Health Education England

Less than Full Time Training Category 3 Initiative
Year 1 Evaluation Report
In conjunction with Dr Katie Webb (Cardiff University School of Medicine)

February 2021

Executive summary

In response to trainees' feedback seeking greater opportunities for flexible medical training, Health Education England (HEE) has introduced the Less Than Full Time (LTFT) Category 3 (Cat 3) initiative in three specialities (Emergency Medicine, Obstetrics and Gynaecology, and Paediatrics) across England. Previously, trainees were only eligible to train LTFT if they met the eligibility criteria set out in the Gold Guide (e.g. for caring responsibilities or unique circumstances). In contrast, the Cat 3 initiative enables any trainee in these three specialities to request LTFT training in order to meet their individual professional or lifestyle needs.

RSM UK Consulting LLP (RSM) was commissioned by HEE in 2020 to conduct a three-year longitudinal evaluation of the LTFT Cat 3 initiative. This Year 1 Report explores the current profile of LTFT Cat 3 trainees, and the perceptions of LTFT Cat 3 trainees, wider trainees, Champions of Flexible Training, educators and employers of the impacts of the initiative. This report also provides a series of further recommendations to enhance the ongoing development of the programme in Year 2 and beyond.

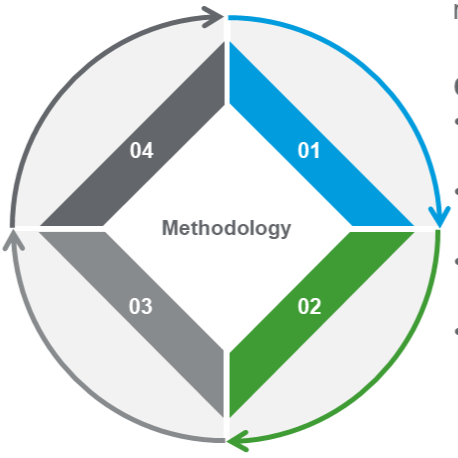
Our approach

The methodology for this report involved the following stages as shown in figure 1.1.[1]

Figure 1.1: Our approach

Online focus groups/ interviews with Employers (postponed due to Covid-19)

Online focus groups/ interviews with Champions of Flexible Training (five)



Desk review of HEE programme data and literature, supplemented with other relevant documentation

Online surveys with:

- **LTFT Category 3 trainees** (79 responses received)
- **Wider trainees** (12 responses received**)**
- **Champions of Flexible Training** (55 responses received
- **Educators** (92 Educational Supervisors, Training Programme Directors and Heads of School responses received) and
- **Directors of Medical Education and Postgraduate Deans** (47 responses received)

[1] Due to the pressures on the health system related to Covid-19, we were unable to undertake employer interviews. We will seek to complete these interviews in Year 2 and Year 3, when the Covid-19 situation has hopefully lessened to the extent that employers will be more readily available to participate.

Report key findings

Profile of trainees: Over half of the 79 LTFT Cat 3 trainees (55%) who responded to the survey are undertaking **0.8 WTE training posts**, corresponding with the findings of the LTFT Cat 3 survey and the previous Emergency Medicine Pilot Evaluation. Due to the Covid-19 pandemic, a number of trainees elected to increase their hours, and are currently training full-time. This evaluation will explore whether these trainees chose to remain full-time or return to LTFT in subsequent years. The number of LTFT Cat 3 trainees is **broadly in line with the relative size of each of the specialties**; Paediatrics (46%), Emergency Medicine (43%) and Obstetrics and Gynaecology (10%).

Impacts of LTFT Cat 3 on ARCP Outcomes: HEE data indicates 71% of LTFT Cat 3 trainees **achieved a satisfactory outcome** (outcome 1 – satisfactory progress), significantly higher than that of their full-time peers in the three specialties (45%[2]). 9% of LTFT Cat 3 trainees achieved a 10.1 outcome (making progress in training but there has been delay in the acquisition of competencies/ capabilities due to Covid-19).

Impacts of the LTFT Cat 3 initiative on trainees: The majority of LTFT Cat 3 trainees who responded to the survey (N=79) agreed/strongly agreed that the initiative had positively impacted on their **wellbeing (**77%), **sense of work/life balance** (78%) and their **level of job satisfaction** (57%). Educators, wider trainees and Champions also endorsed these findings, suggesting that many LTFT Cat 3 trainees were better rested and had higher levels of morale than full-time trainees. Given the current pressures of Covid-19 on the health service and its workforce, these are particularly positive findings.

Impacts on future career plans: 87% of LTFT Cat 3 trainees responding to the survey **intended to become a consultant within the NHS**, compared to 58% of wider trainees.

Impacts on wider trainees: The majority of educators who responded to the educator survey (N=12) considered there to be **neither a positive nor a negative impact on wider trainees**. Only one full-time trainee reported that LTFT Cat 3 had negatively impacted upon their training, although response rates to the survey of wider trainees this year were low (likely due to Covid-19 related pressures).

Impacts on the supervisory encounter: LTFT Cat 3 trainee (N=79) and educator survey (N=92) respondents broadly agreed that the initiative **had not been detrimental to their educational relationship or ability to schedule meetings**. 65% of educators felt they were able to maintain a positive relationship with Cat 3 trainees; while 87% of LTFT Cat 3 trainees **agreed/strongly agreed that their educational supervisor was available.** Again, within the context of the Covid-19 pandemic, the high proportion of trainees reporting that they are able to meet and maintain a positive relationship with their supervisor is a particularly positive finding.

Impacts on service provision: Perceptions of the impact on service provision differed significantly between LTFT Cat 3 trainee (N=79) and educator survey (N=92) respondents. 52% of LTFT Cat 3 trainees **did not feel that LTFT had impacted upon service provision, compared to 79% of educators who felt that it negatively impacted upon**

[2] This figure increases to 59% when missing outcomes/not stated entries are removed from the data set.

the creation/amendment of rotas. Educators suggested that higher numbers of 0.8 WTE trainees could be more challenging for service delivery, as it was more difficult to fill these rota gaps.

Impacts of the Champion of Flexible Training role: this role has been recently introduced to support and encourage flexible training, and based on the views of the Champions themselves, appears to be making an impact on the ground. The greatest impact noted by the 55 Champions who responded to the survey so far was the **signposting of trainees to practical information and resources (e.g. contracts, rotas and pay) (76%),** though further impact could be achieved as trainees and educational supervisors become increasingly aware of the role. Renumeration and programmed activities (PAs) allocated to undertake the role varied between Champions, as well as the provision of a job description.

Future areas of consideration

The Year 1 Report sets out five areas for consideration, based on the feedback provided within surveys of trainees (LTFT Cat 3 and full-time) Champions of Flexible Training, DME's & Deans and other educators (namely Heads of Schools, Educational Supervisors and TPDs); as well as interview discussions with other strategic stakeholders. These areas for consideration can be summarised as follows:

1. **Ensure that LTFT Cat 3 does not disproportionately impact upon rota gaps:** Ensure that HR and Departments are given sufficient prior notice of new LTFT Cat 3 trainees so that potential rota gaps can be minimised. Consider the increased use of slot shares (where appropriate) if the gaps left by 0.8 WTE continue to be more challenging to fill. Explore with employers (via interviews later in this evaluation) if there are any differences in impact across the three specialties – e.g. if larger specialities such as emergency medicine are better able to absorb gaps.
2. **Monitor attrition rates closely to see if the initiative is achieving the original aim of improving retention:** Consider developing a specific definition of attrition in the context of LTFT training. Ensure that the database of trainees leaving LTFT Cat 3 is up to date to monitor the impacts of Covid-19 and other factors. Monitoring attrition rates (based on agreed definition) and LTFT Cat 3 retention may potentially mitigate the short-term negative effect on rota gaps.
3. **Maintain the current positive Educational Supervisor/ trainee relations**: Retain the use of virtual meetings post Covid-19, which can better accommodate meetings between LTFT Cat 3 trainees and supervisors
4. **Introduce greater standardisation of the Champion of Flexible Training role** Ensure that new LTFT Cat 3 trainees are aware of the role (e.g. add Champions contact details to induction packs) and consider more direct communication with educational supervisors (eg. direct communication/ mail-outs) to raise their awareness levels. This could be particularly useful if more trainees elect to train LTFT Cat 3. Consider standardising renumeration and PAs allocated to Champions to undertake the role, to increase consistency amongst provision. Continue to focus the Champion role on providing advice and signposting to practical information – this is the area which has the greatest impact on individual trainees.

5. **Other considerations:** Consider developing an informal network for LTFT Cat 3 trainees, so that they can share common experiences and troubleshoot together. Consider developing a national network for Champions, so they can share good practice. Consider retaining the current application process – trainees overwhelmingly reported that this was straightforward and simple

Glossary

Acronym	Description
ACAS	Advisory, Conciliation and Arbitration Service
ARCP	Annual Review of Competency Progression
BAU	Business as Usual
BMA	British Medical Association
Cat 3	Category 3
CCT	Certificate of Completion of Training
CT	Core Trainee
DME	Director of Medical Education
EM	Emergency Medicine
ES	Educational Supervisor
GMC	General Medical Council
HEE	Health Education England
HoS	Head of School
HR	Human Resources
IMT	Internal Medicine Training
LTFT	Less Than Full Time
MERP	Medical Education Reform Programme
NTS	National Training Survey
OOP	Out of Programme
PA	Programmed Activity
RCEM	Royal College of Emergency Medicine
RCOG	Royal College of Obstetrics and Gynaecology
RCPCH	Royal College of Paediatrics and Child Health
RSM	RSM UK Consulting LLP
SuppoRTT	Supported Return to Training Programme
TPD	Training Programme Director
WTE	Whole Time Equivalent

Contents

1. Introduction

RSM UK Consulting LLP (RSM) was commissioned by Health Education England (HEE) in 2020 to conduct a three-year longitudinal evaluation of the outcomes of the Less Than Full Time Training (LTFT) Category 3 (Cat 3) expansion in England. The purpose of this evaluation is to:

- capture impacts on LTFT Cat 3 trainees' wellbeing, service provision and retention;
- evidence to inform a future decision on whether to expand the LTFT intervention to all specialties across HEE as the Business as Usual (BAU) model for training; and
- determine whether there is any detriment to non-expansion trainees.

1.1 Background to the LTFT Cat 3 initiative

The 2016 Junior Doctors' contract negotiations highlighted wider, non-contractual concerns around flexibility in medical training. The Medical Education Reform Programme (MERP) within HEE has been exploring a number of new flexibility initiatives within postgraduate training, and one of the key elements of this is the expansion of opportunities for training less than full-time and flexible training.[3]

Prior to this initiative, trainees were only eligible to train LTFT if they met the eligibility criteria set out in the Gold Guide, which sets out the current national arrangements for LTFT training. These two categories are:

Category 1:	**Category 2:**
• disability or ill health. • responsibility for caring (men and women) for children • iii. responsibility for caring for an ill/disabled partner, relative or other dependant	• Unique opportunities • Religious commitment • Non-medical development

However, feedback from trainees suggested that they often wished to access LTFT training for other reasons, such as to maintain a work/life balance, to reduce stress or to pursue outside hobbies. Consequently, HEE introduced the LTFT Cat 3 expansion initiative in England, which enables trainees to apply to train LTFT under the following third Category:

"Trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. Whilst that choice (and the reasons for it) are not subject to

[3] Other flexibility initiatives include Out of Programme Pause (OOPP) and Supported Return to Training (SuppoRTT).

the judgement of anyone else it is dependent upon and might be limited by service considerations."

This is currently open to trainees in three medical specialties - Emergency Medicine, Paediatrics and Obstetrics and Gynaecology. Initially, this small number of specialties was selected for the LTFT Cat 3 expansion initiative, to provide an opportunity to identify the benefits, and address obstacles and risks of having a more flexible approach. These specialities were chosen to be part of this initiative as they can experience particular challenges with trainee retention and burn-out.

The aims of LTFT Cat 3 are three-fold:

- to enhance recruitment;
- reduce attrition; and
- improve the working lives of trainees.

LTFT Cat 3 was first piloted with higher Emergency Medicine trainees in 2017 and was extended in Emergency Medicine for a second and third year, and in 2019, HEE extended the opportunity for LTFT Paediatrics and Obstetrics and Gynaecology. As of July 2020, there are 150 LTFT Cat 3 trainees in England.

In the *Enhancing Junior Doctors' Working Lives - annual progress report 2020*, HEE committed to expand LTFT Cat 3 to additional specialties, especially to those particularly impacted by Covid-19.[4] The expansion is supported by the Department of Health, NHS Employers, NHS Improvement, the General Medical Council, the British Medical Association Junior Doctors Committee, the Royal College of Paediatrics, the Royal College of Emergency Medicine and the Royal College of Obstetrics and Gynaecology.

In 2020, following the first waves of the Covid-19 pandemic, HEE outlined its plans to expand LTFT Cat 3 to include trainees from Higher Physicianly Specialities, Intensive Care Medicine, Psychiatry and Radiology from August 2021. These trainees will be offered a 'lead in year' in which they can go LTFT Cat 3 for four months at 0.8 WTE over a one-year period, with the option to continue following year.

[4] HEE (2020) Enhancing Junior Doctors' Working Lives - annual progress report, available at: https://www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_June%2020%20FINAL.pdf

1.2 Evaluation areas of exploration

This report will cover the following six categories:

Category 1	Assessment of trainee satisfaction and wider perception of LTFT Cat 3 trainees
Category 2	Evaluation of the Quality of Supervisory encounter
Category 3	Interim and final reports and presentations on evaluating the impact and numbers of LTFT on trainees progressing to CCT
Category 4	Impact on service provision
Category 5	Evaluation of the administration of the expansion
Category 6	Evaluation of the cumulative impact on trainee wellbeing/retention/ service provision in line with the expansion of Out of Programme Pause.[5]

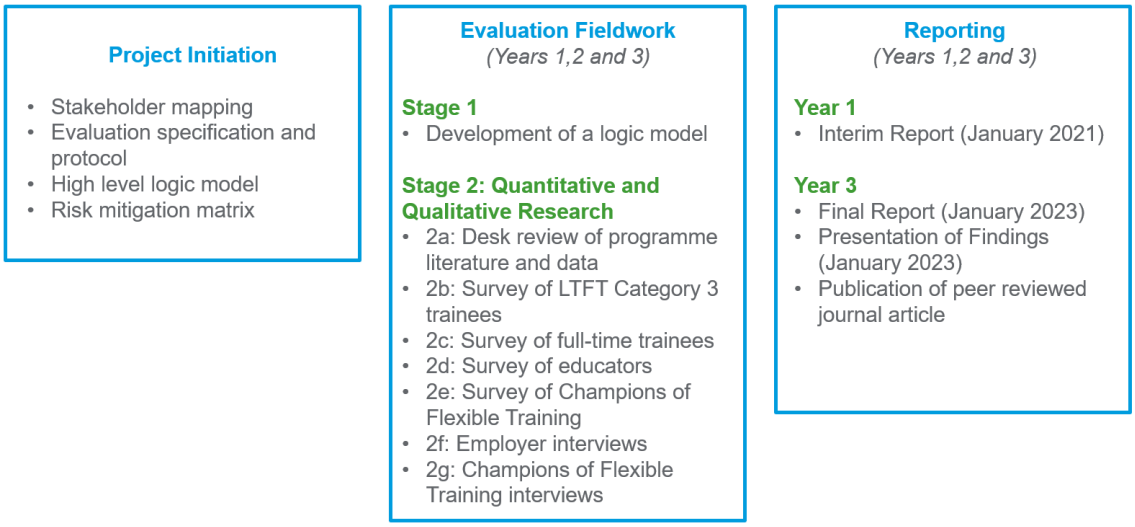
[5] A separate OOP-P evaluation is being undertaken, and will report separately

2. Methodology

2.1 Introduction to the evaluation

The diagram below illustrates our approach to this evaluation:

Figure 2.1: Our Approach



2.2 Evaluation methodology

The methodology for this report involved the following stages:

- **Desk review of HEE programme data and literature**, supplemented with other relevant documentation;
- Online surveys with:
  - **LTFT Cat 3 trainees** (79/145 responses received). This survey was issued in November 2020 via a direct mail-out from HEE local offices, as this cohort was relatively small in numbers and a direct invitation was more likely to generate higher response levels.
  - **Wider trainees** (12 responses received**).** This survey was issued in November 2020 via HEE social media channels, to avoid additional communication and potentially overburdening trainees during the Covid-19 pandemic.
  - **Champions of Flexible Training** (55 responses received) This survey was issued in November 2020 via a direct mail-out from the LTFT Cat 3 team as they were in receipt of Champions' email addresses and a direct invitation was more likely to generate higher response levels.
  - **Educators** (92 Educational Supervisors, Training Programme Directors and Heads of School responses received). This survey was issued in October 2020 via local offices. After discussion with the MERP team about reducing the burden on educators this survey also included questions on another HEE flexibility initiative, the Supported Return to Training (SuppoRTT) programme which RSM are currently evaluating separately.

  - **Directors of Medical Education and Postgraduate Deans** (47 responses received). This survey was issued in October 2020 via HEE Business Managers, and again questions were combined as part of a wider HEE flexibility initiative survey to reduce the burden of multiple surveys.
- **Online focus groups/ interviews with Champions of Flexible Training (five).** Champions of Flexible Training were recruited to take part in in-depth interviews via an invitation contained in the online survey. Champions were sampled by local office area, specialty, the number of sites they covered in the role, as well as their length of time spent as a Champion.

The five online surveys used for each group (LTFT Cat 3 Trainees, Wider Trainees, Champions, Postgraduate Deans and DMEs and educators) are provided within the annex of this report.

Originally, it had been our intention to hold online focus groups/ interviews with employers to explore impacts on service provision and employer perceptions of LTFT Cat 3. However, in light of the pressures of Covid-19 on the system, we have been unable to do this for the Year 1 report.

2.3 Evaluation logic model

In order to guide each of the evaluation activities and to ensure that we gathered relevant metrics to evaluate the LTFT Cat 3 initiative an evaluation logic model was devised at the outset.

There is no figure currently available for spend on Cat 3. Most of this spend is on “slot shares top up” *(These are full-time training posts already funded by HEE at DHSC national tariff salary support and clinical placement rates that two (or more)* LTFT trainees are placed in. HEE funds a ‘top-up’ to the full-time post WTE already funded. The ‘top-up’ WTE is the difference between the sum of the contracted WTE of the LTFT trainees slotted into the post less the 1.00 WTE already funded) and supernumerary posts *(These are additional part-time posts approved by HEE for LTFT trainees when full-time national tariff funded posts and slot shares are not possible).* There is a separate working group within HEE looking to standardise LTFT finance across HEE local offices, sponsored by HEE’s director of finance.

Context: The LTFT Category 3 pilot is designed to allowing doctors to apply for LTFT training for a range of reasons outside the eligibility criteria as set out in the Gold Guide. expansion has grown from an initial pilot in EM, to include doctors in training in Paediatrics and Obstetrics & Gynaecology, Offer flexibility in training to enhance Junior Doctor's working lives.

Aims/ objectives: Reduced attrition, improved morale, increased trainee satisfaction, ensuring greater recruitment into and retention in paediatrics, obstetrics & gynaecology and emergency medicine

Inputs	Activities	Outputs	Outcomes	Impacts
Funding: £22 million (NB this is across all 3 categories of LTFT) **HEE inputs:** • Project Manager • LTFT Project Board • HEE Medical Education Reform Strategic Oversight Group **Wider NHS inputs:** • Trust staff working in 3 departments • Locum staff • Training Programme Directors • Head of Schools • Educational Supervisors • Clinical Supervisors • HR/ medical staffing **Royal colleges** Inputs and oversight from: • RCEM • RCPCH • RCOG • BMA Junior Doctors Committee	• Educational supervision for LTFT Category 3 trainees • Training placements for LTFT Category 3 trainees • Administrative processes within: Trust medical staffing; Deaneries; HEE; and amongst trainees • Champions of Flexible Training	For LTFT Category 3, number of: • LTFT applications • Approvals for LTFT training • % of fulltime working selected • Placements that are LTFT • Training activities attended • % of slots created by LTFT working that are filled • ARCP outcome data	For Trusts / NHS: • Enhanced recruitment • Training places filled in 'hard to recruit' specialties • Reduced attrition in 3 specialties • Rotas staffed with LTFT Category 3 trainees/ fewer gaps For trainees: • Increased morale • Increased job satisfaction • Reduced burn-out (as evidenced by GMC training survey results) • Enhanced work/life balance • Progression in line with expectations • Improved patient care	• Workforce impacts – the NHS as a great place to work, and enhanced working lives for junior doctors • Training programmes which support the needs of trainees • High-quality patient care

3. Desk review

3.1 Introduction

This chapter presents a high-level overview of programme documentation, previous evaluations and surveys relating to the three specialities included in this pilot, and LTFT Cat 3 training more generally. Where relevant, this information is triangulated and presented alongside the relevant sections of the survey findings in chapter five.

HEE has produced project guidance for each of the three specialties involved in the initiative.[6] These guidance documents highlight that:

- Trainees may apply to reduce or increase their hours to 50%, 60%, 70% or 80% of a full-time post;
- applications are determined by Heads of School and Training Programme Directors, who ensure that applications are educationally appropriate for trainees, able to be accommodated by local service provision, align to rotation dates and respect Code of Practice requirements;
- Tier 2 applicants need to liaise with their HEE local office and UK Visas and Immigration to ensure that any proposed reduction in working pattern (and therefore reduction in pay) does not compromise their visa requirements;
- availability of LTFT Cat 3 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; and
- local and regional HEE offices are responsible for monitoring and supporting applications, taking into account local needs. Nationally, HEE is responsible for the overall expansion, reporting and learning.

In addition, in November 2020 HEE produced its *Less than Full Time Training Category 3 Expansion*[7] paper. The paper outlines the revised approach for the implementation of LTFT Cat 3 and proposed timeline, and states how the current Cat 3 initiative was roll-outed to establish a proof of concept. Following the impact of Covid-19, a revised approach to the roll-out has been adopted. This approach will address potential trainee burnout post-pandemic, while keeping to the requirements of the People Plan. By staggering the roll-out, it is also hoped that it will mitigate against substantial service disruption.

The paper outlines how trainees will be offered a 'lead-in year' where they can opt for LTFT training for four months at 0.8 WTE over a year long period. Following this 'lead in year', trainees can undertake an unspecific period of LTFT Cat 3 training. In this model, application approval must be sought from Postgraduate Deans to ensure training and service stability, and HEE local offices may choose to cap applications to 10-15% of those training full-time.

[6] HEE (2019) *Opportunities for Paediatrics, Obstetrics and Gynaecology, Emergency Medicine Less Than Full Time Training: An Expansion Project Guidance*
[7] HEE (2019) *Less than Full Time Training Category 3 Expansion*

3.2 Previous evaluation findings

3.2.1 Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-2018

In 2017, an evaluation (led by Dr Mike Clancy) was undertaken of the LTFT Cat 3 Emergency Medicine pilot, which involved 17 Emergency Medicine trainees, based in seven Deaneries across England.[8] This evaluation highlighted:

- LTFT Cat 3 was popular with pilot trainees, who stated exhaustion as their primary motivation to apply for the pilot;
- trainees reported an improved work life balance, job satisfaction and a greater likelihood of remaining in Emergency Medicine;
- all those in the first cohort chose to train at 0.8 WTE;
- one trainee on the pilot resigned from Emergency Medicine training, in line with broader attrition rates in Emergency Medicine;
- Trainees reported that the majority, but not all, of the vacant workload slots created by the 17 LTFT Cat 3 trainees were covered However it was not possible to fully ascertain if this was the case via discussions with ED leads and HR departments, The evaluation recommended a clear description was required as to how slots created by LTFT Cat 3 would be covered, so that LTFT Cat 3 did not negatively impact upon full-time trainees; and
- the evaluation also recommended that consideration needed to be given to the implications for future workforce planning, specifically the expansion of LTFT Cat 3 in training and potentially in consultant working.

3.3 Surveys

3.3.1 GMC National Training Survey 2020

The 2020 National Training Survey (NTS) received over 38,000 responses from trainees and trainers.[9] This year, the survey focused on how the initial peak of the Covid-19 pandemic affected trainees and trainers, their working practices and training. Key findings relevant to this initiative are:

- Obstetrics and Gynaecology had the highest proportion of newly qualified specialists that leave the profession – 12% of trainees leave within three years of CCT. This compares to 10% in paediatrics and 5% in Emergency Medicine. The survey findings did not provide details of leaver destinations (i.e. whether they left the profession and/or the country);

[8] HEE (2018) Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18 https://www.hee.nhs.uk/sites/default/files/documents/Interim-Evaluation-of-EM-Trainees-LTFT-Pilot-2018-19.pdf and RCEM (2018) The Less Than Full Time (LTFT(3)) working in Emergency Medicine Pilot. Final report. https://www.rcem.ac.uk/docs/training/ltft_pilot_final_report-for_website.pdf

[9] GMC (2020)The state of medical education and practice in the UK (2020) https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf?la=en&hash=F68243A899E21859AB1D31866CC54A0119E60291

- 7% of those leaving the UK medical workforce cited a lack of less than full-time opportunities as a factor in their decision to leave;
- Covid-19 has had an impact on trainees: 26% of Emergency Medicine trainees were redeployed outside their own speciality during this time. Trainees from all specialties felt that their training and development and mental health and wellbeing had been impacted negatively by the pandemic. For those in Obstetrics and Gynaecology, 78% suggested that Covid-19 had reduced their opportunities for competencies, compared to 60% in Paediatrics and 49% in Emergency Medicine; and
- 16% of trainees in Emergency Medicine were at a high risk of burn-out, compared to 12% in Obstetrics and Gynaecology, 6% in Paediatrics and in 10% of all trainees.

3.3.2 RCEM Emergency Medicine Trainees Annual Survey 2017

In 2017, the Emergency Medicine Trainees' Association undertook a survey of trainee members of the Royal College of Emergency Medicine, in which 630 trainees responded.[10]Key findings include:

- 11% reported training LTFT (across all three categories). The report noted that the proportion of respondents declaring themselves as LTFT was almost identical to the 2016 survey; this is due to the small number of Emergency Medicine trainees undertaking the pilot;
- 89% of trainees considered work related fatigue to have negatively affected their work performance;
- 75% were at high or very high risk of burnout;
- 46% of trainees had undertaken locum work; and
- 54% intended to become an NHS consultant.

3.3.3 RCOG LTFT Training Report 2019

The Royal College of Obstetricians and Gynaecologists run an annual Training Evaluation Survey of members.[11] In 2019, 380 LTFT trainees responded to the survey. Key findings from the LTFT report include:

- Obstetrics and Gynaecology has the third highest percentage of LTFT trainees of any speciality (25%);
- 47% of ST7 trainees are LTFT;
- 85% cited childcare as their reason for training LTFT; the report suggests that this is likely to change once the Cat 3 initiative is more established and trainees are no longer required to state a reason for electing to train LTFT;
- overall, LTFT trainees were more likely to have a positive ARCP outcome (outcomes one and six) than full-time trainees;
- 93% either agreed or strongly agreed that staff were supportive of LTFT training;

[10] EMTA (2018) RCEM Emergency Medicine Trainees Annual Survey 2017 https://www.emtraineesassociation.co.uk/emta-surveys
[11] RCOG (2019) RCOG LTFT Training Report 2019 https://www.rcog.org.uk/globalassets/documents/careers-and-training/assessment-and-progression-through-training/training-evaluation/analysis-2019/ltft-tef-report-2019.pdf

- those at lower training grades felt that their training had been more negatively affected than higher training grades - this could be due to the significant number of skills learnt at the beginning of a procedure-based speciality; and
- 86% of LTFT trainees agreed or strongly agreed that they were able to meet with their educational supervisor.

3.3.4 RCPCH State of Child Health: Paediatric Workforce 2017

This report highlights the increasing numbers of paediatric consultants who are working LTFT (22% in 2015), and that the number of trainees wishing to train LTFT are equally increasing[12].

[12] RCPCH (2017) *State of Child Health Short report series: the paediatric workforce* https://www.rcpch.ac.uk/sites/default/files/2018-03/2015_rcpch_state_of_child_health_the_paediatric_workforce_v1.1.pdf

4. Data gathering

4.1 Introduction

This chapter presents a high-level overview of LTFT Cat 3 trainee data (including the profile of trainees) and attrition data, both of which have been supplied by HEE. Where relevant, this information is triangulated and presented alongside the relevant sections of the survey findings in chapter five.

4.2 Profile of LTFT Cat 3 trainees

4.2.1 Gender

31% of current LTFT Cat 3 trainees are male and 69% are female.

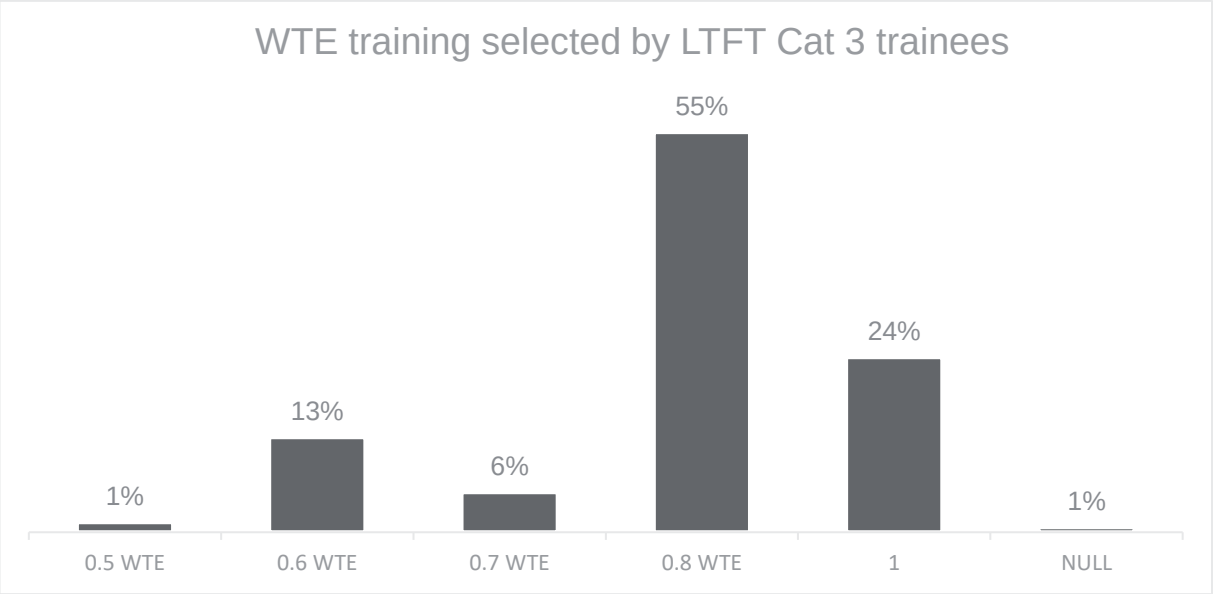
4.2.2 Specialty

At 46%, Paediatrics is the largest speciality represented in the LTFT Cat 3 initiative, followed by 43% in Emergency Medicine[13] and 10% in Obstetrics and Gynaecology. These figures are broadly in line with the relative size of each of these specialties.

4.2.3 WTE training

As the figure below illustrates, over half of LTFT Cat 3 trainees (55%) are undertaking 0.8 WTE. Interestingly, 24% of this cohort are currently undertaking full-time training, which is likely to be an impact of the Covid-19 pandemic. In subsequent years, the evaluation will explore whether those LTFT Cat 3 trainees who are currently training full-time revert back to LTFT.

Figure 4.1: Percentage of full-time posts applied for by LTFT Cat 3 trainees



Source: HEE data

[13] This figure also includes ACCS and Emergency Medicine run-through.

4.2.4 Local Office area

As the figure below illustrates, LTFT Cat 3 trainees can currently be found across in eight HEE Local Office areas. The largest proportion of LTFT Cat 3 trainees is in the South West (7%)

Figure 4.2: LTFT Cat 3 trainees per HEE Local Office

Local Office	Number of full-time trainees	Number of LTFT Cat 3 trainees	Total number of trainees	Percentage of LTFT Cat 3 trainees per Local office
North West	703	19	722	3%
West Midlands	430	1	431	0%
Yorkshire and the Humber	649	23	672	3%
East Midlands	415	12	427	3%
East of England	479	12	491	2%
London and Kent, Surrey and Sussex	2181	38	2219	2%
North East	346	0	346	0%
South West	384	28	412	7%
Thames Valley	278	0	278	0%
Wessex	228	12	240	5%
Missing Data	22	N/A	22	N/A

Source: HEE data

4.3 ARCP outcomes for LTFT Cat 3 trainees

The Annual Review of Competency Progression (ARCP) process is the means by which trainee performance is reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.

The table below illustrates the ARCP outcomes for the current LTFT Cat 3 cohort, and the full-time cohort in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics. 71% of LTFT Cat 3 trainees achieved a satisfactory outcome (outcome 1) and 9% achieved a 10.1 outcome, indicating that their acquisition of competencies/capabilities had been impacted by Covid-19. Those achieving a satisfactory outcome is higher amongst LTFT Cat 3 trainees (71%) than full-time trainees (45%) – we have noted in the next chapter that

28% of LTFT Cat 3 trainees opted to train LTFT to help with exam preparation. When the missing outcomes/not stated entries are removed from the denominator for the full-time cohort, the proportion of trainees achieving an outcome 1 then increases to 59% of full-time trainees. Once this is considered, there is no notable difference in the impact of Covid-19 on LTFT Cat 3 trainees and full-time trainees, with 9% of LTFT trainees achieving a 10.1 and 6% of full-time trainees achieving the same outcome.

Overall, findings from the analysis of ARCP outcomes for LTFT Cat 3 trainees are broadly in line with the ARCP outcomes noted within the Emergency Medicine pilot evaluation (although it should be noted that the pilot evaluation had a smaller number of LTFT3 trainees as a basis for comparison). The pilot evaluation suggested that one of the key motivators for electing to train LTFT Cat 3 was additional time to study.

Figure 4.3: ARCP outcomes for LTFT Cat 3 and full-time trainees in the 3 initiative specialties

ARCP Outcome	% of LTFT Cat 3 trainees	% of full-time trainees
1 Satisfactory progress – *Achieving progress and the development of competences at the expected rate*	71%	45%
2 Development of specific competences required – *Additional training time not required*	3%	2%
3 Inadequate progress – Additional training time required	1%	2%
4 Released from training programme – With or without specified competences	0%	0%
5 Incomplete evidence presented – Additional training time may be required	6%	7%
6 Gained all required competencies for the programme (clinical, academic, non-clinical)	0%	5%
8 - **Out of programme for clinical experience, research or a career break** (OOPE/OOPR/OOPC)	3%	8%
10.1 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to Covid-19.	9%	6%
10.2 recognises the progress is satisfactory but the acquisition of competencies / capabilities by the trainee has been delayed by Covid-19 disruption.	0%	2%
Missing outcome/ not assessed	4%	14%
NULL	1%	10%
Total number of trainees	145	6089

Source: HEE data

4.3.1 Attrition rates for trainees undertaking LTFT Cat 3

Attrition has been difficult to define and measure at this early stage of the evaluation, and we will need to take a longer-term view on this area in order to reach conclusions over time. To date, five trainees taking part in the initiative elected to train full-time as an impact of the Covid-19 pandemic (however are still working on a full-time basis within their training posts) and pressures on the health system. Five trainees also received an ARCP outcome 8, indicating that they had gone out of programme. At this stage, further data on attrition rates is not available, but this is something that we will seek to explore further at a later stage in the evaluation. To do this, we will need to work with HEE (and any other relevant stakeholder groups/ organisations) to agree a definition of attrition.

5. Survey and interview findings

5.1 Introduction

This chapter outlines the findings of:

- Five online surveys with:
  - LTFT Cat 3 trainees;
  - wider trainees who are not training LTFT Cat 3;
  - Champions of Flexible Training;
  - DMEs & Postgraduate Deans; and
  - other Educators (namely Heads of Schools, Educational Supervisors and TPDs).
- Online mini group interviews with Champions of Flexible Training; and
- Telephone interviews with employers.

5.2 Perceptions of LTFT Cat 3 trainees

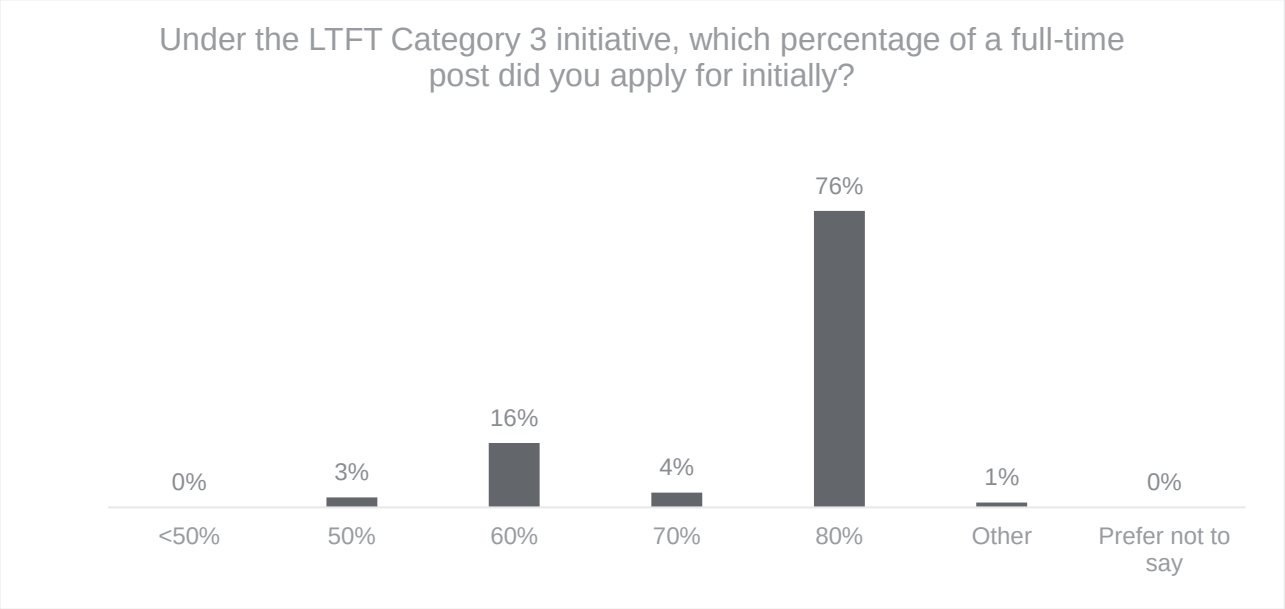
79 LTFT Cat 3 trainees completed the survey to gather LTFT Cat 3 trainees' perceptions of the initiative. This represents a high response rate, given that a total of 145 LTFT Cat 3 trainees were eligible to complete the survey. The survey covered: trainees' experiences of applying for LTFT Cat 3; rationale for and concerns about electing LTFT. Of these respondents:

- **Speciality:** 48% of LTFT Cat 3 trainees came from Paediatrics, 41% from Emergency Medicine and 11% from Obstetrics and Gynaecology
- **Gender:** 71% of LTFT Cat 3 trainees were female, and 29% male
- **Ethnicity:** 71% were White British, 6% White Other, 6% Mixed ethnic group and 4% Indian.
- **Stage of training:** ST2/CT2 (3%), ST3/CT3 (22%), ST4 (32%), ST5 (16%), ST6 (18%), ST7 (8%) ST8 (1%)

5.2.1 LTFT Cat 3 profile

The figure below indicates that the majority of LTFT Cat 3 trainees (76%) applied for 80% of a full-time post, with 16% applying for 60%. The number of survey responses from the 80% of a full-time post trainee cohort is slightly higher than the proportion of 80% trainees (55%) currently training LTFT Cat 3.

Figure 5.1: Percentage of full-time posts applied for by LTFT Cat 3 trainees



Source: LTFT Cat 3 trainee survey N= 79

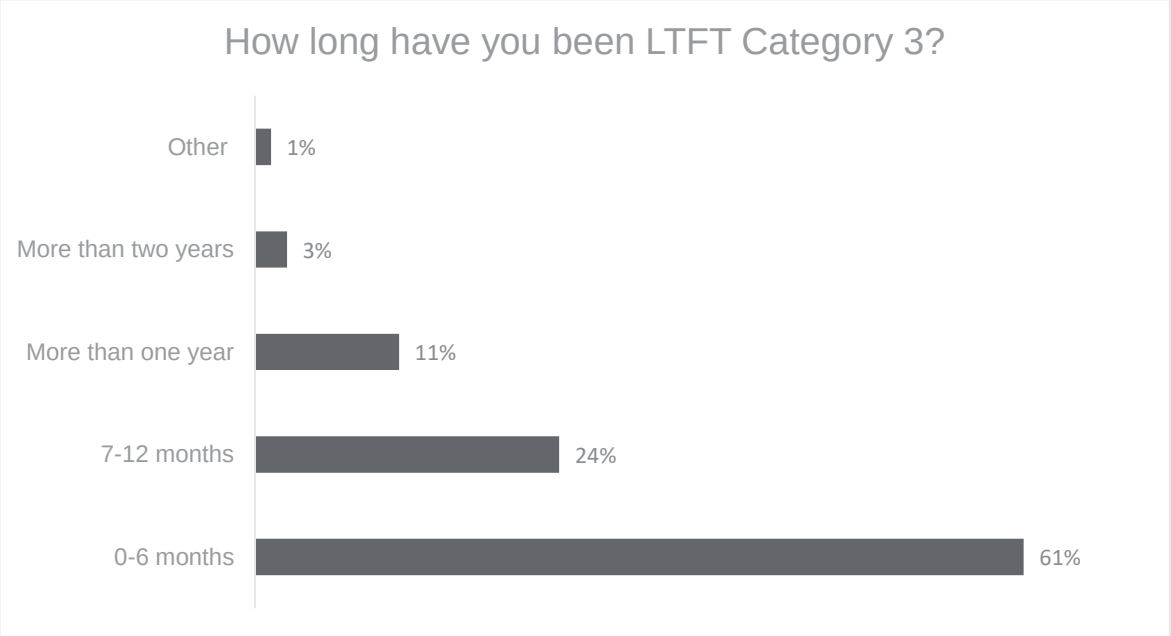
85% of LTFT Cat 3 trainees **had not applied for any further changes to their working time** since training LTFT. Of those 15% who had applied for further changes, approximately half had increased their working time. In open text comments, three trainees out of twelve respondents stated that they had increased their working time to 100% due to Covid-19 workforce pressures.

62% of LTFT Cat 3 trainees occupied a full-time slot, with only 12% slot sharing. Of those 27% who stated Other, the majority stated that they self-rostered.

The figure below indicates that the majority of trainees (61%) had been **LTFT Cat 3 for between zero and six months**. 24% had been LTFT for between seven and12 months and 11% over a year, suggesting that these are trainees who took part in the original Emergency Medicine pilot, and continued to train LTFT Cat 3.[14]

[14] Mike Clancy (2018) Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18 https://www.hee.nhs.uk/sites/default/files/documents/Interim-Evaluation-of-EM-Trainees-LTFT-Pilot-2018-19.pdf

Figure 5.2: Duration of LTFT Cat 3 training



Source: LTFT Cat 3 trainee survey N= 79

67% of LTFT Cat 3 trainees had never previously taken time out of programme. Of those 33% who had previously taken time out of programme:

- 20% was for an OOP experience;
- 6% for an OOP career break;
- 4% for OOP Training; and
- 3% for OOP Research.

45% of those who had taken time out of programme had done so for between seven and12 months, 21% for more than one year and 6% more than two years.

Those who had been training LTFT for 0-6 months were less likely to have previously taken time out of training (67%) than those who had been training LTFT for more than one year (56%).

5.2.2 Rationale for applying for the LTFT Cat 3 initiative

LTFT Cat 3 trainees were asked about their rationale for applying to the initiative. Rationale for applying to the LTFT initiative remained largely consistent amongst both trainees who had previously taken time out of training, and those who had never previously taken time out. The figure below illustrates that:

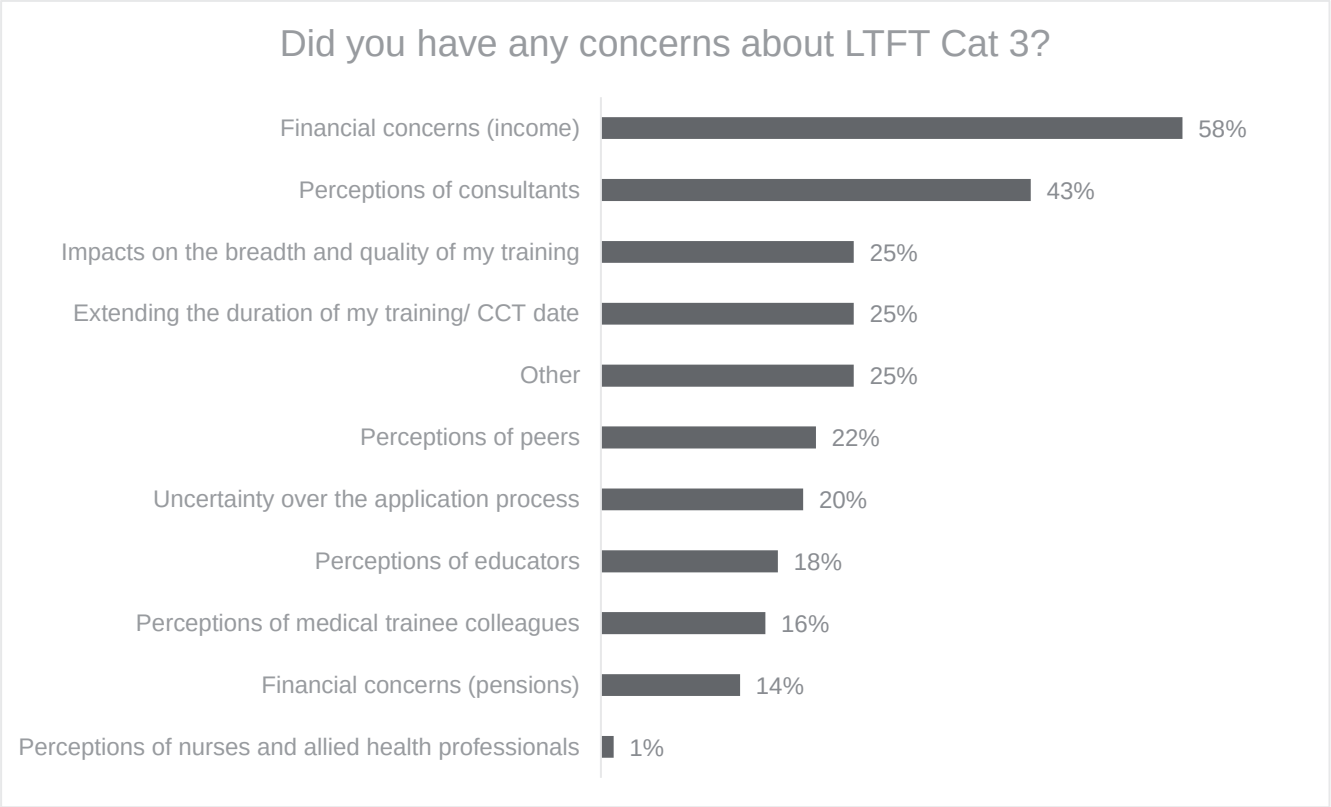
Figure 5.3 - Trainees rationale for applying for LTFT Cat 3 Training

Interviews with Champions of Flexible Training indicated that the introduction of Cat 3 was particularly beneficial for male trainees, who were less likely to feel comfortable providing rationale for electing to train LTFT Cat 1 and 2.

Trainees were also asked about their initial concerns before applying for LTFT Cat 3. As the diagram below illustrates:

- 58% were concerned about **income** a significantly higher percentage (73%) of trainees who applied for 60% or less of a full-time post had concerns around income, compared to those who applied for 80% WTE (57%). Financial concerns regarding pensions were also of greater concern to trainees applying for 60% or less (33%) than those applying for 80% WTE (11%).
- 43% were concerned about the **perceptions of consultants;** this concern was consistent across trainees at all percentages of full-time.
- 25% were concerned about **extending their CCT dates;** a higher proportion of trainees applying for 60% or less (40%) were concerned about extending their CCT dates than the proportion of trainees at 80% (24%). Approximately half of all trainees who applied for the LTFT Cat 3 initiative due to caring commitments were particularly concerned about extending their CCT dates.
- 25% were concerned about **the breadth and quality of their training.** Interestingly, trainees applying for 60% or less were not as concerned about the breadth and quality of their training (13%) than those applying for 80% of a full-time role (28%).

Figure 5.4 - Initial concerns about Cat 3



Source: LTFT Cat 3 trainee survey N= 79 NB trainees were able to select more than one option

5.2.3 Experience of the application process

90% of LTFT Cat 3 trainees agreed/strongly agreed that the **application process was straightforward**, and 77% agreed/strongly agreed that they had **received adequate information** during the process.

In open text responses, trainees stated that; *"It was an incredibly (refreshingly so) straightforward process"* and *"It was much easier than I thought it would be."* The majority suggested that they felt well supported by their TPD and supervisors during the application process; *"educational supervisor, college tutor and training program director were all supportive in accommodating my request"*. Where trainees had experienced challenges during the application process, these centred upon delays with HR departments, concerns that the number of applications would be capped, issues finding information on HEE local office websites and a short notice period for the initiative.

5.2.4 Impacts of LTFT Cat 3 initiative

92% of LTFT Cat 3 trainees agreed/strongly agreed that training LTFT had met their original aims. 8% neither agreed nor disagreed and 1% were not sure.

In open text responses, trainees stated that:

"I definitely feel I have a better balance with work and life commitments. I feel I have more time to reflect on my work and build on existing knowledge –[I] would rarely otherwise have time to read up on interesting cases or consolidate knowledge."

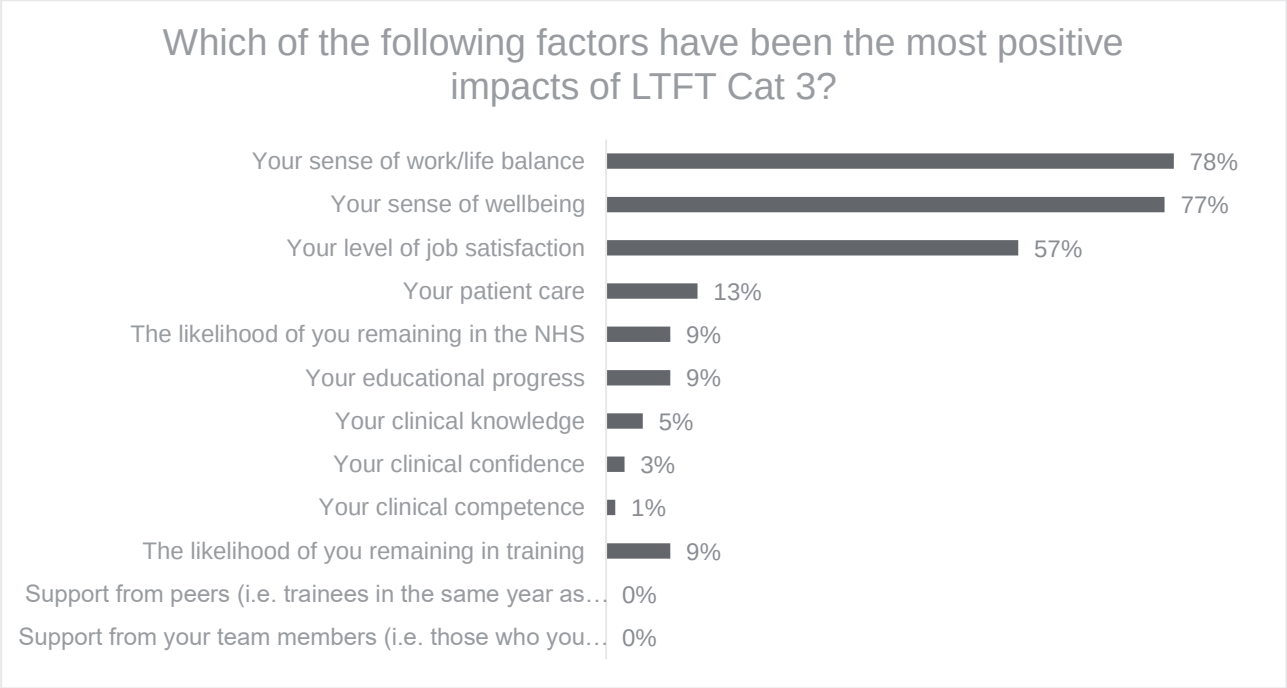
"Emergency Medicine is an incredibly demanding speciality and working on a full-time rota can be draining. Principally, the LTFT rota (80%) means that I look forward to my shifts and feel much more able to deliver better compassionate care. I haven't started a shift feeling tired, and that in itself is fantastic"

"Going to LTFT has changed my life. I feel completely different about work. I am happier, healthier and I feel a better doctor as a result."

As shown in the figure below, LTFT Cat 3 trainees were asked to state their top three most positive impacts of LTFT Cat 3. This indicated that:

- 78% considered LTFT Cat 3 to have **positively impacted upon their wellbeing**
- 77% considered LTFT Cat 3 to have **positively impacted upon their sense of work/life balance**
- 57% considered LTFT Cat 3 to have **increased their sense of job satisfaction**

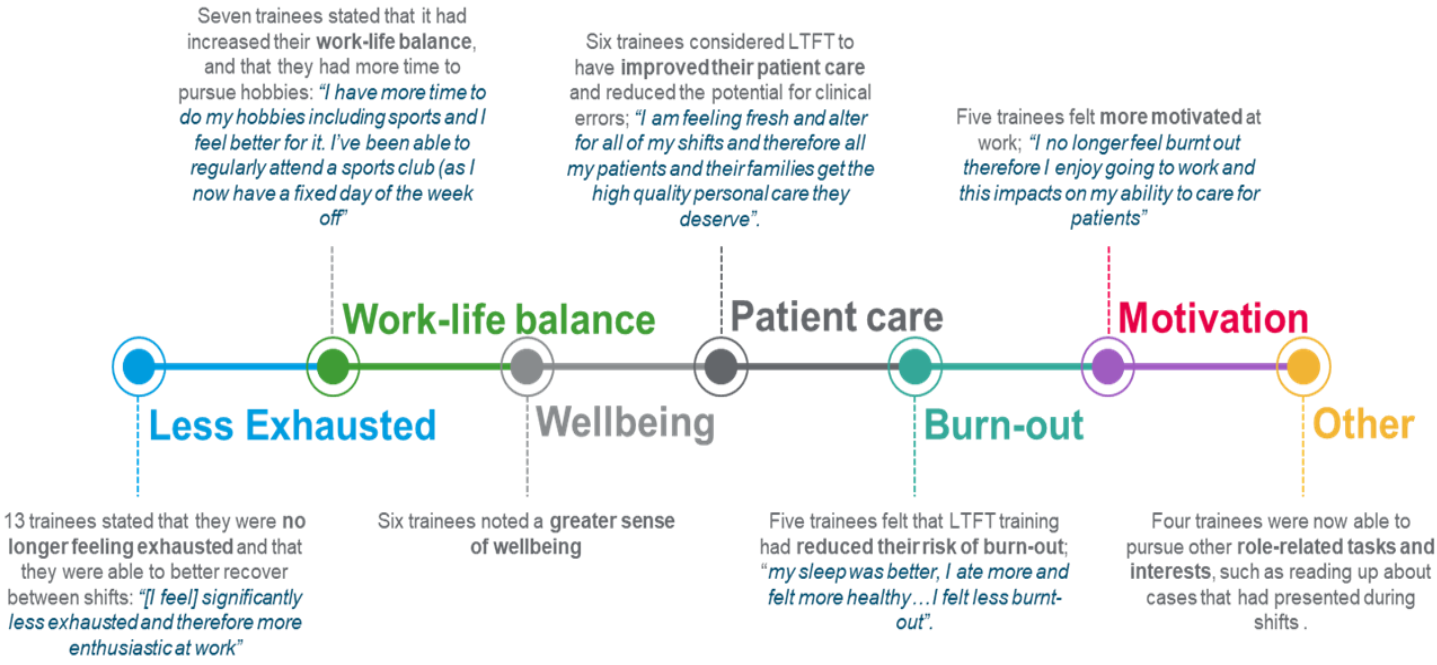
Figure 5.5 - Impacts of LTFT Cat 3



Source: LTFT Cat 3 trainee survey N= 79

In open text responses, 47 LTFT Cat 3 highlighted the following positive features of LTFT Cat 3:

Figure 5.6 - Impacts of LTFT Cat 3



In open text responses, 41 LTFT trainees noted the following negative impacts:

- Nine trainees noted they had **fewer opportunities for learning**: *"Working less than full time can result in less time in the operating theatre which can impact the number of procedures performed and therefore the level of clinical confidence and competence with these procedures."* This was particularly challenging for trainees who have a set day off each week; *"Having set days off every week has meant that I am missing out on structured departmental teaching and supervision which I feel has affected my educational progress."*
- Five trainees noted **reduced pay:** *"A pay cut of £20,000pa for 20% drop in clinical commitment, when my standard of training, practice and quality of what I can give back to patients and the NHS has increased"*
- Four trainees mentioned **negative perceptions of others**: *"Sometimes my colleagues joke that they 'never see me at work' and I feel like I have to defend my decisions."*
- Two trainees mentioned they could **feel detached from their peers**: "*As I am not working as often, I found at times to be a bit of an outsider as I couldn't share the stress and troubles of the full-time rota with my peers."*
- Two trainees mentioned **issues with HR and rotas**
- Two trainees mentioned **delayed CCT dates**

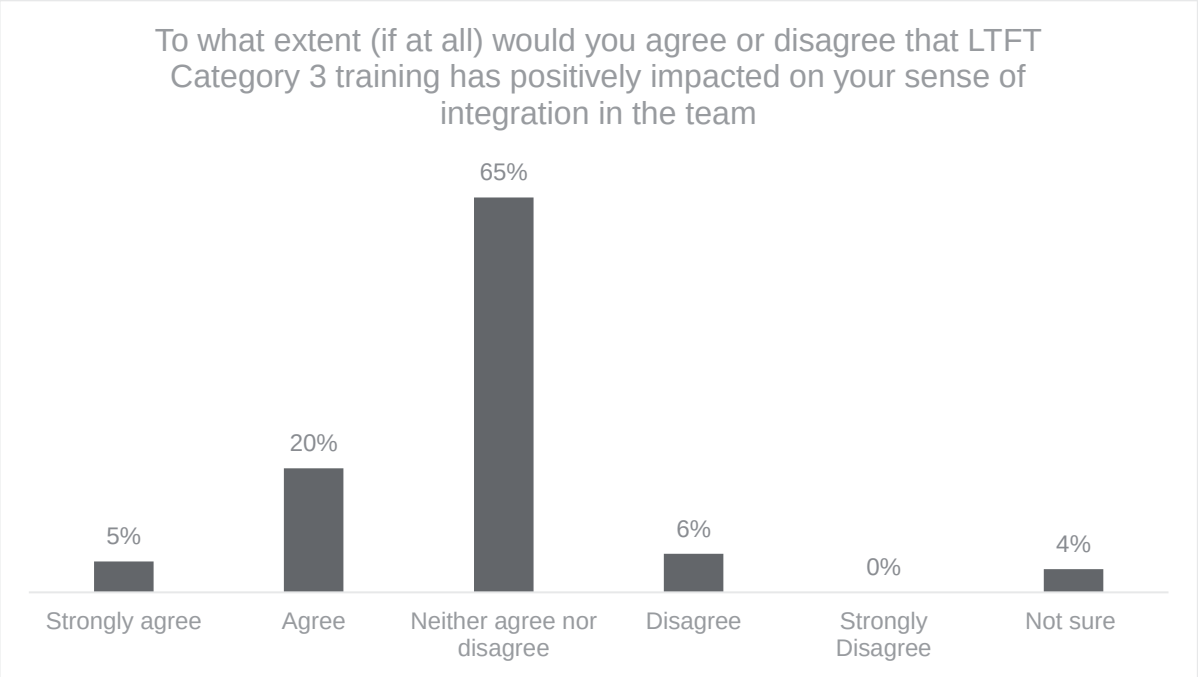
41% of LTFT Cat 3 trainees **neither agreed nor disagreed that the initiative had positively impacted upon their educational/academic experience**. In open text responses, trainees suggested that they now had more energy for independent learning.

86% of LTFT Cat 3 trainees **agreed/strongly agreed that they are achieving their learning requirements for ARCP 'to progress'**. 84% of LTFT Cat 3 trainees agreed/strongly agreed that they had the same access to training resources as full-time trainees. Trainees mentioned that the move to online resources due to Covid-19 had granted them better access; *"Given that most meetings are held virtually I have been able to access any important learning opportunities from home if needed".*

5.2.5 Perceptions of others

LTFT Cat 3 trainees were asked how LTFT had impacted upon their **sense of integration within the team**. As the figure below illustrates, the majority (65%) neither agreed nor disagreed with this statement. Around 25% of trainees agreed or strongly agreed that LTFT impacted positively on their sense of integration within the team;90% of these trainees worked 80% of a full-time post. The majority (57%) also occupy a full-time slot on the rota. 63% of trainees who felt that LTFT had not positively influenced their sense of integration within the team worked 70% or less of a full-time slot. Previous time out of training had no impact on sense of integration within the team.

Figure 5.7 - Impacts on the sense of team integration



Source: LTFT Cat 3 trainee survey N= 79

Equally, 57% neither agreed nor disagreed that the initiative had positively impacted on their working relationship with colleagues/fellow trainees.

5.2.6 Experiences of the supervisory encounter

87% of LTFT Cat 3 trainees **agreed/strongly agreed that their educational supervisor was available**. This was consistent regardless of the percentage of full-time training being undertaken by trainees. In open text responses, trainees suggest that Covid-19 has increased the accessibility of their educational supervisors as virtual meetings *"do not take*

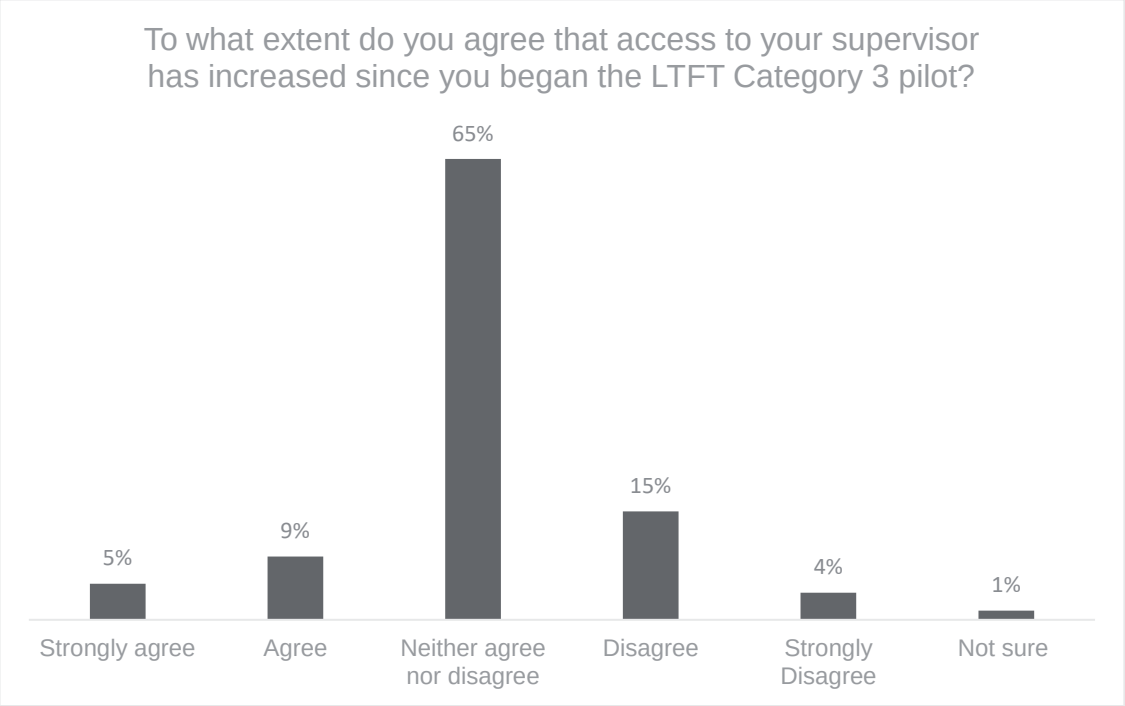
up as much of the day". Virtual meetings reduce the difficulty of arranging a mutually convenient time for both parties.

This correlates to the RCOG LTFT trainee survey, in which 86% of LTFT trainees agreed or strongly agreed that they were able to meet with their educational supervisor. [15]

52% of trainees suggested that **meetings with their educational supervisor took place during scheduled hours** and 42% suggested these took place during a combination of scheduled and unscheduled hours.

As the figure below indicates, 65% of LTFT Cat 3 trainees **neither agreed nor disagreed that access to their supervisor had increased.** Trainees suggested that the number of meetings had not changed significantly since they began training LTFT, and the increase in virtual meetings due to Covid-19 had been very useful.

Figure 5.8 - Impacts to supervisor access



Source: LTFT Cat 3 trainee survey N= 78

5.2.7 Future training and career plans

59% of LTFT Cat 3 trainees had not undertaken any clinical work in addition to their training since starting to train LTFT. Many trainees stated they did not take on additional clinical work due to the work-life balance and *"I don't want to feel I am working as much as I was before".*

[15] RCOG (2019) RCOG LTFT Training Report 2019 https://www.rcog.org.uk/globalassets/documents/careers-and-training/assessment-and-progression-through-training/training-evaluation/analysis-2019/ltft-tef-report-2019.pdf

Of those 41% who did undertake a locum shift in their speciality, 31% did so once a month, 24% every two-three months and 31% occasionally (in open text comments, trainees stated that this could fluctuate due to Covid-19 and rota gaps). Half of all trainees who did undertake locum shifts were from Paediatrics, 39% were from Emergency Medicine and a minority (11%) were from Obstetrics and Gynaecology. A number of trainees indicated that they took on further locum shifts during the covid-19 pandemic; *"during coronavirus I did a few locum shifts to help out".*

44 LTFT Cat 3 trainees responded to the open text question about the impacts of this additional work on their training. 16 trainees noted that it had had a positive impact on their training; *"this can be helpful for additional clinical experience and also help financially support the pay drop when working LTFT".* Others suggested that they had not experienced any impact on their training, as the clinical work was similar to the work they undertook in their training role. In addition, other trainees suggested that they did not undertake enough additional work to make a significant impact on their skills.

As the figure below shows, **94% of LTFT Cat 3 trainees suggested that they were likely/very likely to continue towards the completion** of their training programme. 84% also reported that they were likely to continue training LTFT after this year.

Figure 5.9 - Likelihood of completing the training programme

Source: LTFT Cat 3 trainee survey N= 79

In terms of future career plans:

- 87% intended to become a **consultant within the NHS;**
- 9% intended to take a non-training role such as specialty doctor within the NHS;
- 15% intended to take a **medical position overseas;** and

- 12% intended to become a **clinical academic**[16]**.**

100% of LTFT Trainees who had previously taken time out of their training programme for Research intended to become a clinical academic, compared to 13% of trainees who had not previously taken time out of the programme60% of trainees who has previously taken time out of training to gain other experience intended to become medical educators.

5.2.8 Impact on service provision

The figure below indicates that 52% of LTFT Cat 3 trainees **did not feel that LTFT had impacted upon service provision,** 25% did feel that it had an impact and 23% were unsure**.** Trainees who slot-shared suggested that LTFT Cat 3 had actually increased provision; *"I shared two rota slots with two other LTFT trainees, between us we worked over full-time in both slots, therefore giving department MORE service provision than two full-time trainees".*

Others suggested that there were enough locum staff willing to fill rota gaps. Those who did consider there to be gaps in service provision did not provide further responses.

5.3 Perceptions of wider trainees

Twelve non-LTFT Cat 3 trainees completed the survey to gather wider trainees' perceptions of the initiative. As highlighted in the methodology chapter, due to Covid-19 and increased workloads for trainees, the survey was disseminated via HEE social media channels rather than issued via a direct mail-out to trainees. Due to the small response size, we will only provide a high-level summary of the survey findings below.

Of these respondents:

- **Speciality:** Obstetrics and Gynaecology (n=4), Emergency Medicine (n=4), Paediatrics (n=2), Psychiatry (n=1) and Foundation Programme (n=1)[17]
- **Gender:** nine trainees were female, and three were male
- **Ethnicity:** White British (n=9), White Other (n=1), Arab (n=1), and Indian (n=1).
- **Stage of training:** ST1/CT1/ IMT Stage 1 (n=3), ST2/CT2 (n=1), ST3/CT3 (n=2), ST5 (n=1), ST6 (n=1), ST7 (n=1), FY2 (n=2) and FY3 / Post Foundation (n=1)

5.3.1 Perceptions of LTFT Cat 3 training

50% of trainees had not heard of LTFT Cat 3, including some trainees within the three specialities where the initiative has been rolled out.

Three-quarters of trainees would consider LTFT training, however three respondents mentioned that concerns about perceptions of others, changes in income and breadth and length of education had dissuaded them from applying so far (the same concerns with LTFT Cat 3 trainees) Also in line with LTFT Cat 3 trainees, wider trainees also mentioned

[16] Trainees were able to select more than one option about their future career plans
[17] The survey was intended primarily for the three specialities operating the LTFT Cat 3 pilot, however as the survey was disseminated via HEE social media channels, trainees from all specialities were able to respond

increased well-being, increased job satisfaction and greater work-life balance as motivators for applying for LTFT Cat 3.Experience of others working LTFT Cat 3

5.3.2 Experience of others working LTFT Cat 3

Four trainees were aware of trainees working LTFT Cat 3, while eight were unsure. Only one trainee felt that LTFT Cat 3 had negatively impacted upon their own training, and three agreed/strongly agreed that LTFT Cat 3 trainees were considered part of the team. One trainee noted *"Peers who work LTFT Cat 3 are more rested and appear to enjoy their job more".*

Two trainees felt that LTFT Cat 3 had not negatively impacted upon service provision, and one neither agreed nor disagreed. All three suggested that *"Staff seem more happy and relaxed and I think this is a good thing. I have not seen negative impact. Staffing has always been an issue and remains this way, but it should not mean that the same amount of people have to be worked harder, we simply need more staff."*

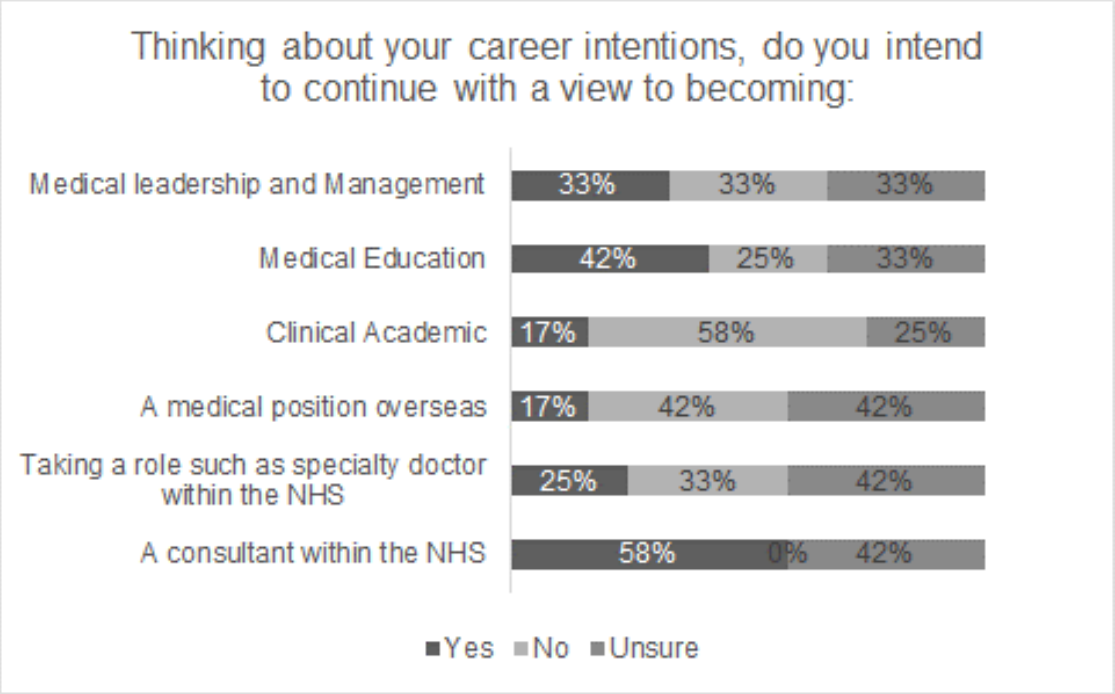
Ten trainees agreed/strongly agreed that LTFT Cat 3 was likely to increase the likelihood of this cohort continuing to work in the NHS.

5.3.3 Future training and career plans

Only two full-time trainees reported undertaking additional locum shifts, with one doing so once a month. Given the small cohort size, it is challenging for the evaluation to make comparisons with LTFT Cat 3 trainees.

Ten full-time trainees were likely/very likely to complete their training programme, and seven planned to continue training full-time. As the figure below illustrates, the majority of full-time trainees intend to become an NHS consultant post-training, which is lower than LTFT Cat 3 trainees, of whom 87% intend to become an NHS consultant. Interestingly, 42% of full-time trainees are unsure whether they intend to become a consultant, compared to 13% of LTFT Cat 3 trainees.

Figure 5.10 Career intentions of full-time trainees



Source: *Wider trainee survey (n=12)*

5.4 Perceptions of Champions of Flexible Training

The Champion of Flexible Training role was introduced as part of the ACAS agreement around the 2016 doctors in training contract. Champions of Flexible Training play a strategic role in promoting and improving existing support for LTFT trainees, and those on other models of flexible training. As outlined in the role description, the role includes providing guidance to trainees, sharing good practice, signposting trainees to other departments/colleagues/information and working with other bodies to ensure that a consistent approach to LTFT is adopted across Trusts.

This survey was an additional component to the initial evaluation, and was requested by HEE to explore the role of Champions. The survey was followed up with five telephone interviews with Champions, who were sampled based on their local office area, specialty, the number of sites they covered in the role, and the length of time spent as a Champion.

In total, 55 Champions of Flexible Training responded to the survey. Of these respondents:

- **Gender:** 85% were female and 15% were male
- **Time as a Champion:** The majority (40%) of respondents had been in their role as Champion of Flexible Training for more than two years, 36% had been in the role for more than one year but less than two and 15% for between seven and 12 months.
- **Role:** 98% of Champions of Flexible Training who responded to the survey were Clinicians (Consultant, GP, SAS)
- **Speciality:** The largest proportion of respondents came from Medicine (27%), Psychiatry (18%), Paediatrics (16%) and Anaesthesia (11%)

- **Ethnicity:** 78% identified as White British, 7% as Indian and 4% Pakistani. A total of 5% of respondents chose not to disclose their ethnicity.
- **Region:** 22% were from the North West region, 20% from London and Kent, Surrey and Sussex, 15% from Yorkshire and the Humber, 13% from the West Midlands and 11% from the East of England

5.4.1 Champion of flexible training role

The majority (82%) of Champions worked in a Hospital Trust, 15% in a Mental Health Trust and 4% in a Community Health Trust.

Over half (53%) of Champions covered two or three sites within their role as Champion of Flexible Training with 9% covered more than five sites.

The majority (74%) of Champions were contracted between **0 and 0.5 programmed activities (PA's) per week to undertake the role**. This generally corresponds with the amount of PA's (on average) Champions spend completing their role. 80% of Champions spend 0-0.5 PA's on average, per week, completing their role. Interviews with Champions indicated that workloads could vary significantly, depending on the number of trainees seeking advice per week, and the complexity of issues. In addition, some suggested that rotational periods could be particularly busy times for Champions. Approximately 47% of all Champions were financially remunerated for their role; the majority (51%) receive no payment.

Of those 47% of Champions who were financially remunerated for their role, the majority (62%) were contracted to undertake 0.1-0.5 PA per week. In contrast, of the 51% who were not financially remunerated, 71% of this cohort were contracted for 0 PAs a week to undertake this role.

Around 64% of **Champions combine their role with others such as Supported Return to Training (SuppoRTT) Champion or Guardian of Safe Working Hours.** Of the 33 trainees who were funded to undertake their additional role, 18% were funded 0.5 PA's per week and 18% were funded one PA per week. Interviews with Champions suggested that combining various roles better equipped Champions to advise trainees of the type of support and options available.

Approximately 69% of Champions had trained less than full-time themselves. A number of Champions indicated that this had impacted upon their role in the following ways:

"It gives me a better insight into some of the issues which may occur when training LTFT"

"I understand the difficulties with rota, leave, training issues and communication"

"It has helped with appreciating some of the less obvious difficulties that flexible trainees experience"

"LTFT was almost unheard of when I did it, so I wanted to be part of initiating a culture change"

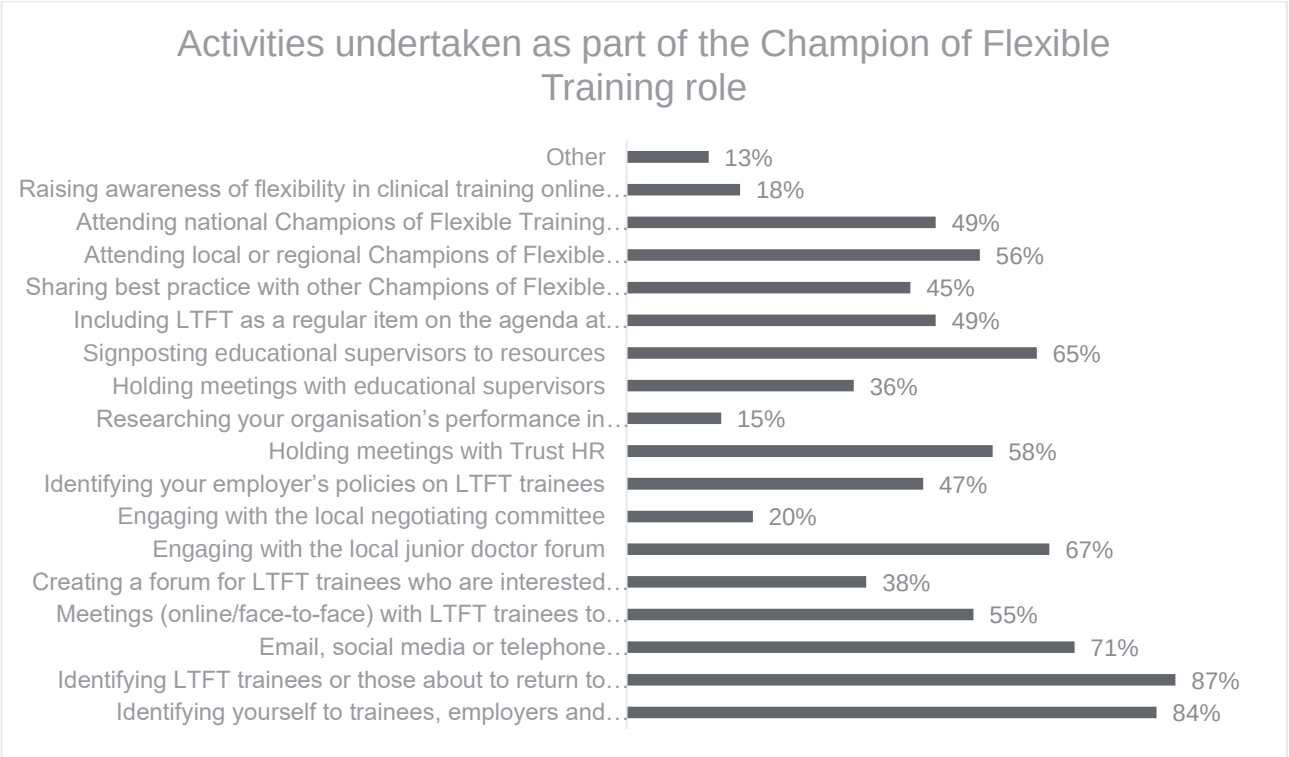
Interviews with Champions suggested that combining various roles provided them with a better general overview of the type of support and options available to trainees.

5.4.2 Activities undertaken by Champions

The activities undertaken as part of the Champion of Flexible Training role were varied. As shown by the figure below, the following activities were identified by Champions as the most and least frequently undertaken:

Most frequently undertaken	Least frequently undertaken
1. identifying LTFT trainees or those about to return to training within the organization (87%); 2. identifying yourself to trainees, employers and educational supervisors (84%); and 3. communicating with trainees (71%)	1. Raising awareness online or via social media (15%); 2. Champions of Flexible Training Network meetings (20%); and 3. Sharing best practice with other Champions (36%)

Figure 5.11: Activities undertaken by Champions of Flexible Training as part of their role



Source: Champions of Flexible Training Survey (N=55)

Interviews with Champions suggested that the vast majority of Champions' time was spent advising and troubleshooting individual trainee issues (eg. rota and payment issues, as well as access to training opportunities), as opposed to undertaking activities with wider networks or awareness raising. One Champion described how their role was that of a *'sounding board'*, and that this had become particularly important during the Covid-19 pandemic, when trainee apprehensions were generally higher.

Interestingly, a number of Champions suggested that LTFT trainees were more likely to request support in resolving conflicts with other full-time trainees than consultants, and that the majority considered consultants to have a broadly positive outlook on LTFT training.

Of these activities, interviews with Champions revealed that creating a forum for LTFT trainees is one of the most time-consuming activities as it requires a *"regular time commitment".* Another Champion felt that *"organising events and talks are the most time-consuming…meetings are also time consuming".*

When asked about their perceptions of the role, the majority of Champions either agreed or strongly agreed that they:

- **knew who they should escalate trainees' issues to within their organisation** (96%); and
- **had good awareness of current supervisory and pastoral structures to support LTFT trainees** (86%)

The majority of Champions also agreed/strongly that **employers were aware of the Champion of Flexible Training role** (71%). Fewer Champions felt that LTFT trainees and prospective LTFT trainees (56%) and Educational Supervisors (51%) were aware of the Champion of Flexible Training Role. Interviews with Champions suggested that trainees in sub-specialties were less likely to be aware of the role than those in larger specialties.

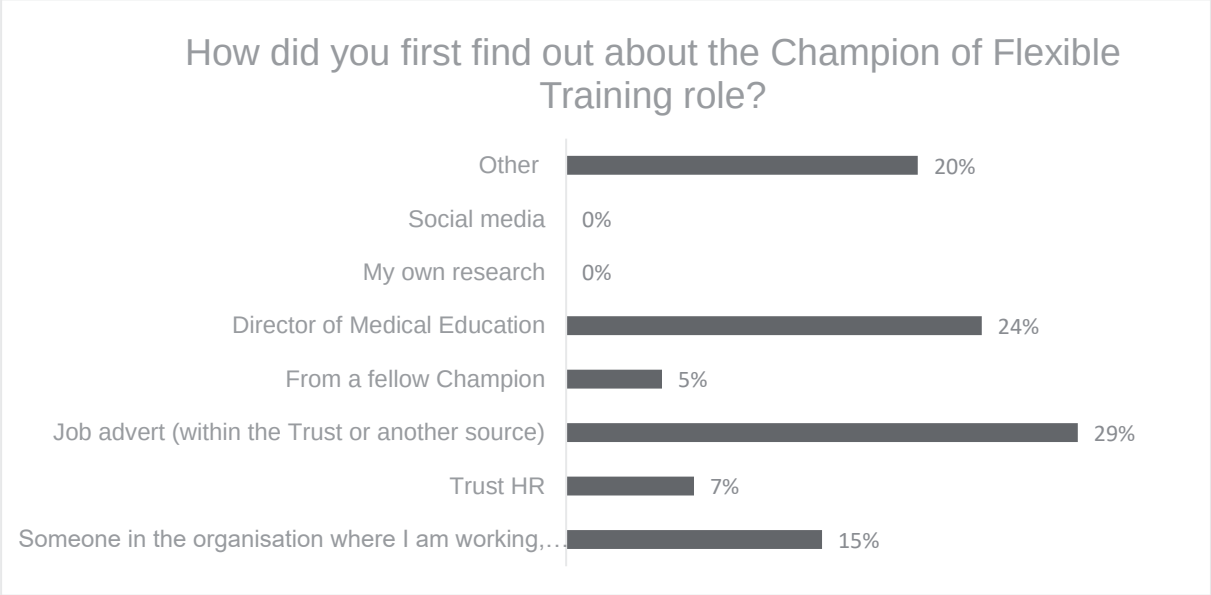
Just over half (56%) of Champions agreed/ strongly agreed that they **had sufficient time and resources to complete the role**. 48% of those who were contracted zero PAs per week disagreed/strongly disagreed that they had adequate time and resources, compared to 0% who were contracted for 0.1-1 PAs per week. Interviews with Champions also indicated that the information and data they have access to is *"sufficient"* to fulfil the requirements of the role but that the role *"should be financially remunerated"* to enable Champions to allocate sufficient time to their responsibilities.

Approximately 65% of Champions **agreed/ strongly agreed that they would recommend the role to a colleague.**

5.4.3 Experience of the application process

As shown by the figure below, most Champions found out about the role either through a **Job Advert** (29%) or through their **Director of Medical Education** (24%). 54% of Champions contracted 0.1-1 PAs per week first found out about the role from a job advert, compared to 5% of those on zero PAs per week.

Figure 5.12: How Champions first found out about the role



Source: Champion of Flexible Training Survey (N=55)

Prior to being appointed to the role of Champion of Flexible Training, 47% of respondents indicated they had **been provided with a job description**; 42% had not been provided with a job description and the remaining 11% were unsure. Of the 26 Champions who had been provided with a job description, 92% either agreed/ strongly agreed that their role reflected the responsibilities that were outlined. Champions noted:

"the job description clearly outlined the roles and responsibilities and the organisational structure that the role fits into"

18% of Champions neither agreed or disagreed that their role reflected the responsibilities outlined in the job description; whilst the job description provided was generally accepted as being accurate, it was highlighted by a number of Champions that it was not detailed enough in terms of the requirements of the role:

"The job description stated 'the appointed lead will be responsible for developing and supporting LTFT training'…this is accurate but not detailed!"

A number of Champions indicated that as the Champion of Flexible Training role is new within a number of trusts, the job description will need to be *"altered slightly"* on an ongoing basis as the role is developed.

During interviews with Champions of Flexible Training, one highlighted that the role was "not different" to the original job description but it is "difficult to cover everything" in terms of responsibilities. Champions were asked to identify areas which should be a priority for their role in 2021, the following priorities were noted:

- continuing to help change the culture within the NHS around LTFT;

- advocating for expansion of LTFT training;
- helping improve the diversity of LTFT trainees; and
- ensuring clear and consistent communication.

5.4.4 Impacts of the role

As a result of activities undertaken as part of the Champion of Flexible Training role, **35% of Champions had engaged with between zero and ten trainees** and 25% with between 11-20 trainees. Analysis suggests that there is no significant difference in the type of activities conducted by Champions engaging with zero-ten trainees as opposed to 11-20 trainees. Interviews with Champions suggested that the majority engaged with trainees on a case-by-case basis, while others engaged with LTFT trainee WhatsApp groups, or with LTFT trainee representatives.

Champions also engaged with educators as a result of activities associated with their role. 38% engaged with between zero and five educators and 25% with between six and ten educators. Surprisingly, 20% of Champions indicated they had engaged with over 30 educators.

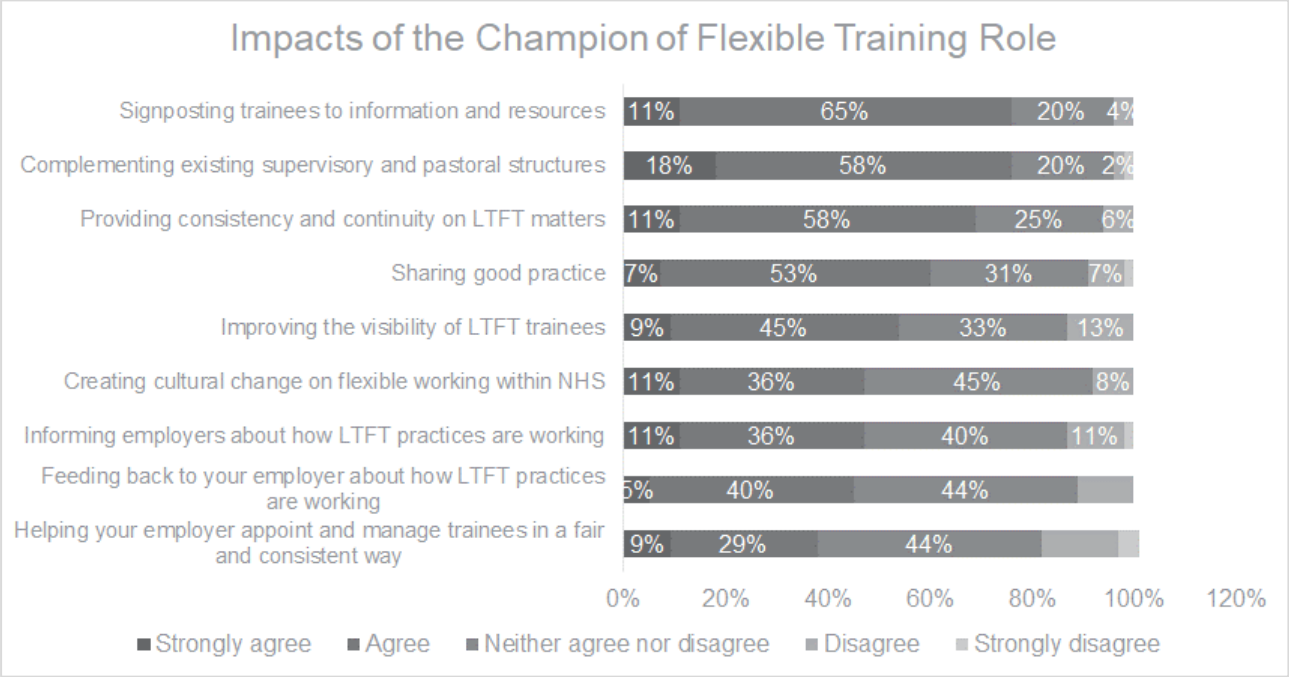
Champions were asked about the impacts of their role as a result of the activities and engagements undertaken. Most Champions either agreed or strongly agreed that their role was successful in:

- signposting trainees to practical information and resources (e.g. contracts, rotas and pay) (76%);
- complementing existing supervisory and pastoral structures for LTFT trainees (76%); and
- providing consistency and continuity on LTFT matters within the organisation (69%).

Interviews with Champions suggested that the most positive impact of the role was on the individual trainees who came to them for support or advice. For example, one Champion illustrated how they were able to support a struggling trainee who was considering dropping out of training for financial reasons by signposting them to locum shifts and outlining the options that were available to them.

Champions of Flexible Training indicated that their role was less successful in other aspects. As shown by the figure below, Champions disagreed/ strongly disagreed that their role was successful in informing employers how LTFT practices are working within the organisation (51%); feeding back to the employer about how LTFT practices are working on the ground (55%) and helping the employer appoint and manage LTFT trainees in a fair and consistent way (59%).

Figure 5.13: Impacts of the Champion of Flexible Training Role



Source: Champion of Flexible Training Survey (N=55)

Champions agreed with the findings of the LTFT Cat 3 survey that the activities undertaken as part of their role contribute to job retention. They provided various anonymised examples of how their role and the activities associated impacted upon individual trainees:

Case study 1: rota issues and incorrect payment issues

"Several trainees were being asked to write their own rota in accordance with their training needs. This was proving difficult and stressful and should not be done by individual trainees. I highlighted this to our head of HR who was able to advise those departments that this was not the best way to do things. Another trainee was going through a difficult divorce and needed her pay slip to reflect her current salary as this was being taken into account for calculating how much money her ex-partner was going to give her/the children. She was also having some emotional and practical difficulties working and looking after 3 young children with no support from family or others. I was able to have several meetings with her to support her through the difficult times and to make sure that the salaries and wages department corrected her pay slips."

Case study 2: Signposting trainees to the LTFT options available

"Advising a trainee on the different rota patterns available to her and how the different percentages of LTFT may affect her ability to balance a challenging home situation with returning to training after some time out"

Case study 3: Reducing tensions between LTFT trainees and Departments

"Work schedule arguments - smoothed the waters between HR and a whole department regarding a rota and the LTFT trainees working in it"

Case study 4: Payment issues

"Signposting to HR for Correct pay calculation. This is the case for both core trainees and higher trainees Who have been given an inaccurate pay as well as an inaccurate rota. I have set up meetings between myself, LTFT representatives Medical HR and Pay roll to identify a single point of contact who can be approached for these difficulties as well as gain a better understanding of how salary is calculated for less than full-time trainees. LTFT trainees have also been given quarterly drop-in meetings to discuss any issues and identify people who can support them in any difficulties.

Case study 5: Supporting LTFT trainees during Covid-19

"I have been involved with an LTFT F1 trainee who had encountered difficulties maintaining her competencies as a result of Covid-19. She was having difficulties with her clinical supervisor understanding her individual circumstances and she was concerned that allowances for her time during the Covid 1st wave would not be reflected as it had been in the full-time trainees. We met face to face so I could offer some pastoral support as she had been through a difficult time on the Covid area and also to talk about practical ways to complete her training as well as ensuring assurances that she would be treated fairly. I liaised with the deanery team to clarify how things would work for her ARCP. I was then able to feedback to the foundation team, the DME and her educational supervisor about her needs and the situation. A plan is now in place and her training is back on track and she is appropriately supported"

5.4.5 Challenges and recommendations

Champions described a number of challenges which they have encountered in their role. The **ability to engage trainees** is a key challenge which was referenced both in surveys and in interviews.

"The main challenge is finding ways to engage trainees and identify those returning to training".

"Greatest challenge is engaging the trainees - only the minority (max 30-40%) will respond"

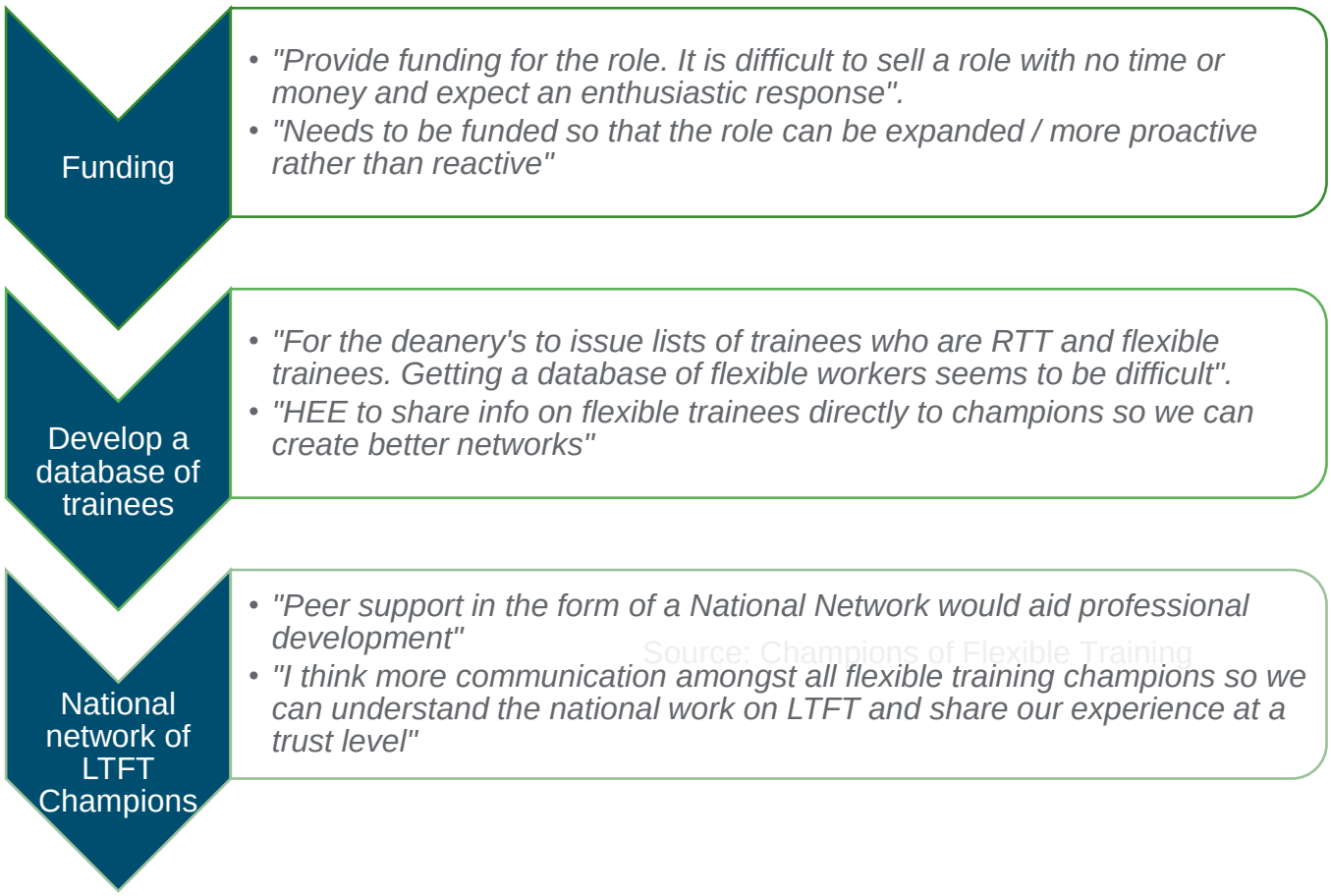
"The trainees are not engaged with the concept. When I contacted them and arranged social media contacts and suggested forums, only six of a possible 30 replied"

A lack of time and funding to undertake the role was also cited in surveys; *"I don't have enough time allocated or any remuneration".* Through interviews with Champions, one respondent suggested that if they received funding for their role, they would be able to make more time for it; *"financials effect time. I would make extra time to do it if it was funded".*

Regardless of challenges, Champions generally felt that the role had worked well since its introduction with one respondent stating; *"I think it is an excellent role and as a previous LTFT trainee I think it is essential for trainees, supervisors, DMEs and HR to have that point of contact".* Having one point of contact was frequently suggested as the main benefit of the Champion of Flexible Training role throughout survey responses and interviews. Champions felt that this *"improved the availability of information"* and helped to *"raise awareness of LTFT considerations".*

Going forward, Champions provided a number of recommendations which they felt would help to improve the effectiveness of their role:

Figure 5.14: Recommendations for the Future of The Champion of Flexible Training Role



5.5 Perceptions of educators

After discussion with the MERP team about reducing the burden on educators during the Covid-19 pandemic, two HEE flexibility initiative surveys were conducted, which combined questions on LTFT Cat 3 and the Supported Return to Training (SuppoRTT) programme. The first survey with Educational Supervisors, Training Programme Directors and Heads of School received 92 responses to LTFT Cat 3 questions, and the second survey with DMEs and Postgraduate Deans received 41 responses.

- **Speciality**: For the educator survey 44% came from Paediatrics, 31% from Obstetrics and Gynaecology and 23% came from Emergency Medicine. The DMEs & Deans survey received responses from a greater range of specialities, including 24% from Medicine.
- **Duration in role:** DMEs and Deans were relatively new to the role; 42% had been in post for under a year and 32% for between two and four years. 12% of respondents had been in post ten years or more. HoS, TPDs and ES tended to be in post for slightly longer; 41% had been in post between two and four years, 24% for between 5 and 10 years and 18% for over 10 years.

5.5.1 Awareness amongst educators

Awareness levels of the LTFT Cat 3 initiative were high amongst both DMEs and Deans (87%) and educators (74%).

DMEs and Deans also had significantly higher levels of awareness of the Champion of Flexible Training role than educators, with 88% and 50% respectively indicating that they had previously heard of the role. 10% of DMEs and Deans had not heard of the Champion of Flexible training role in comparison to 43% of educators.

5.5.2 Impacts on educators

As illustrated below, **the majority (79%) of educators felt that LTFT Cat 3 negatively/strongly negatively impacted upon the creation/amendment of rotas**.

64% of educational supervisors considered it to have a negative impact on service provision, compared to 52% of Heads of School or TPDs.

In open text responses, educators noted that it was often more challenging to fill rota gaps from 0.8 WTE trainees rather than those slot sharing; *"Often these trainees take 80% LTFT…It then makes slot sharing very difficult and rotas have to be adjusted accordingly. This often leads to vacant shifts that then can only be filled by locums who are expensive and of variable quality".* This finding was echoed during the interviews with Champions of Flexible Training. This contrasts with the findings of the pilot LTFT Cat 3 evaluation, which suggested that since all participating trainees were training 0.8 WTE, uncovered slots could be absorbed more easily in the system.[18]

In open text responses, DMEs and Deans reported being less positive about LTFT Cat 3:

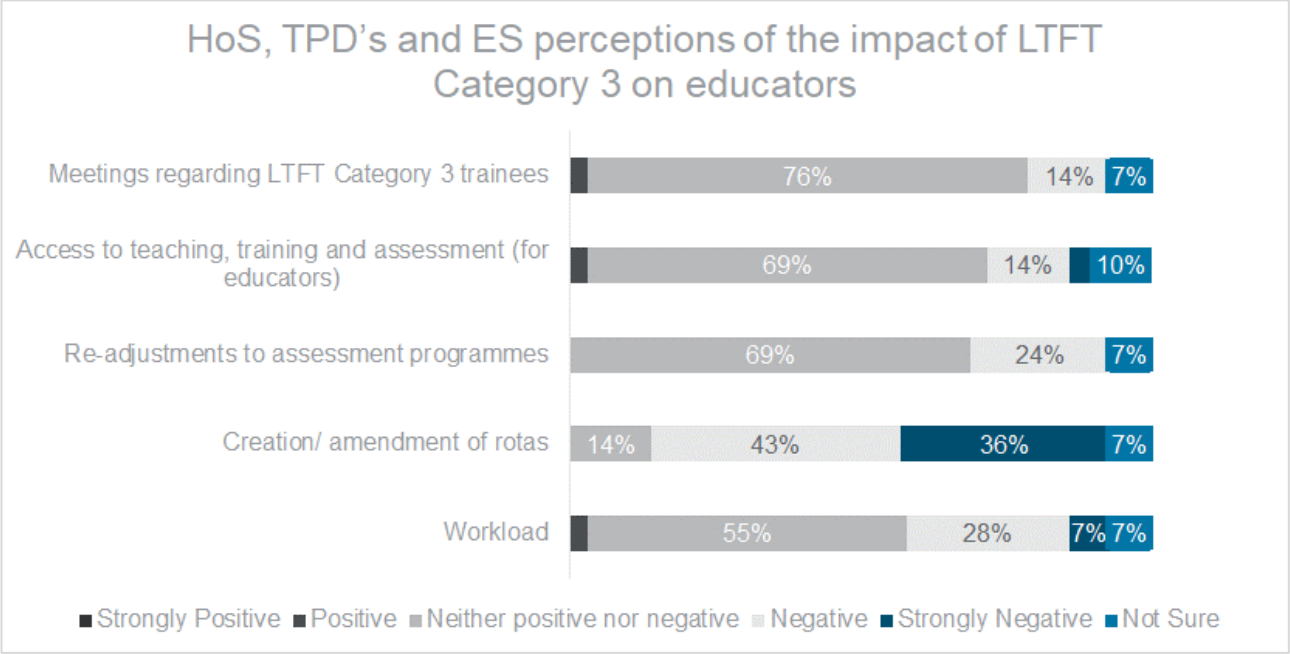
"Category 3 is another political gesture. I handle lots of applications for LTFT and no-one has asked for this on the basis of Category 3. All this does is create problems for the workforce and allow trainees to do things e.g. run their own businesses etc with no benefit to the employer or the NHS".

"I do not believe LTFT Cat 3 is a good idea. From a purely organisational perspective, it's going to be very difficult to manage wholesale dropping in hours and still maintain adequate service cover."

When asked about the impacts on educators, the majority of respondents indicated that the impacts on educators' workload, access to teaching, training and assessment and meetings were neither positive nor negative. A number of respondents felt that the impact on re-adjustments to assessment programmes (24%) and workload (35%) was either negative or strongly negative.

[18] However, the pilot evaluation involved a smaller sample size (17 trainees) and all worked 0.8 WTE, making it easier for existing staff or locum staff to cover the 0.2 WTE gap.

Figure 5.15: Impact of LTFT Cat 3 on Educators



Source: Educators Survey (N=29)

Educators provided examples of how they have been impacted by the LTFT Cat 3 pilot:

"Trainers have had to pick up much more frontline snotty nose work (remember I'm in paeds!) which is unhelpful for both quality and their CPD, not to mention impact on morale." "It takes more work to make rotas fit the percentage of time and also to cover any gaps left in shifts".

"Larger numbers of LTFT trainees means increased trainer workload leading to poorer service delivery. Not good for consultant wellbeing".

5.5.3 Impacts on trainees and training

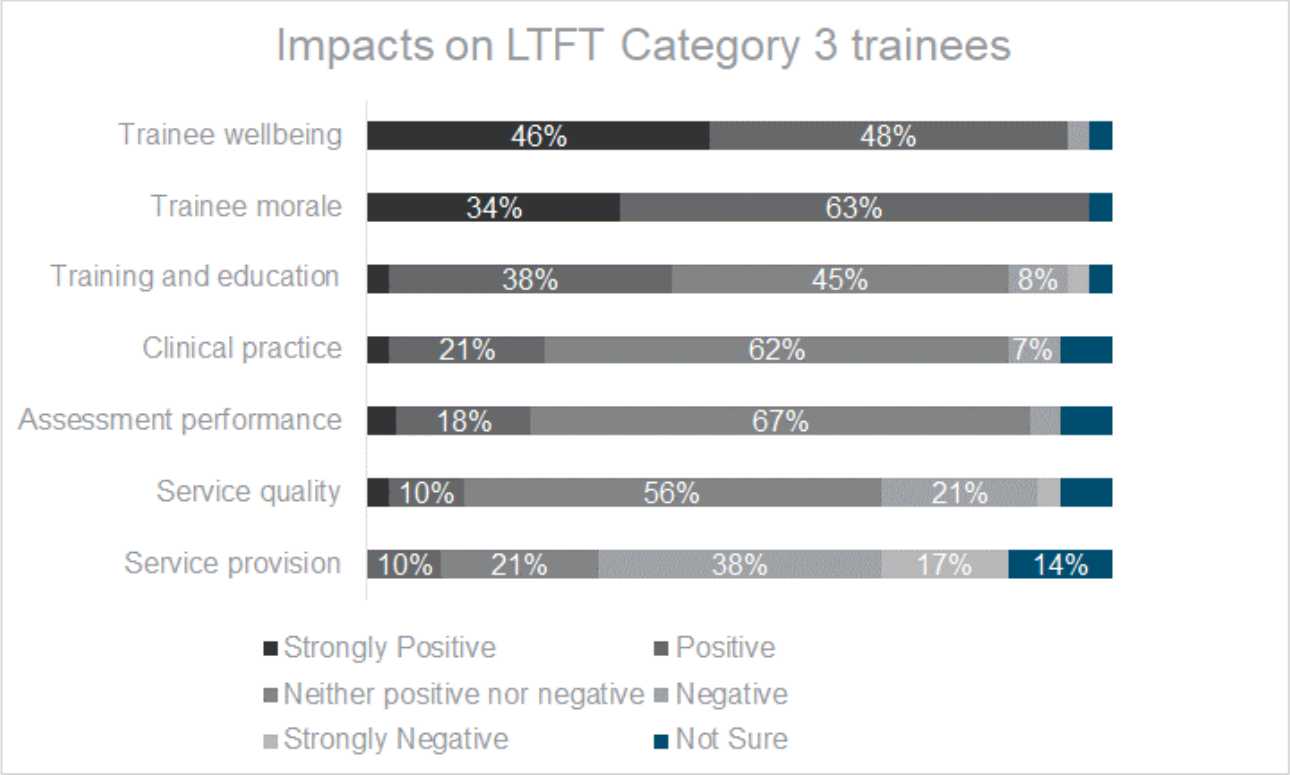
32% of respondents (n=30) to the Educators survey indicated that they were responsible for trainees who have participated in the LTFT programme.

27% of DMEs and Deans (n=11) were aware of trainees taking part in the LTFT Cat 3 programme.

As shown by the figure below, educators either agreed or strongly agreed that LTFT has a positive impact on trainee morale (97%) and trainee wellbeing (94%). This was endorsed by DMEs and Deans, of whom 91% agreed or strongly agreed on the positive impact on trainee morale and 92% on trainee wellbeing.

55% of educators indicated that the impact service provision (e.g. shifts) was negative or strongly negative. The majority of DMEs and Deans (67%) also reported the impact on service provision to be either negative or strongly negative.

Figure 5.16: Educators perceptions of the impacts of LTFT Cat 3 on trainees



Source: Educators Survey (N=29)

Educators provided examples of how LTFT Cat 3 had impacted upon their trainees:

"The pilot has clearly been of benefit to the wellbeing of the trainees who have taken this opportunity. I think this may contribute to trainees staying in speciality, and feeling able to progress in their career, whereas before there may have been attrition".

"It makes rota's harder to fill, but it retains trainees…so it is swings and roundabouts"

It is difficult to find frequent enough times for assessments and tutor meetings. There may be some missed education/training opportunities".

All educators felt they were able to maintain a positive relationship with the trainees they supervise who are working LTFT Cat 3 to at least some extent. 65% of educators felt they were able to maintain a positive relationship with these trainees, either to a great or very great extent. No educators indicted that they were unable to maintain any form of positive relationship. 83% of Educational supervisors in Paediatrics considered that they had a positive relationship with trainees compared to 71% in Obstetrics and Gynaecology.

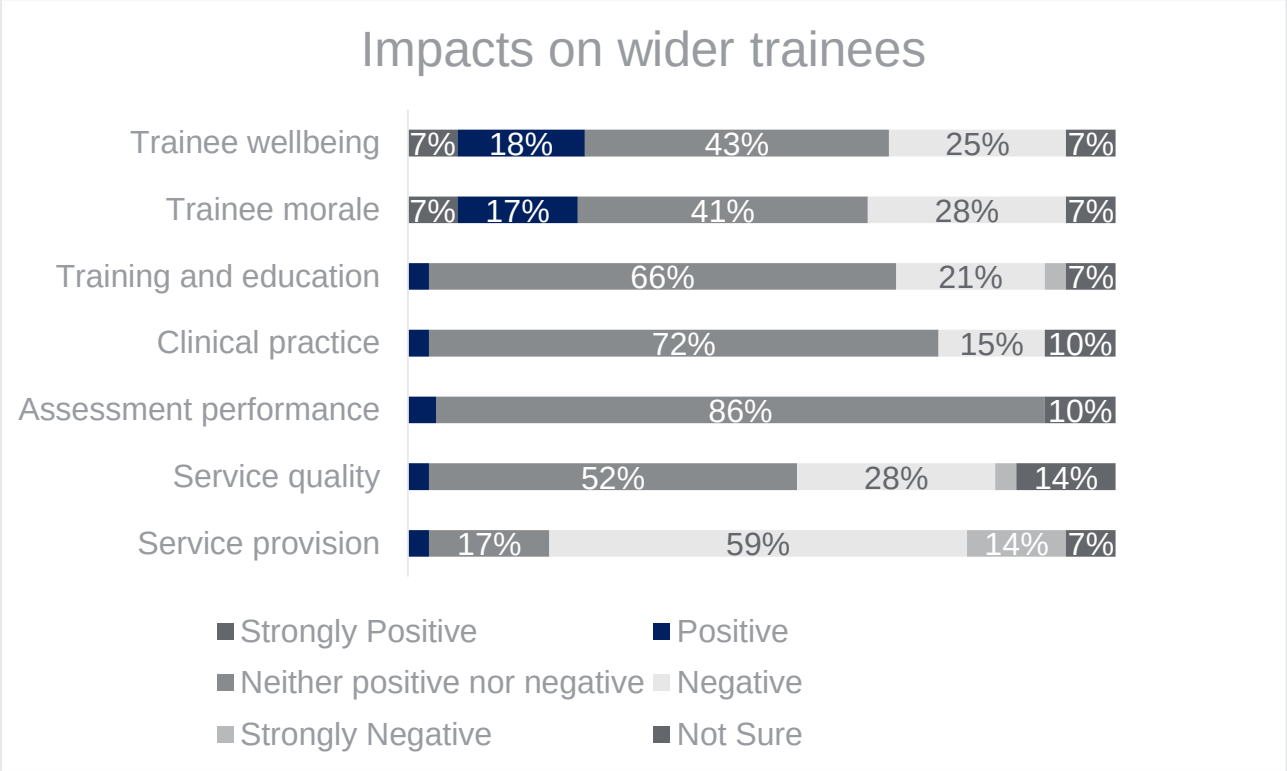
When asked if it was possible to arrange mutually convenient times for educational supervision/one-to-one meetings with trainees working LTFT Cat 3, 76% of educators either agreed or strongly agreed. Although educators acknowledged they *"sometimes have had to do video or phone supervision meetings rather than face-to-face".*

Similarly, educators identified barriers to supervising trainees who are undertaking LTFT Cat 3 training:

- **Increased workload to manage their timetable and rota gaps;**
- **availability and calendar co-ordination;**
- **willingness to undertake supervision in non-service time; and**
- **ensuring that the trainees had adequate weighting of shifts.**

When asked about the impacts of LTFT Cat 3 on wider trainees, the majority of educators indicated that the impact was neither positive nor negative across all domains except for service provision where the impact was perceived as being negative, as shown by the figure below. A respondent in the DMEs and Deans survey indicated that managing rotas effectively is crucial for *"patient safety".* A number of educators responsible for LTFT Cat 3 trainees felt that the LTFT Cat 3 Pilot had a negative impact on the wellbeing (25%); morale (28%); training and education (21%); clinical practice (15%) and service quality (28%) of wider trainees, however they did not indicate the cause of these impacts (i.e. whether this is due to uncovered slots or another factor).

Figure 5.17: Educators perceptions of the impacts of LTFT Cat 3 on wider trainees



Source: Educators Survey (N=29)

Educators provided examples of the impacts of LTFT Cat 3 pilot on wider trainees:

- *"Rota gaps cause increased pressure on other trainees";*
- *"Having LTFT trainees for whatever reason puts pressure on the service to provide cover";*
- *"Gaps in the system have potential adverse outcomes for wider trainees in terms of overall service provision";*
- *"Reduced education/training for other trainees from covering LTFT gaps".*

In terms of the morale of wider trainees, DMEs and Deans suggested *"the effect on the morale of trainees who remain FT when they are in the minority…is negative".*

5.6 Perceptions of employers

Originally, it had been our intention to hold online focus groups/ interviews with employers to explore the impacts on service provision and employer perceptions of LTFT Cat 3. However, in light of the pressures of Covid-19 on the system, we have been unable to do this for the Year 1 report.

6. Key findings and recommendations

Based on the findings from our mixed methods research in Year 1 of this evaluation, we have collated our key findings under the six areas HEE requested we explore within the original research specification, with an additional seventh area included for the exploration of the Champion of Flexible Training role.

6.1 Area 1: Assessment of trainee satisfaction & wider perception of LTFT Category Three

The majority of LTFT Cat 3 trainees were satisfied with the initiative - 92% of LTFT Cat 3 trainees agreed/strongly agreed that training LTFT had met their original aims. Trainees reported that their work-life balance had improved (even in the context of the Covid-19 pandemic), they felt less exhausted and/or burn-out, were now more motivated and able to provide better quality patient care. In addition, 91% agreed/strongly agreed that LTFT Cat 3 had increased their sense of job satisfaction.

Although a small cohort sample, wider trainees also endorsed this view of trainee satisfaction, with one suggesting *"Peers who work LTFT Cat 3 are more rested and appear to enjoy their job more".* Equally, educators noted that LTFT Cat 3 had had a positive impact on trainee morale (97% of educators directly supervising trainees/ 91% of DMEs and Deans) and on trainee wellbeing (94% educators/92% DMEs and Deans).

6.2 Area 2: Evaluation of the Supervisory encounter

87% of LTFT Cat 3 trainees agreed/strongly agreed that their educational supervisor was available. Virtual meetings, a by-product of the Covid-19 pandemic, had helped to reduce the difficulty of arranging a mutually convenient time for both parties, with 52% of trainees able to arrange a meeting during scheduled hours. This correlates to the findings of the educator survey, in which 76% of educators reported that it was possible to arrange a mutually convenient time for educational supervision/one-to-one meetings with LTFT Cat 3 trainees.65% of educators felt they were able to maintain a positive relationship with these trainees, either to a great or very great extent.

6.3 Area 3: Evaluation of LTFT on trainees progressing to CCT

In terms of ARCP outcomes for the LTFT Cat 3 cohort, 71% of LTFT Cat 3 trainees **achieved a satisfactory outcome** (outcome 1), which is higher than that of their full-time peers in the three specialties (45%[19]). 9% achieved a 10.1 outcome, indicating that their acquisition of competencies/capabilities had been impacted by Covid-19. **94% of LTFT Cat 3 trainees suggested that they were likely/very likely to continue towards the competition** of their training programme, compared to 83% of full-time trainees. The improved ARCP outcome for LTFT Cat 3 trainees will be further explored in Year 2 to

[19] Again, this figure increases to 59% when missing outcomes/not stated entries are removed from the data set of ARCP outcomes for full-time trainees in the three pilot specialties.

explore if there is a correlation between the percentage of WTE training and the reason for electing to train LTFT (e.g. for more study time).

When asked about their future career intentions, 87% of LTFT Cat 3 trainees **intended to become a consultant within the NHS**, compared to 58% of full-time trainees.

6.4 Area 4: Evaluation of the impact on service provision

Perceptions of the impact on service provision differed significantly between LTFT Cat 3 trainees and educators. 52% of LTFT Cat 3 trainees **did not feel that LTFT had impacted upon service provision, compared to 79% of educators who did feel that it negatively impacted upon the creation/amendment of rotas.** Educators and Champions of Flexible Training suggested that higher numbers of 0.8 WTE trainees could be more challenging for service delivery, as it was more difficult to fill these rota gaps. Given that currently 76% of LTFT Cat 3 train 0.8 WTE, this may have an impact on service provision. Educators also remarked that rota gaps negatively impacted upon full-time trainees and consultants, as they were required to undertake additional work. In terms of the full-time trainee survey, two felt that LTFT Cat 3 had not negatively impacted upon service provision, and one neither agreed nor disagreed. Unfortunately, due to Covid-19, we were unable to undertake employer interviews in Year 1 to explore employers' perceptions of impacts on service provision. In Year 2, we will further explore how employers/ departments are addressing rota gaps, for example through the use of locums, slot-sharing or increased recruitment. It should be noted that service provision may also be impacted by a number of other externalities beyond LTFT Cat 3 (which therefore cannot be examined via this evaluation) – this could be other LTFT categories being used by trainees, and other reasons for absence such as trainees moving OOP for a range of reasons, maternity leave, sickness, annual leave or resignations)

6.5 Area 5: Evaluation of the administration of the expansion

90% of LTFT Cat 3 trainees agreed/strongly agreed that the application process was straightforward, and 77% agreed/strongly agreed that they had received adequate information during the process. Trainees also reported feeling supported by their supervisors and TPDs during the process, and supervisors did not express any negative perceptions in the survey. Given current plans to extend LTFT Cat 3 in 2021, retaining the existing application process may be beneficial.

6.6 Area 6: Evaluation of the culminative impact on trainees' wellbeing and retention in line with the expansion of OOP-P

The impacts of the expansion of Out of Programme Pause have not been considered in the current evaluation report. This Programme is being evaluated separately, and we understand that findings will be available later in 2021 to allow this Are to be examined further.

6.7 Additional research area: Evaluation of the Impact of the Champion of Flexible Training role

Champions suggested that awareness of the role varied; 71% agreed/strongly agreed that **employers were aware of the Champion of Flexible Training role**, 56% felt that LTFT trainees and prospective LTFT trainees and 51% of Educational Supervisors were aware of the Champion of Flexible Training Role. This is in line with findings from the educator survey, in which 50% indicated that they had previously heard of the role.

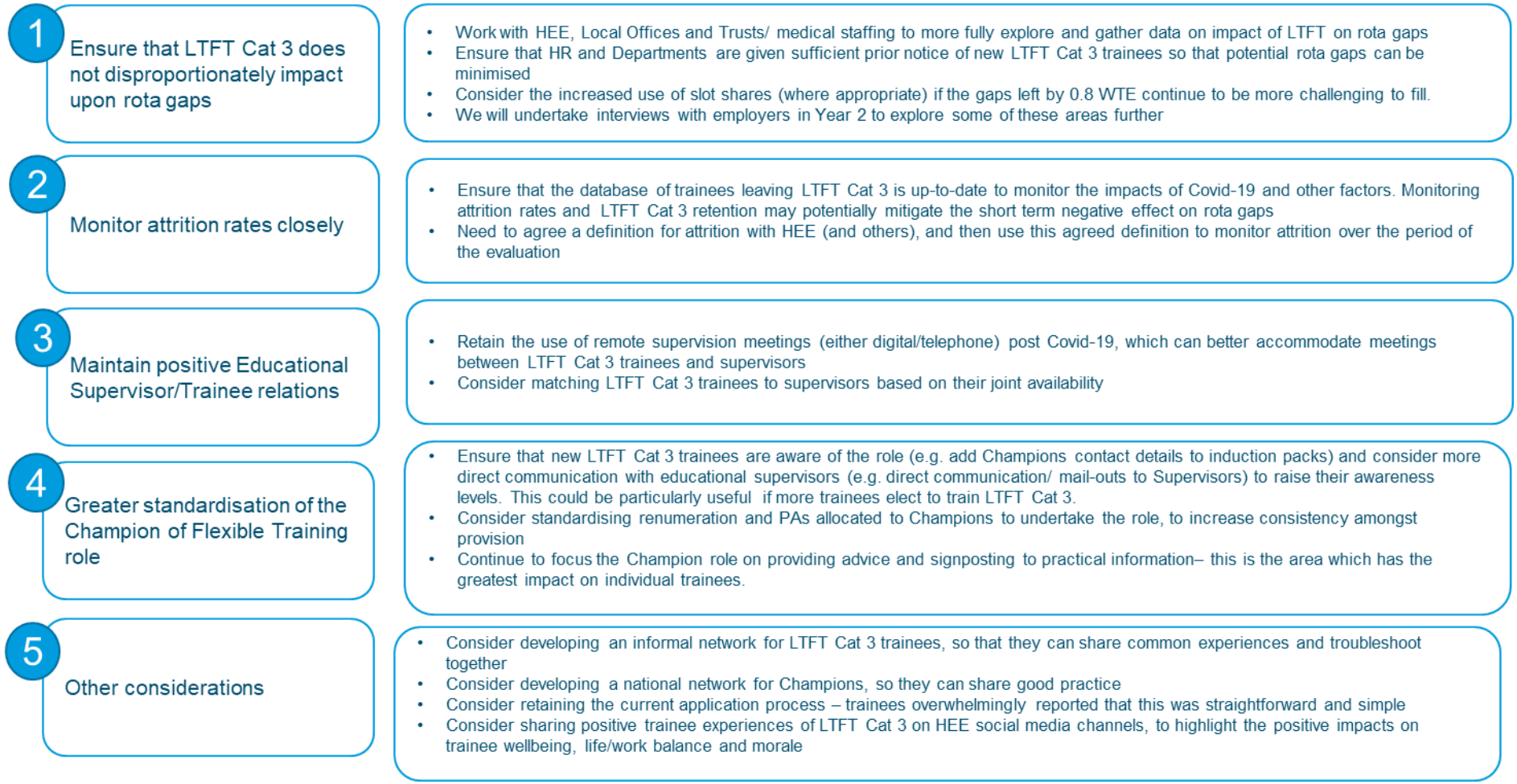
The greatest impact of the role noted by 76% of Champions was the signposting of trainees to practical information and resources (e.g. contracts, rotas and pay). Interviews with Champions suggested that trainees considering LTFT often required impartial advice (e.g. how it could impact upon their progression to CCT) while current LTFT trainees often required a mediator in conflicts around pay and rotas. Champions highlighted that their awareness of Trust procedures and personnel meant that these disputes could be resolved more swiftly than if a trainee acted alone.

The survey and interviews also indicated that renumeration and PAs allocated to undertake the role varied between Champions, as well as the provision of a job description.

Recommendations

The figure below sets out five areas for consideration, based on the feedback provided by surveys with trainees (LTFT Cat 3 and full-time), Champions of Flexible Training and from educators. Given current plans to extend the LTFT Cat 3 initiative to other specialities linked to the milestones outlined in the People Plan, these recommendations may provide useful insights into areas for development.

Figure 6.1: Recommendations



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