

Opportunities for Higher Emergency Medicine Less Than Full Time Training –

A Pilot Project

Guidance

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1. Introduction

- 1.1. The junior doctors’ contract negotiations highlighted wider, non-contractual concerns around flexibility in medical training. Health Education England (HEE) is exploring innovative solutions and developing new approaches to postgraduate training to improve morale and provide greater flexibility for junior doctors and dentists.
- 1.2. The pilot is supported by the Department of Health, HEE, NHS Employers, NHS Improvement, the General Medical Council, the British Medical Association Junior Doctors Committee and the Royal College of Emergency Medicine.
- 1.3. The pilot will explore the provision of more opportunities and wider access to less than full time training (LTFT). It is thought that a more flexible approach may:
 - a. reduce ‘burn out’ and attrition;
 - b. improve morale; and
 - c. aid recruitment.
- 1.4. The pilot is designed to enhance recruitment, reduce attrition and improve the working lives of higher Emergency Medicine trainees by offering an opportunity for improved work-life balance. HEE recognise that a diverse and inclusive workforce can encourage improvements, innovations and new approaches to existing problems. It is vital that all staff and learners we support are treated fairly and are enabled to reach their full potential
- 1.5. There is sociological evidence to support an approach to modern training methodology. Generational theory has emerged from hard evidence and ongoing

research, which provides a basis to understand society and groups which is scientifically acceptable.¹ Research indicates the more 'senior' trainee population are "Generation Xers" and are known to prefer options and flexibility; they dislike close supervision, preferring freedom and an output driven workplace. They strive for balance in their lives, they work to have a life and they do not live to work. More 'junior' trainees (the "Millennial Generation") have grown up quickly in an age of unprecedented diversity and exposure to other cultures. They are confident, assertive and have been characterised as "Generation Why". They have strong ethical principles and demand a reason and rationale; the traditional "because I said so" is not something they will readily accept.

- 1.6. This pilot is led by HEE, who will share findings widely.
- 1.7. Outcomes from the pilot evaluation may be applicable to other specialty and learner groups.
- 1.8. There are a number of initiatives and projects being developed by HEE in parallel to enhance working lives for trainees; this is one of many ideas being piloted.
- 1.9. The pilot went live in 2017. It has been agreed to extend the pilot for another year (August 2018 to August 2019), based on the same principles as outlined in this document. This means that existing trainees participating in the pilot can continue training LTFT for a further 12 months, and all existing higher Emergency Medicine (EM) trainees and current ST3 run-through EM trainees who are expected to progress to ST4 in August 2018 may submit an application to train LTFT under "Category 3", as described below. **Trainee who are currently part of the pilot and wish to continue training LTFT do not need to reapply.**

2. Background

- 2.1. A Reference Guide for Postgraduate Specialty Training in the UK, also known as the Gold Guide, sets out the current national arrangements for LTFT training.
- 2.2. The Gold Guide 2018 stipulates that a Trainee may only apply or be accepted for LTFT training with a well-founded individual reason.
- 2.3. Applicants for LTFT training within the Gold Guide criteria are prioritised into two categories:

¹ Howe, N., & Strauss, W. *Millennials rising: The next great generation* (New York: Vintage, 2000); Evans, K.H., Ozdalga, E. & Ahuja, N. "The Medical Education of Generation Y" *Academic Psychiatry* (2016) 40: 382; Codrington, Graeme and Grant-Marchall, Sue *Mind the Gap!*, (Penguin, 2004); Wolfinger, Emily and MrCindle, Mark, *The ABC of XYZ* (UNSW Press:2009); Kopperschmidt, B. R. "Multigenerational employees: Strategies for effective management", *The Health Care Manager*, (2000), pp. 65-76.

Category 1:

Those doctors in training with:

- i. disability or ill health. (This may include ongoing medical procedures such as fertility treatment.)
- ii. responsibility for caring (men and women) for children
- iii. responsibility for caring for an ill/disabled partner, relative or other dependant

Category 2:

Unique opportunities: A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).

Religious commitment: A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.

Non-medical development: A trainee is offered non-medical professional development (e.g. management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.

2.4. The pilot offers a third “category”:

“Category 3”: Trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.

3. Core features of the pilot

- 3.1. HEE initially undertook a 12-month pilot in England, in which all existing higher Emergency Medicine (EM) trainees and current ST3 run-through EM trainees who are expected to progress to ST4 in August 2017 were able to submit an application to train LTFT under “Category 3”. NIHR Academic Clinical Fellows and Clinical Lecturers were also included in the pilot. The pilot has now been extended for an additional 12 months (until August 2019). LTFT training arrangements agreed as part of the pilot will cease in August 2019 and are subject to service requirements described below.
- 3.2. Trainees accepted onto the pilot who want to decrease and/or increase their hours during or after the pilot (including returning to full-time training), may only do so when

there is capacity and agreement by the Training Programme Director or Head of School. Changes should usually align with the rotation date, but this may not be immediately available.

- 3.3. Should there be a higher than expected demand, normal application processing times may be exceeded and a waiting list may be required.
- 3.4. Applications under “Category 3” will be processed on a first come first served basis. Availability will be reviewed regularly to ensure stability of the workforce and to ensure any patient safety risks are identified and managed; approval of less than full time training will be dependent upon exigencies of the service.
- 3.5. HEE Local Offices will manage and administer applications for the pilot within existing mechanisms. HEE Local Offices will return a survey to the pilot project management team with the timescales identified in Section 5 of this guidance.
- 3.6. Applications for individuals who demonstrate they meet the Gold Guide criteria (Categories 1 and 2) will be prioritised.
- 3.7. All higher EM junior doctors in training may apply for LTFT training at 50%, 60% or 80% of a full time post, under “Category 3”.
- 3.8. Trainee doctors within the pilot are not able to choose which days and hours they wish to reduce. Working patterns need to be agreed with the employer/host organisation and pilot trainees must be available to work across all shifts and days.
- 3.9. Current higher EM LTFT trainees or ST3 run-through EM LTFT trainees who are expected to progress to ST4 in August 2018 may apply to decrease and/or increase their hours to continue training LTFT.
- 3.10. The demand for LTFT under “Category 3” is unclear; Training Programme Directors may discuss increasing training percentages with applicants in order to maximise the number of applicants under “Category 3” who may be accommodated under the pilot.
- 3.11. Trainees who have a current Tier 2 Certificate of Sponsorship, or require a Tier 2 Certificate of Sponsorship should discuss eligibility for the pilot with the relevant HEE Local Office and UK Visas and Immigration prior to submitting an application.
- 3.12. Higher EM trainee doctors approved through the pilot may undertake periodic locum shifts with their employing/host organisation in the first instance. Should the employing/host organisation not require the services of the junior doctor on a locum basis, the junior doctor may undertake occasional locum shifts elsewhere. The junior doctor should clarify in the first instance whether their employing/host organisation requires their services.
- 3.13. Additional locum work by trainees approved by the pilot should be periodic and not frequent. This should normally be up to a maximum of 8 hours, or one shift per month. Trainees who wish to regularly undertake locum shifts will have the

percentage LTFT reviewed and increased to account for this. This could result in a return to full time training status.

- 3.14. Locum shifts may only be undertaken with the approval of Educational Supervisors in advance and all locum shifts should be declared to the Educational Supervisor in real time.
- 3.15. The Educational Supervisor and Trainee must notify the Head of School/local HEE training lead on a regular basis (at least 3 monthly) about locum shifts undertaken during the pilot. In accordance with revalidation requirements, all locum work undertaken must be declared on the Trainee's Form R (Part B).
- 3.16. Trainees who feel pressured to undertake additional locum work should discuss with their Educational Supervisor and Head of School.
- 3.17. As part of the evaluation process, trainees approved under the pilot will be asked to declare where any locum shifts were undertaken (employer or other organisation), and the frequency of such shifts.
- 3.18. Trainees applying to train LTFT under the pilot must be aware that their salary will be apportioned in accordance with their contract of employment. Information is provided in question 14 of the Frequently Asked Question (Appendix 1). Trainees are also strongly advised to discuss pay and pension arrangements with their employer, to understand the financial impact of LTFT training.
- 3.19. During the pilot, higher EM trainees who are Out of Programme or undertaking a period of Acting Up are not eligible to apply or participate in the pilot.
- 3.20. Higher EM trainees who are approved to train LTFT in the pilot under "Category 3" and change specialty (i.e. resign their NTN in higher EM), will not be eligible to continue training LTFT upon transfer to another Training Programme.
- 3.21. Higher EM trainees who are approved under the pilot by a HEE Local Office (who do not meet the Gold Guide criteria) and wish to undertake an Inter Deanery Transfer to Scotland, Northern Ireland and Wales, are not be eligible to remain LTFT upon transfer (unless they meet the Gold Guide criteria and are approved by the accepting organisation).
- 3.22. Local Education Providers (LEPs) are expected to support the pilot objectives and Training Programme Directors will manage trainee placements to ensure a balanced, equitable approach. In particular, Training Programme Directors must ensure that LEPs are not put under pressure by having large numbers of LTFT trainees. A waiting list may need to be introduced by the HEE Local Office.
- 3.23. Given the total increased trainee population, HEE expects LEPs to support where necessary an increased proportion of trainees training LTFT. An individual's needs and expectations must be considered in the context of educational standards and service capacity, and LEPs have discretion to decline applications for LTFT training if

deemed necessary. HEE Local Offices may choose to restrict the number of trainees permitted to train LTFT as “Category 3” through the pilot to 10-15% of those currently training full time.

4. The role of HEE

- 4.1. Local and regional HEE offices will play a key role in monitoring and support. This will allow flexibility for trainees and LEPs to apply within established processes and takes into account local needs.
- 4.2. HEE will govern the pilot by ensuring nationwide communications; monitoring; evaluation; reporting; learning; and provide a platform for the sharing of best practice.
- 4.3. There will be a LTFT Pilot Working Group chaired by the Lead Postgraduate Dean for Emergency Medicine.

5. Timeline

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| 20 March 2018 | Pilot information to be sent to: <ul style="list-style-type: none"> • HEE local offices via PG Deans and Managers • HEE Less Than Full Time Forum attendees • EM Training Standards Committee • Trust Medical Directors |
| From 20 March 2018 | HEE local offices to send information about the pilot to EM trainees. |
| From 20 March 2018 | Application window opens for English higher EM trainees and current ST3 run-through EM trainees who are expected to progress to ST4 in August 2018. Trainees apply to their local office, quoting “Category 3”. |
| Midday 25 April 2018 | Application window closes. |
| August 2019 | The pilot formally ceases. |

6. Appendix 1 - Frequently Asked Questions

1. **Where did the idea of an Emergency Medicine less than full time training Pilot come from?**

The ‘Improving Quality of Training for Junior Doctors Working Group’ met in March 2016 to discuss non-contractual matters relating to education and training that had been raised through junior doctor contract negotiations. Access to less than full time (LTFT) training was discussed, in particular the possibility of allowing **all** junior doctors the opportunity to work LTFT should they wish to, not just those who meet the existing criteria under *A Reference Guide for Postgraduate Specialty Training in the UK, 2018* (more commonly known as the ‘Gold Guide’). Accordingly, Health Education England (HEE), the Royal College of Emergency Medicine (RCEM) and the British Medical Association (BMA) are implementing a pilot to explore the impact of allowing more flexibility within higher Emergency Medicine (EM) training.

It is thought that a more flexible approach may reduce 'burn out' and attrition, improve morale and aid recruitment.

This is one of a number initiatives being developed and implemented by HEE to enhance the working lives of postgraduate medical and dental trainees.

2. Why have a pilot? Why Emergency Medicine?

Whilst there is recognition of the potential benefits for junior doctors in allowing a more flexible approach to LTFT training, there is a degree of apprehension as the impact and popularity of a more flexible approach is not known.

A pilot provides an opportunity to identify the benefits, and address obstacles and risks of having a more flexible approach.

RCEM volunteered to participate in the pilot. As a high intensity specialty which has experienced workforce issues in a number of areas, it was agreed that a pilot in EM would provide an excellent opportunity to identify any particular obstacles and to evaluate the benefits and issues.

3. Which trainees can apply to have their hours reduced as part of the EM LTFT Training Pilot?

The pilot permits all higher EM junior doctors (ST4+), and current ST3 run-through trainees expected to progress to ST4 in August 2018 to apply for LTFT training, without needing to meet Category 1 or 2 of the Gold Guide (2018).

The pilot is an England-only initiative under Health Education England, and involves all HEE Local Offices.

This pilot is not applicable to trainees who are Out of Programme or undertaking Acting Up placements.

NIHR Academic Clinical Fellows and Clinical Lecturers in higher EM are included in the pilot.

4. Are CT1-3 trainees eligible to apply for the pilot?

CT1-3 trainees in Emergency Medicine are not eligible to apply. However ST3s who are in run-through training who are expected to progress to ST4 in August 2018 may apply.

5. Can higher EM trainees choose which percentage they wish to work at and which days they want to work?

In this pilot, trainees can apply to reduce or increase their hours to 50%, 60% or 80% of a full time post.

Trainees within the pilot will not be able to choose which days they wish to reduce their hours; however this does not apply to LTFT trainees who meet the Gold Guide criteria as they may negotiate with their Employer as usual regarding meeting the responsibilities for which they have LTFT status. Working hours/days will be agreed with the Employer/Host Organisation.

6. What happens after the window has closed?

HEE Local Offices will manage applications and will be in touch with trainees directly to convey the outcome. Please be aware that where demand for LTFT training is high, a waiting list may be introduced.

7. What is the application process?

Higher EM trainees will need to apply to their HEE Local Office through existing mechanisms. The timeline for applying is detailed in the guidance document (Section 5).

8. What are the key dates for this pilot?

The timeline is detailed in Section 5 of the Pilot Guidance.

9. What is the duration of the proposed pilot and how long does a Trainee's LTFT training request last?

The pilot commenced in August 2017 and was initially for a period of 12 months. The pilot has now been extended for an additional 12 months, until August 2019. **Trainees who participated in the first 12-month pilot (commencing in 2017) who wish to continue to train LTFT do not need to reapply. However, if trainees in the pilot wish to return to full time training, or wish to alter their percentage, they need to contact their local HEE office.** The pilot will cease in August 2019 and any arrangements are subject to service requirements and consideration by the Training Programme Director or Head of School.

It is a local decision whether a Trainee is occupying a full-time slot, part of a slot share, etc. If a Trainee under the pilot wishes to increase or decrease their hours at any stage, this should be requested via the relevant HEE Local Office. It is recognised that an increase or decrease may not be accommodated at short notice and will be subject to local approval.

10. What would happen if a Trainee changes Employer/placement during their training? What about Inter Deanery Transfers?

The LTFT training arrangement is an agreement between the Trainee, Employer and HEE Local Office/School. By approving the initial application, HEE and the School have agreed to the Trainee reducing their hours for the specified period; this will need to be conveyed from the HEE Local Office to any new Employer/Host Organisation as part of any subsequent rotation.

If a Trainee changes HEE Local Office through the Inter Deanery Transfer process, the receiving HEE Local Office will undertake the normal processes to re-confirm the Trainee's LTFT status. As this is an England-only initiative, organisations outside of England have no obligation approve LTFT training under this pilot via the Inter Deanery Transfer mechanism.

11. How would this affect a Trainee doctor's Tier 2 visa?

Tier 2 applicants need to liaise with their HEE Local Office and UK Visas and Immigration (UKVI) to ensure that any proposed reduction in working pattern (and therefore reduction in pay) does not compromise their visa requirements. This is the responsibility of the Trainee.

12. Are higher trainees in EM who have reduced their hours as part of this pilot able to undertake locum shifts?

Yes, please refer to 3.12 to 3.17 of the guidance.

13. How will the pilot be evaluated?

A full evaluation will take place involving feedback from all higher EM trainees (those training full-time, LTFT and part those involved in the pilot), BMA officials, organisations with LTFT trainees through the pilot, RCEM officials and HEE officials (including Heads of Schools). It is a mandatory requirement for trainees accessing LTFT training under the pilot to contribute to the evaluation process.

14. If there is high demand for less than full time training under the pilot, and an organisation feels unable to support a Trainee moving to LTFT training, what happens?

If there is high demand for LTFT training, individuals who meet the Gold Guide (2018) Category 1 or 2 criteria will be given priority. HEE Local Offices may explore the use of a waiting list if necessary. Whilst every effort will be made to support all LTFT training applications, approval may be subject to exigencies of the service; this will of course require

careful consideration. This aspect will require close monitoring and will form part of the evaluation process.

Ultimately, the Employer has a responsibility to approve/agree that the Trainee can be accommodated to train LTFT (this is part of the existing process which is already in place). Alternative training locations may be explored if an Employer feels unable to support a LTFT working pattern due to exceptional circumstances (i.e. exceptional workforce issues creating potential risks to patient safety).

15. What effect will training less than full time have on my pay?

Training and working LTFT will result in a proportional reduction in pay (including pensionable pay) when compared to that paid to full-time colleagues. This will be calculated differently, depending on which contract trainees are employed:

2002 'New Deal contract'

Pay will be calculated according to the number of hours worked (in 5 bands F5-F9 set out below) plus a supplement as applicable based on the working pattern (FA – 50%, FB – 40%, FC – 20%).

F5 is 20 or more and less than 24 hours of actual work a week and attracts 0.5 of FT basic salary

F6 is 24 or more and less than 28 hours of actual work a week and attracts 0.6 of FT basic salary

F7 is 28 or more and less than 32 hours of actual work a week and attracts 0.7 of FT basic salary

F8 is 32 or more and less than 36 hours of actual work a week and attracts 0.8 of FT basic salary

F9 is 36 or more and less than 40 hours of actual work a week and attracts 0.9 of FT basic salary

The full details on calculating pay for doctors training less than full time are set out in the NHS Employers guidance: ["Equitable pay for flexible medical training"](#).

2016 Contract for doctors and dentists in training

Pay for trainees working LTFT will be apportioned as follows:

- basic pay (and the value of any applicable flexible pay premia) will be calculated pro rata to their agreed proportion of full time work
- the on-call availability allowance will be calculated pro rata, based on the proportion of the full time commitment to the rota that has been agreed in the doctor's work schedule

- unsocial hours enhancements will be paid according to the working pattern detailed in the work schedule
- weekend allowance will be paid pro-rata based on the proportion of full time commitment to the weekend rota. For example, if the LTFT doctor contributes 60 per cent of the FTE weekend rota, they will receive 60 per cent of the cash sum outlined in Annex A for the FTE rota frequency according to their nodal point.

16. Will working and training less than full time have an impact on my pension?

Trainees wishing to apply for LTFT should consider carefully the implications this may have on their future pension provision and may wish to seek independent financial advice. Further information is available on the NHS Business Services Authority webpage: <http://www.nhsbsa.nhs.uk/Pensions/4206.aspx>

17. Will other specialties join the pilot?

Discussions are ongoing with a number of Colleges and Faculties to explore a range of approaches to increasing flexibility. Qualitative and quantitative feedback from the pilot will be shared widely.