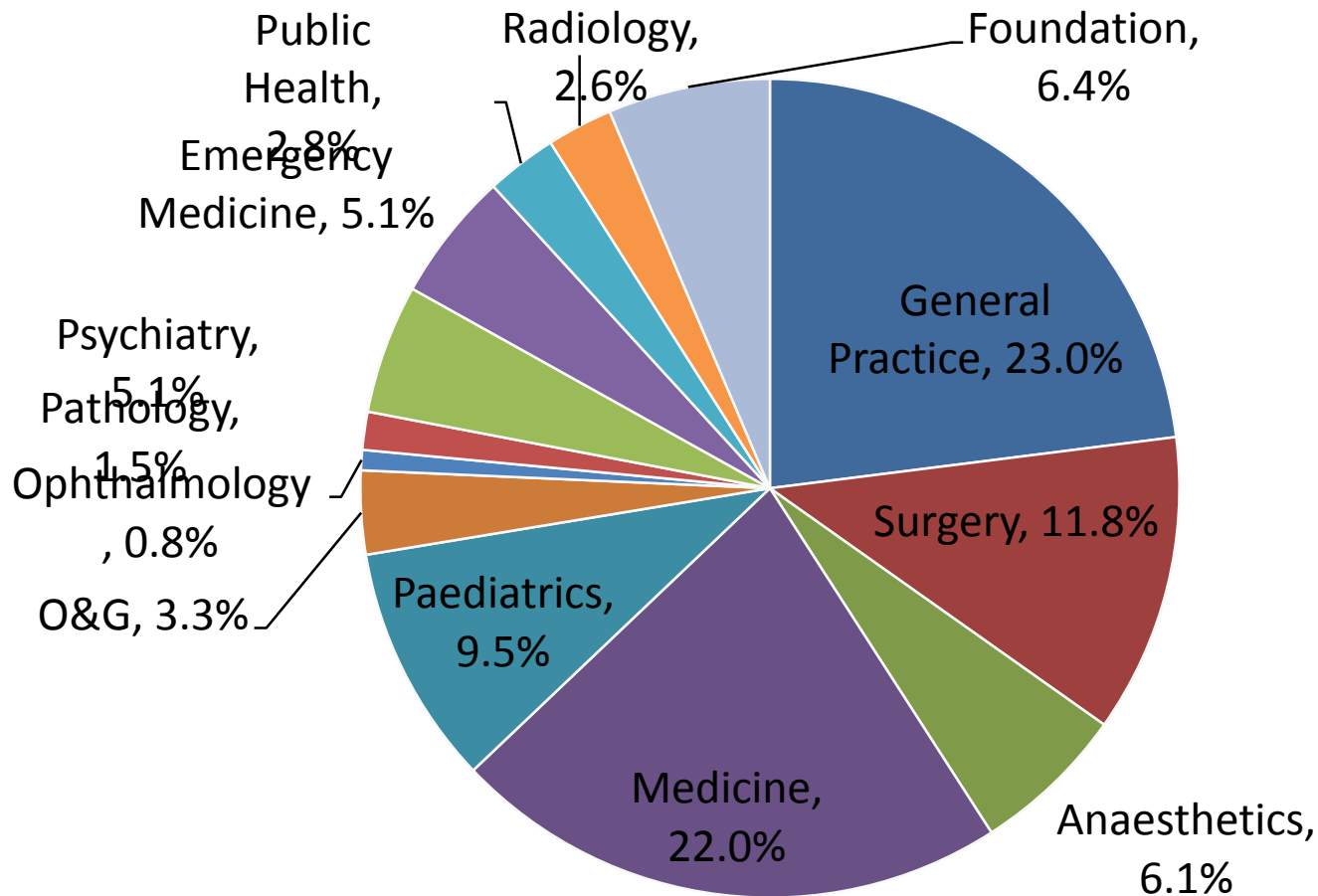
- 13/15 schools represented

Demographics

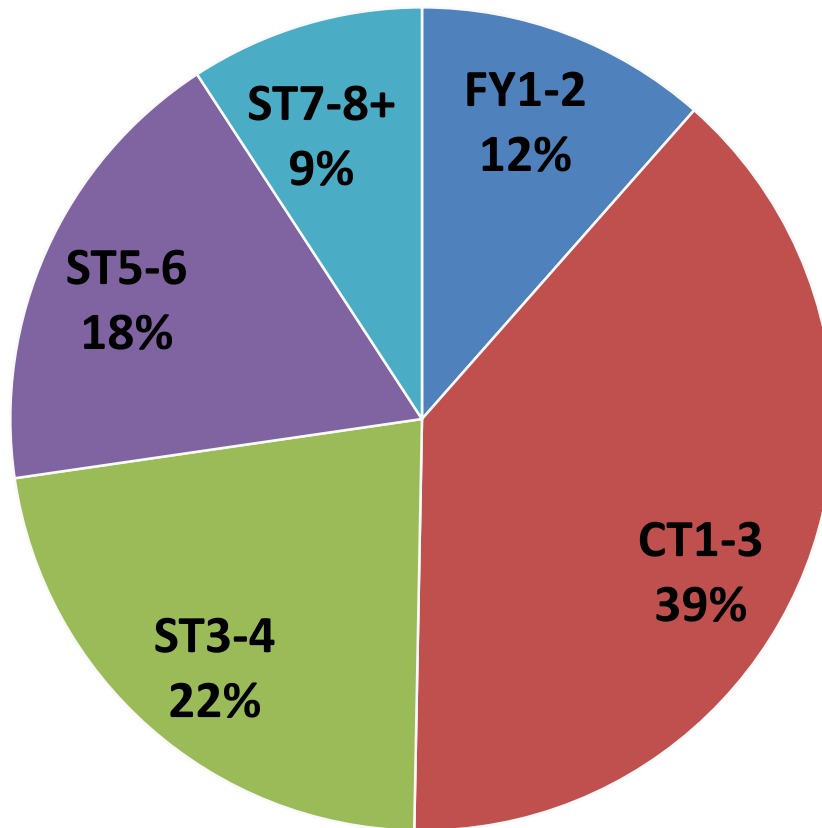
% of training



What is your specialty (School)?

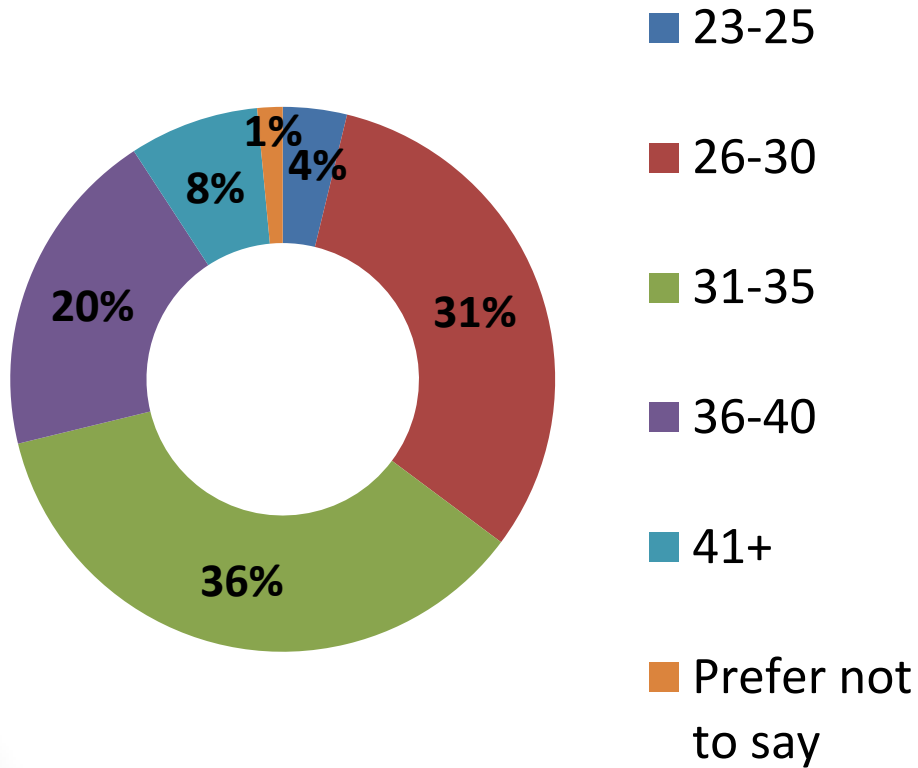


Year of training

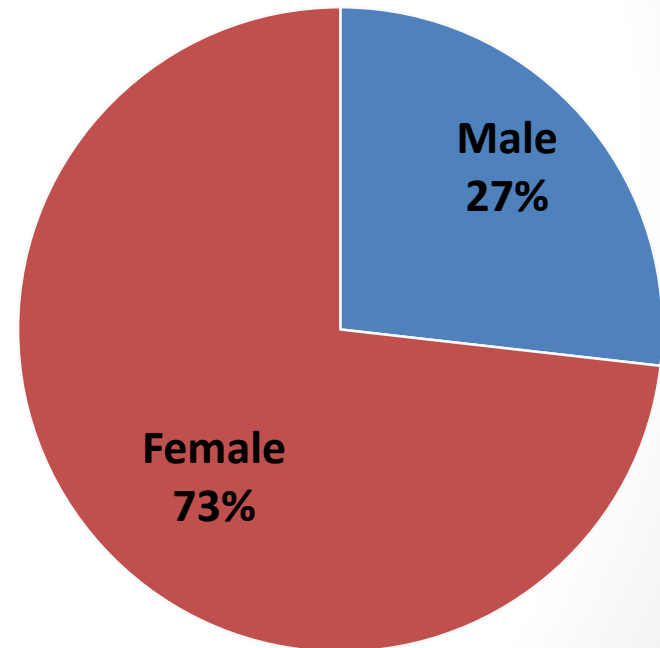


Age & gender

Age

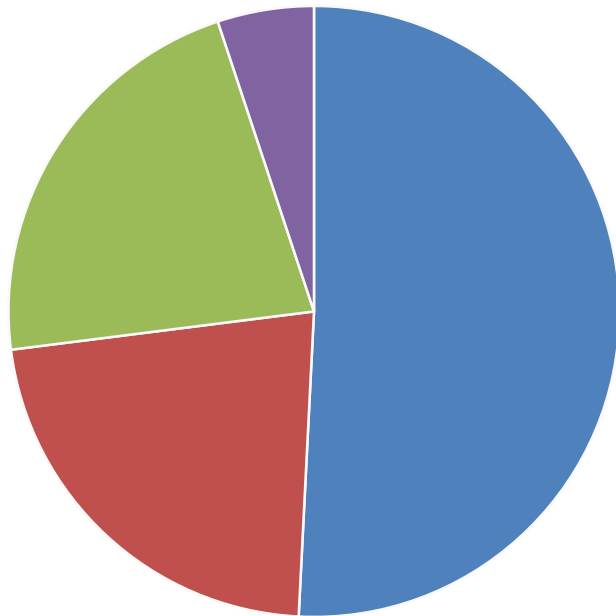


Gender



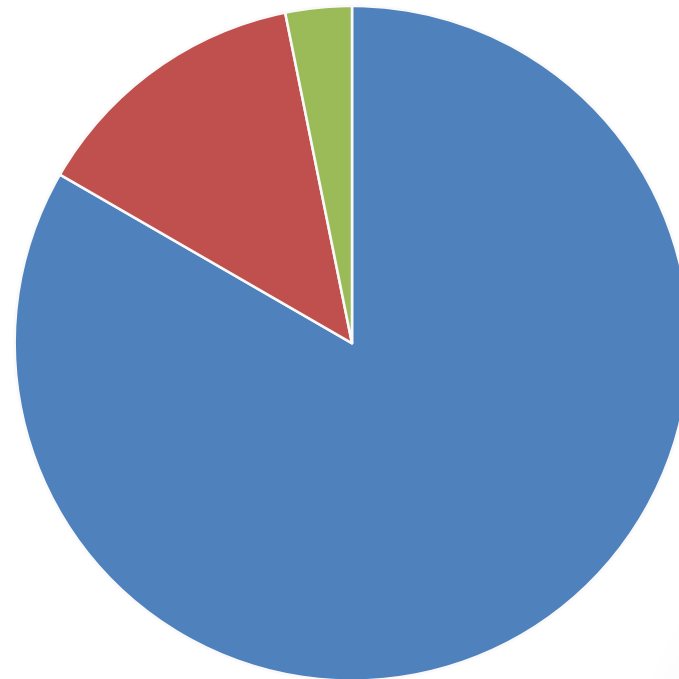
Children

Do you have children?



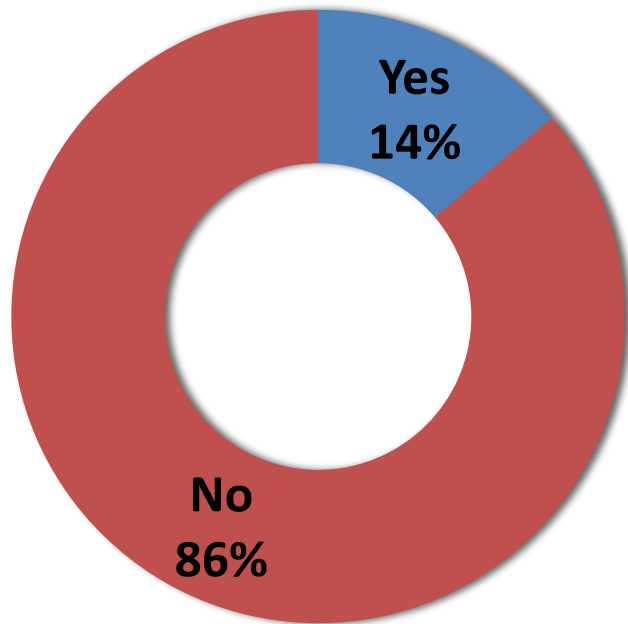
■ No ■ 1 child
■ 2 children ■ 3+ children

Age of youngest child

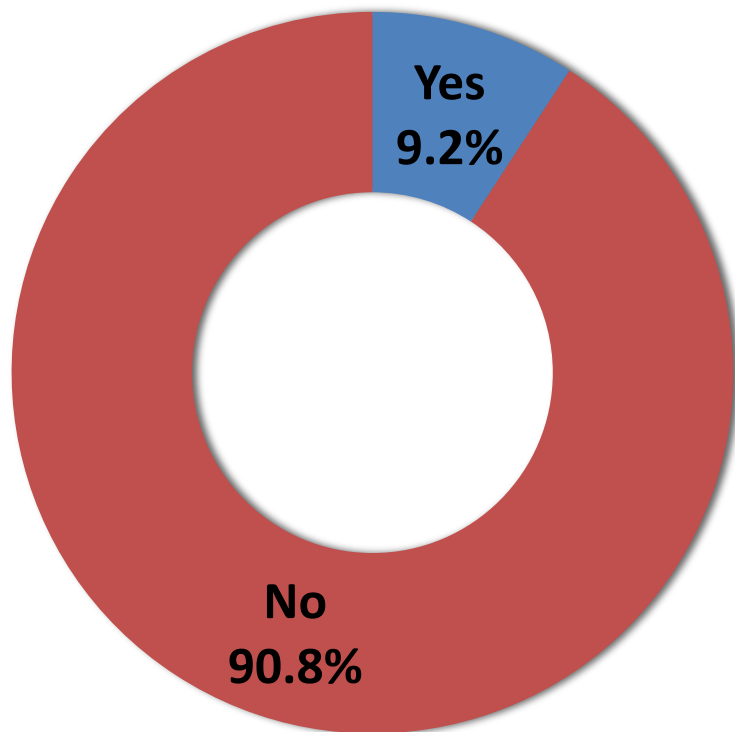


■ < 5 yrs ■ 5-10 yrs ■ 11+ yrs

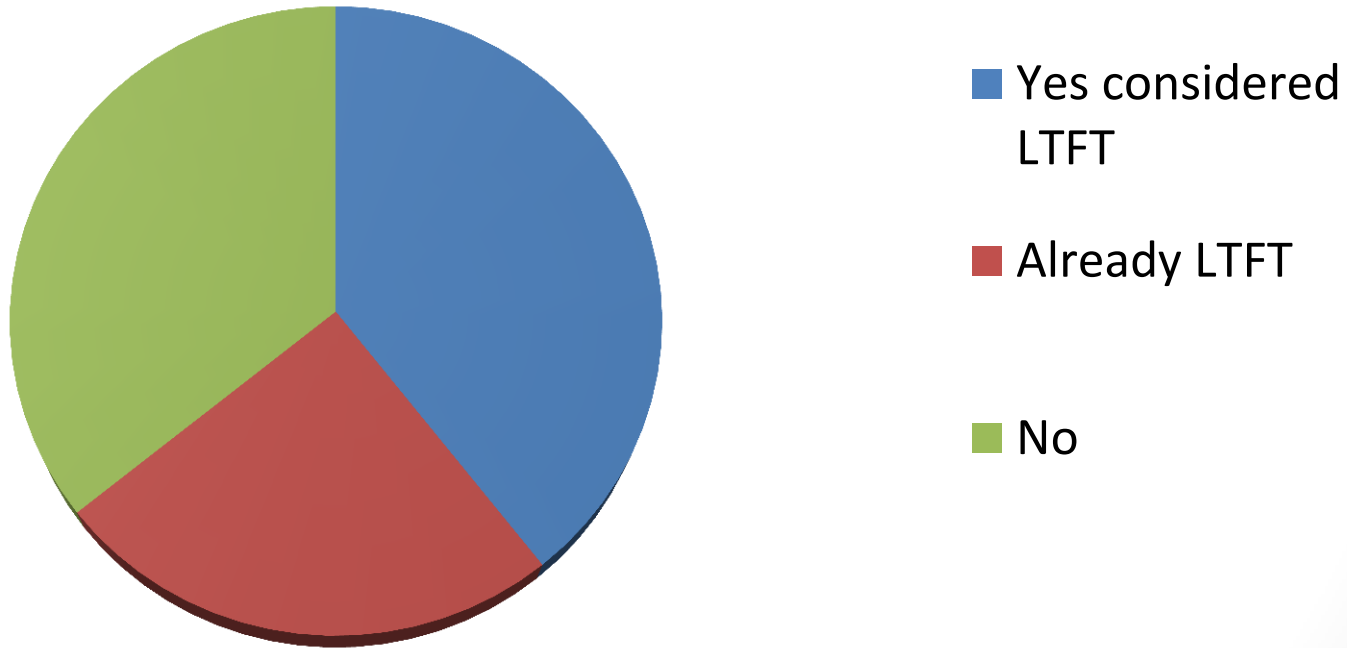
Caring responsibility for spouse or family member?



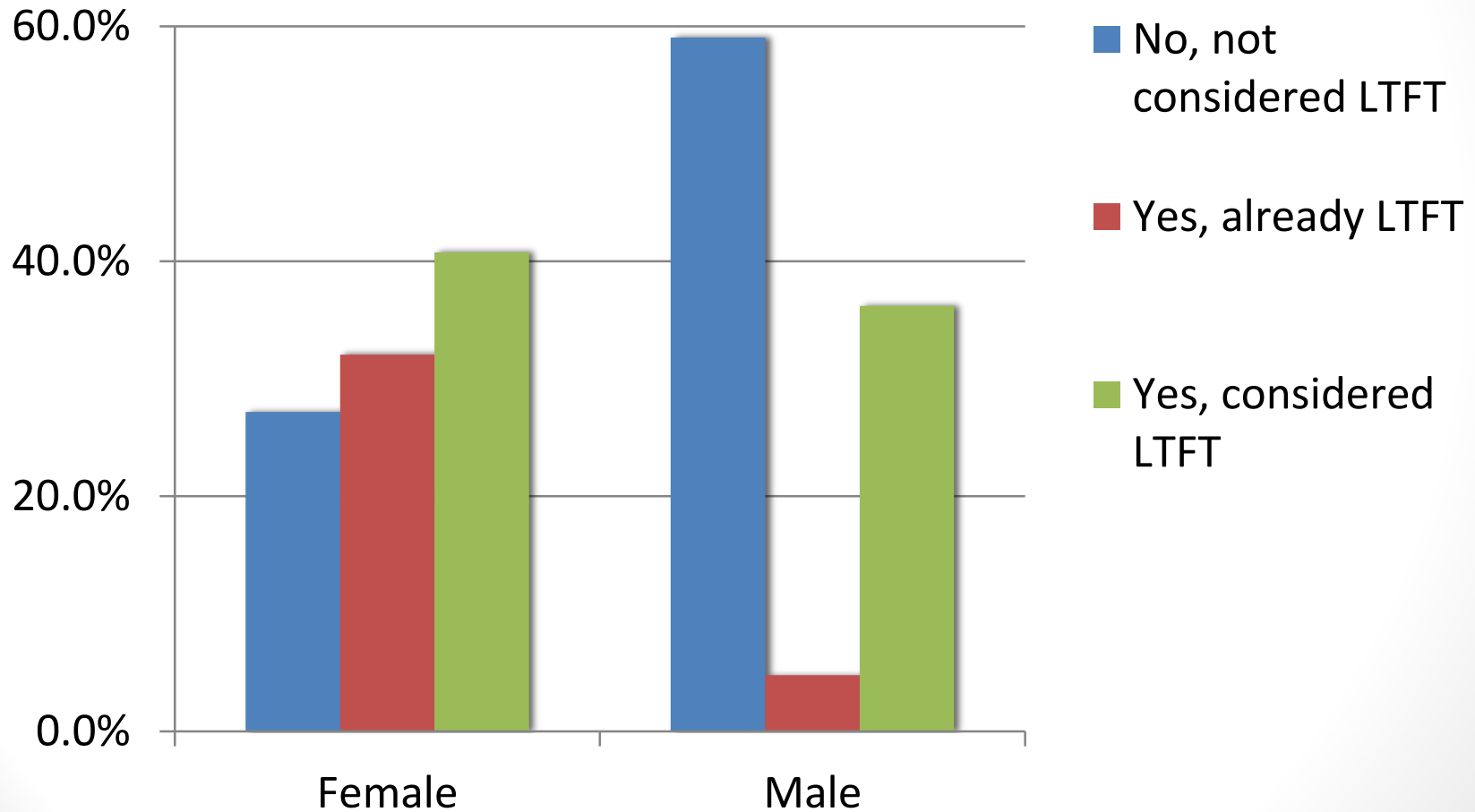
Personal health issues that mean you need to or would prefer to work LTFT in order to improve work-life balance?



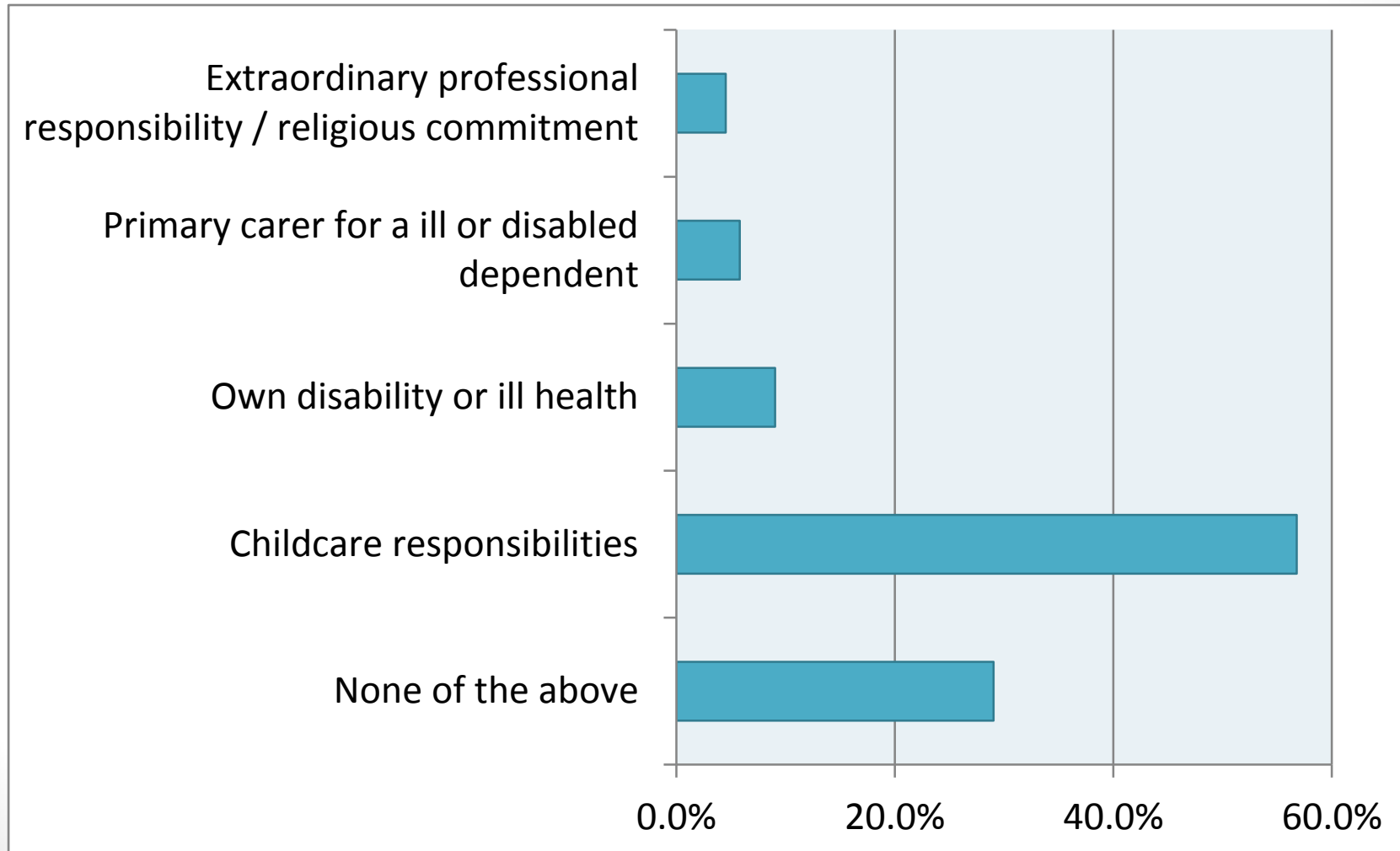
Have you considered LTFT training?



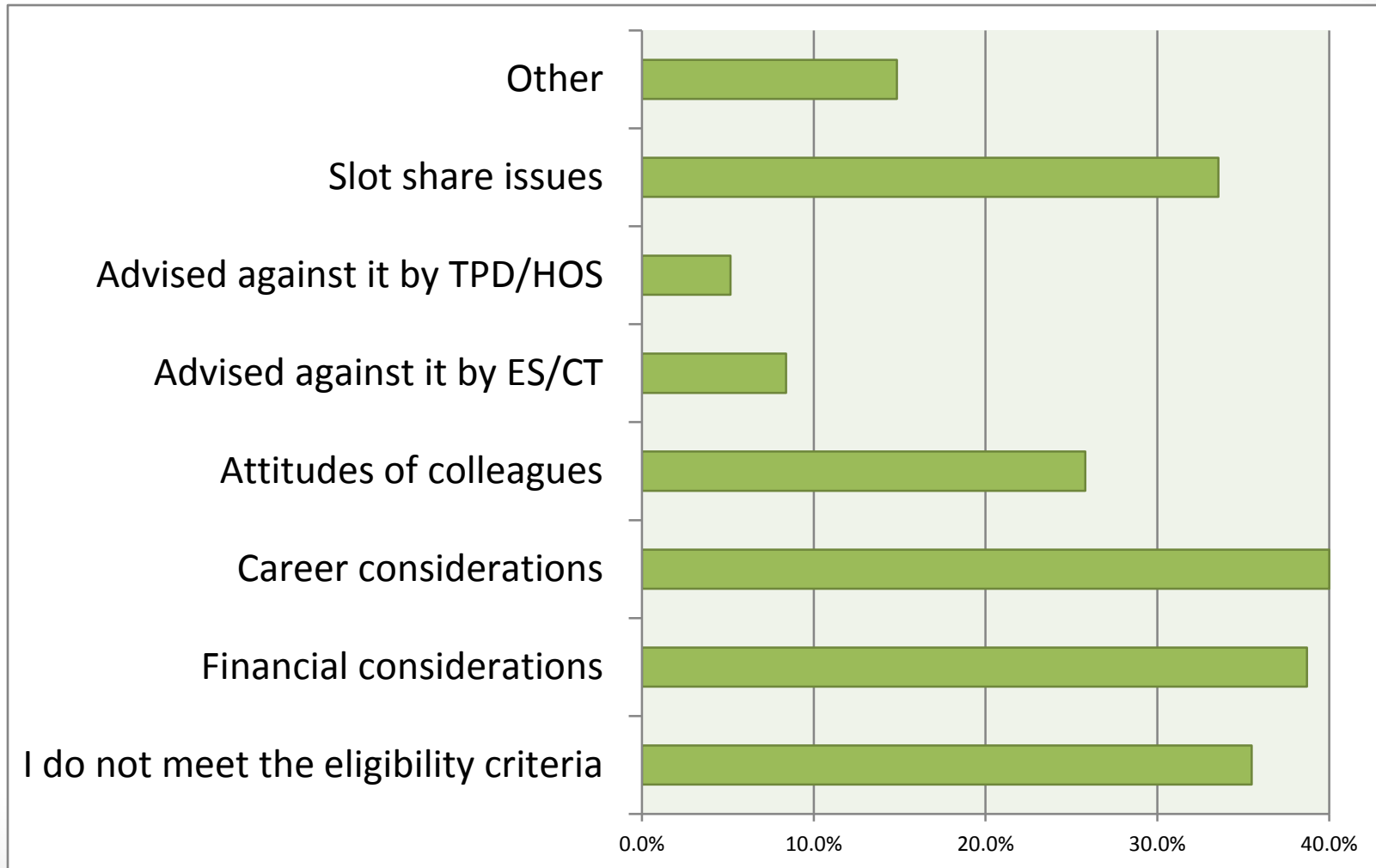
Have you considered LTFT training?



Which eligibility criteria would apply to you?



What has prevented you from applying?



What has prevented you from applying?

- **Issues with personnel:**
 - Discouraged by ES/ CT
 - Discouraged by TPD
 - Negative attitudes
 - No slot share available
- **Issues with applying:**
 - Don't meet criteria
 - Limited information for specialties
- **Issue with delivery of training:**
 - Prolonged
 - Some placements difficult as LTFT
- **Will be considering in the future**

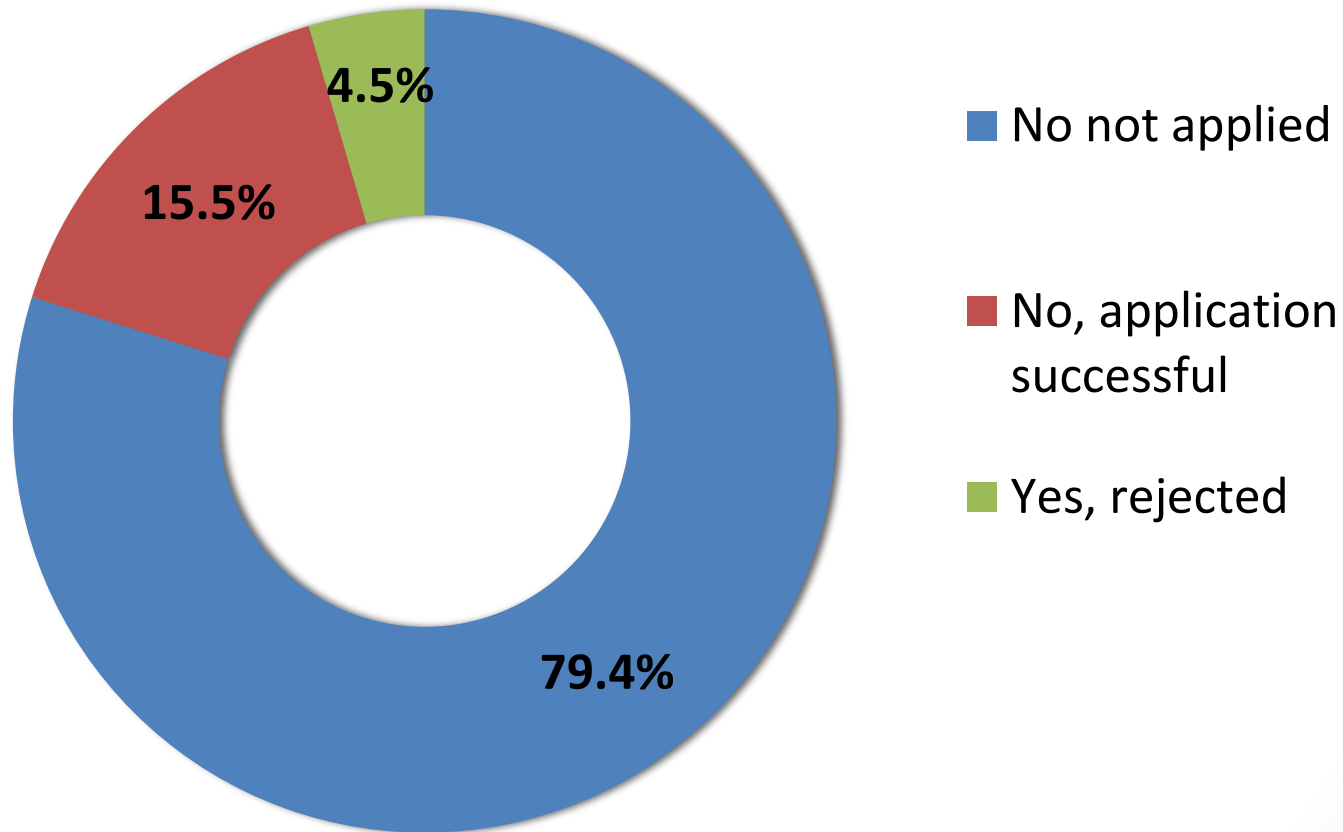
Quotes

- “I have already applied for LTFT, but I found other people’s negative attitudes towards LTFT to be the biggest hurdle, especially from my ES/CT.
- I have been detrimentally affected, or even harmed by these very attitudes.
- If I had not felt so strongly that working LTFT would be of overall benefit to myself and my family I would have been otherwise deterred”

Quotes from TPD

- “I'm an Academic Trainee on a run-through programme. I mentioned LTFT training to the academic lead not specifically regarding myself. **He was absolutely scathing about LTFT trainees, and how they weren't 'serious'.**”
- “My partner is LTFT trainee and has been given poor advice and told conflicting things by different TPD. **At one point told would have to take career break.**”

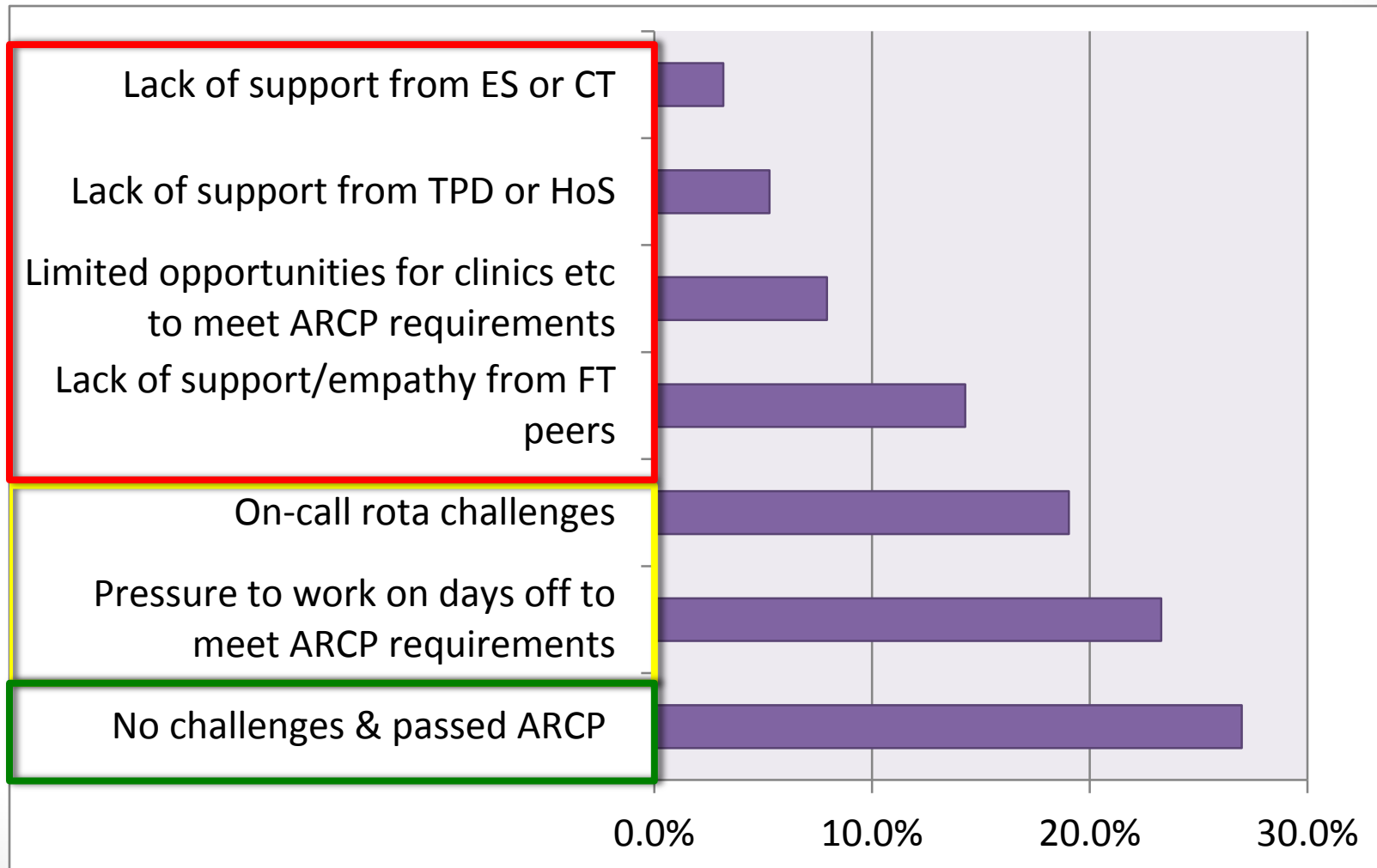
Have you applied for LTFT training and been rejected?



Have you applied for LTFT training and been rejected?

- Reasons cited
 - 4 stated no slot share available
 - 1 stated discouraged to apply by TPD*
 - (5 awaiting outcome of application)
- ***from a LTFT friendly School**
 - “As a man trying to apply for LTFT training using the child care reason, I feel it is more difficult than if I was a woman.
 - When I approached my TDP's, I was told:
 - all the jobs were filled & that I had to carry on as a full time
 - I should find someone to pair with to apply to LTFT
 - I do not feel this should be my role.
 - The stress of all of it made me give up. I am still in FT training, unhappy and struggling with child care. “

Challenges in meeting training requirements as LTFT



Challenges in meeting training requirements as LTFT

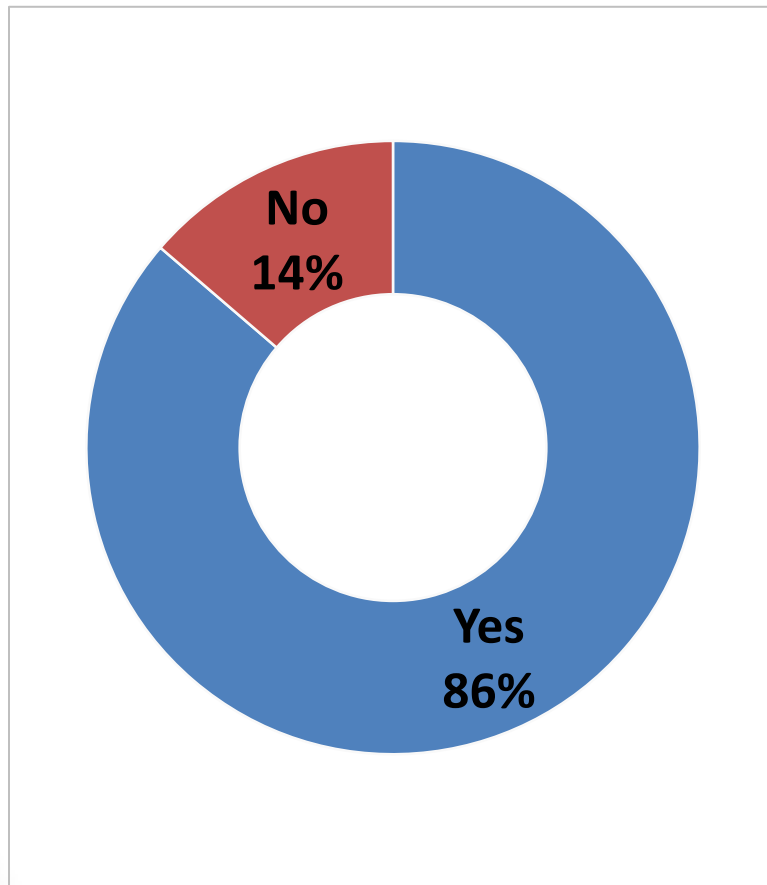
1. “I've passed ARCP to date, but this year has been a particular struggle for procedural requirements in sufficient density at an early stage in the learning curve.”
2. “TPD has made it clear I should not expect special measures being a working mother”
3. “Limited opportunities for clinics as my on-call work is prioritised over my ward work ie I do a greater proportion of on-call:ward work compared to full time colleagues- however I have managed to meet ARCP requirements by working on my days off”

- “The only way I've managed to fulfil my training needs to by going in on off days and by applying for "personal study leave".
- It would have been impossible to achieve anything this past year.
- When I raised concerns with the CT I was informed that because I am LTFT I'm entitled to fewer ATSM sessions- but more than what I'm actually getting!”
- “Mandatory regional StR teaching is most often held on one of my non-working days. It is expected that I will attend.
- There was no policy or guidance in place, even though this must be an issue that affects other LTFT trainees other than myself.”

Some thing positive

- “Educational supervisor very supportive”
- “Public health seems to find it quite easy to accommodate but it is perhaps more difficult in clinical specialties”

Would it be beneficial to have a specialty specific mentor for LTFT trainees?



Additional comments

- “LTFT should be available to all trainees, irrespective of criteria”
- “The paperwork is a minefield!”
- “**LTFT would be an option if not looked down upon.** It may suit some individuals if they wanted to consider spending time with family caring for someone/other interests etc.”
- “Although personally I am not interested, I believe the option should be there and trainees should be supported to meet the training and clinical requirements”
- “It must become easier, otherwise people with young children will just take a few years off, exacerbating the recruitment crisis.”

- “It is often difficult to be taken seriously. I always come in on off days otherwise impossible to fulfill competencies. I only train LTFT as the on-call rota is too onerous and I would never see my children. Surgical specialty is a nightmare as childcare not available for early morning starts and late finishes.”
- “As always the culture in surgery is one in which uniformity is far more important than merit or originality. My LTFT trainee colleagues have my utmost sympathy.”
- “As a male surgical trainee, I have only loosely considered LTFT as I imagine it would be met with so much resistance as to be almost impossible!”

Burnout issue



Burnout issue

- “As an EM trainee I am worried that in the long term LTFT may be the only way to prevent myself from burning out and resenting the specialty I love.
- I don't feel current criteria are broad enough to allow people to pre-emptively go LTFT (before they burn out and leave medicine entirely).”
- “LTFT should be encouraged particularly in acute specialties with high rates of burn-out (ICU, anaesthesia, EM, acute medicine). I think that the improved work-life balance has made anaesthetics/ICU training much easier for me than my full-time colleagues. “

ASIT LTFT study April 2016

- Questionnaire based study across all surgical trainees
- 876 responses
 - Median age 33 yrs
 - 63.4 % female
 - LTFT trainees 18.3%
 - LTFT female 92.5%
 - Similar reasons
- Issues with undermining 53.8%
- Of FT trainees:
 - 53.7% would consider LTFT
 - >1/4 were male

GMC National Training Survey

- General trends show increase for LTFT:
 - Supportive environment
 - Overall satisfaction
 - Clinical supervision

Limitations of our survey

- Responder bias in completing non-mandatory survey
 - More females than males responded (as per ASIT study)
 - More LTFT trainees responded
- Difficulties with survey monkey to ensure questions completed
- More likely to report negative experiences

Conclusions

- Unlikely that that only HEEE has problems with attitudes and barriers towards LTFT
- What can we do about “need for slot share”?
- How do we change entrenched attitudes?
 - ES / CT
 - TPD / HoS
 - NHS as a whole
- Can we broaden criteria?
 - Should we allow everyone LTFT regardless?

Acknowledgements

- Thank you trainees for completing yet another survey
- Sophie Hall, HEEE, Secondary Care Coordinator
- Dr Alys Burns, HEEE, EoE Deputy Postgraduate Dean
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