

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18



Developing people
for health and
healthcare

www.hee.nhs.uk

Summary

Emergency medicine trainees who participated in the Less Than Full Time (LTFT) pilot reported:

- That they applied to be part of the pilot because they were exhausted.
- That going LTFT increased their likelihood of remaining in Emergency medicine.
- Most reported using some of the released time to undertake training related activity.
- All wished to continue in the pilot.

This pilot also highlights:

- That this initiative seeks improvement to trainees working lives by allowing them time away from their workplace. By its nature the pilot cannot address the fundamental and intractable problem of increasing numbers of patients and poor flow through Emergency Departments which makes the job exhausting.
- Any unfilled gaps in the rota as a consequence of the LTFT pilot would mean an additional burden for those working full time (FT).
- If trainees participating in LTFT training were to continue LTFT throughout their training and new trainees joined LTFT training, then there would be a cumulative effect over time which may worsen any rota gap problem.

Introduction

Emergency medicine (EM) is a service under pressure with a need to improve both the recruitment and retention of its trainees who are the consultant workforce of the future. The Emergency Medicine Trainees Association (EMTA) trainee survey 2015 reported significant fatigue is often experienced by EM trainees due to the intensity, frequency and distribution of their shifts.

The GMC training environments 2017 report states that just over 40% of trainees (across all specialities) rated the intensity of their work by day as heavy or very heavy yet 73% of doctors training in EM report the intensity of their work during the day as heavy or very heavy, compared to 36.6% in General Practice and 45% of those in Obstetrics and Gynaecology.

One intervention designed to improve the working lives of trainees is the extension of the option of working less than full time (LTFT) beyond those trainees with disability, health issues, caring responsibilities or offered a unique opportunity for personal development (Categories 1 and 2, as described by the [Gold Guide](#)) to those who wish to train LTFT for reasons outside these categories. It is anticipated that this option will improve recruitment and retention, and help with

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

the issue of burnout as LTFT trainees tend to be more positive about their training than their FT colleagues (GMC 2017).

The 2017 GMC survey demonstrated that 10.7% of all trainees were LTFT with the vast majority due to childcare commitments, disability, illness or health conditions. Currently the proportion of trainees LTFT within EM is in the lower quartile (table 1) and well below those other specialties that may be considered as experiencing similar recruitment pressures, such as paediatrics and general practice.

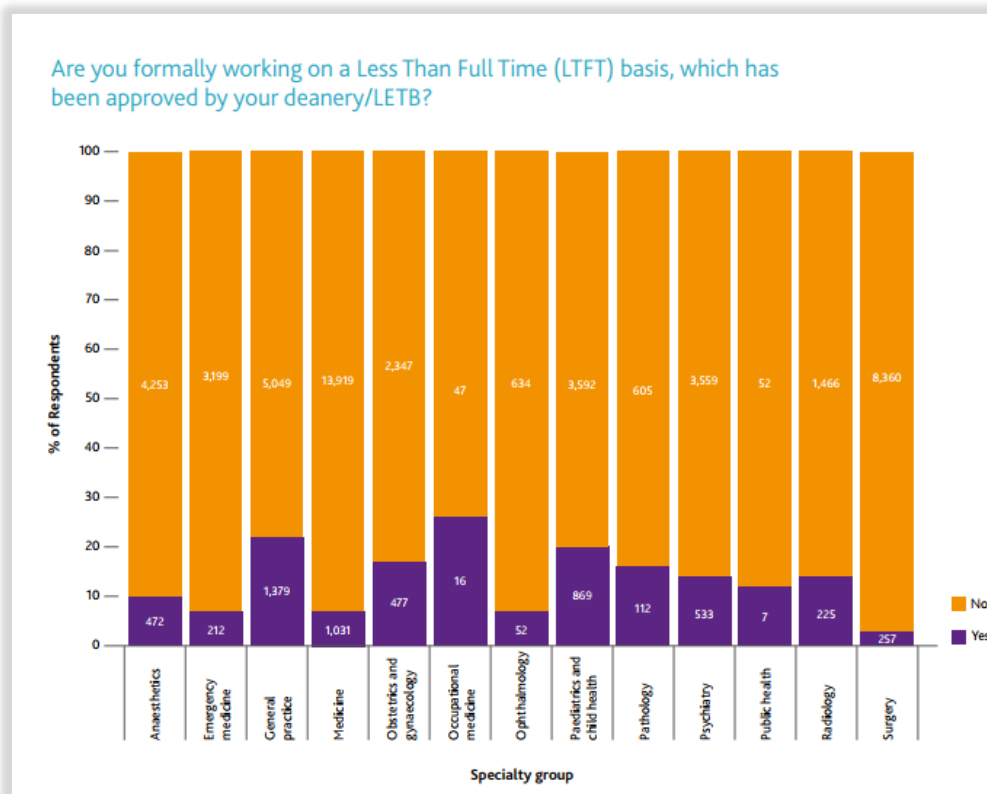


Figure 1.1 GMC National Trainee Survey (NTS) LTFT working by specialty

There is increasing interest in working LTFT by both trainees, those who have completed their training, and employers, given the planned changes in the duration of the working lives of doctors and the focus on working in ways that are sustainable during training and beyond.

Why an interim evaluation?

A pilot was planned, funded and publicised by HEE with 18 EM trainees recruited from across England to start in August 2017 (time line: 3 April 2017, HEE local offices sent information about the pilot to EM trainees and application window opened, closed 28 April 2017).

An interim evaluation would be important to:

- Give an early indication of how the pilot was progressing and identify any problems that could be usefully addressed before the end of the pilot.
- Give an indication as to whether this pilot should be continued for those trainees who have participated in this pilot, as the final report will be completed after the planned duration of the pilot.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

- Inform the final evaluation by identifying those areas that need further clarification, exploration and suggest potential outcome measures.
- Describe the potential limitations of this evaluation.

Given the similar challenges faced by other specialities, the final evaluation will be of interest to a broader audience and will have policy implications.

Methods

A mixed methods approach was used.

Qualitative method

It was proposed to interview:

- all trainees who have participated in the pilot
- those who have been involved in the administration of pilot (specifically, two Heads of School of Emergency Medicine, a representative from NHS employers, the Postgraduate Dean for LTFT and the Chair of the Training Standards Committee of the Royal College of Emergency Medicine (RCEM))

Generation of the interview schedule for trainees

Using a schedule informed by the previous EMTA trainee survey, two trainees who currently work less than full time will be interviewed using the schedule to identify important areas to be covered and explored, and to identify important omissions. The reworked schedule (Appendix A) will then be tested on the first three trainees involved in the pilot and modified, as required.

Generation of interview schedule for Heads of School, Chair of Training Standards at RCEM and the Postgraduate Dean for LTFT

Using a similar framework, informed by analysis of the trainee participants responses, a schedule will be developed (Appendix B) for Heads of School. The views of the lead Postgraduate Dean for LTFT and Chair of Training Standards Committee (TSC) of the RCEM training will also sought.

Organisation of the interview

A standard email invite will be issued to all interviewees together with a participant information sheet (Appendix C and D). Interviewees will be asked to identify a suitable time for a telephone interview. Non-respondents will be emailed a second and final time. Following the interview schedule, the responses recorded by hand will be immediately transcribed. All interviewees will then be emailed the same day thanking them for their participation, seeking clarification of any uncertainties that emerge after reviewing the interview transcriptions and asking them to provide a brief written summary of their experience of the pilot to date and what is important to them.

Sampling

We will seek to interview all trainee participants. The Heads of School will be purposefully sampled to identify a wide range of views.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Analysis

All interviews will be reviewed as they are completed to inform the next interview, using the constant comparative technique. The interview questions will be grouped into domains, and responses to each question tabulated, repeatedly read, and reported by the principal emerging themes, supported by participant quotations which will be anonymised with potential identifying details deleted. The responses of the pilot participants and Heads of School will be collated within these domains.

Due to the small number of participants and lack of comparison group, the use of statistical tests is inappropriate. When reporting responses, the term “substantial majority” equates to 75% or more of the respondents, “majority” 75-50%, “substantial minority” 25-50% and “minority” represents 25% or less.

The interview schedule will be stratified using Kirkpatrick’s hierarchy (level 1 participation, 2a modification of attitudes / perceptions, 2b modification of knowledge and skills, 3 behavioural change, 4a change in organisational practice and 4b benefits to patients). It is acknowledged that whilst these levels may be suitable for use in relatively simple instructional designs with short term endpoints and beneficiaries other than learners, it may be problematic for this intervention which whilst it alters the time spent in the clinical and learning settings, was not expected to substantially change the learning experience.

Quantitative method

Deriving quantitative data for this study is problematic given the small number of participants (18) and the potential number of sites of working (across six regions). Analysis to identify the impact of LTFT working would also be difficult given the complexity of the service they work within. Nevertheless, survey data could be helpful. The evaluator was concerned that using a further survey of trainees as a means of generating quantitative data would risk a poor response given that trainees already undertake the annual GMC National Trainee Survey and an Emergency Medicine Trainees Association (EMTA) survey planned in late 2017.

The evaluator decided to take advantage of the planned EMTA survey and worked with the organisers to enable the responses to be stratified (by identification of LTFT, those in the pilot and others) and to ask additional questions relevant to the LTFT pilot. Please find the additional questions detailed below:

1. Do you expect to complete the EM training programme?
2. Do you expect to work within the NHS on completion of your training?
3. Do you intend to work part time after completion of training?
4. If there are colleagues training less than full time in your department, does their pattern of work impact on your work or training? *A = positive impact, B = negative impact and C = little or no impact. If A or B, please provide comment (as free text)*

Analysis

Descriptive summary statistics will be used.

Ethical advice

Ethical advice was sought (Appendix E) and the relevant approval process followed. We believed this evaluation not to be research and not to require ethical approval.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

The proposal was presented to the HEE Research Governance group who were supportive of the proposal and a review by a formal ethics committee was not specified as a requirement for this evaluation (Appendix E).

Results

Qualitative method

An invitation email was issued to 17 eligible trainee participants. A total of 13 trainees, two Heads of School, the Chair of the RCEM TSC and the LTFT lead Postgraduate Dean responded and all agreed to be interviewed. One trainee was outside the UK at the time of the interviews and was not interviewed. Using the semi-structured interviews, the following domains (please find detailed below) were covered and all transcribed responses to each question within that domain were collated, coded and emergent themes reported. Saturation of trainee responses was achieved after 10 interviews, with no new themes emerging as a consequence of the later interviews.

It was problematic to identify a suitable representative from the employers side. However, one of the Heads of School provided a detailed insight into the practicalities of the pilot and potential employer concerns are reflected in this report.

Domain 1: Reasons for participation in the pilot

The major reason given was exhaustion (physical and / or mental). All respondents reported some aspect of this. They also reported that the pilot provided an opportunity to take stock, rebalance life and do other things than work.

Quotes from trainees:

- *“shattered”*
- *“mentally and emotionally exhausting”*
- *“concerned about burnout”*
- *“opportunity to stand back”*
- *“wanted to do other things”*
- *“get enjoyment of EM back”*
- *“had a CTR (part of final exam) to do”*

Domain 2: Practicalities of joining the pilot and its implementation

All trainees found it easy to join the pilot, and, for the majority, the rota was organised locally and was not problematic (although some reported the pilot could have been more widely publicised with a longer lead in time). All participants chose to work 0.8 FTE, and for the majority the 0.2 reduction was applied across the rota.

Quotes from Heads of School:

- *“logistically easy as no criteria (to determine selection) to be judged by”*
- *“relatively easy but lack of notice”*
- *“Can be a nuisance with a lot of hidden work – with moving of staff, jiggling of rotas”*
- *“Was straight forward – as we had vacancies”*
- *“Needs to be a ceiling on how many can be approved for LTFT as system can’t accommodate lots of LTFT”*

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

The changes in training duration as a consequence of going LTFT were not of concern for the substantial majority. The ARCP process was not expected to be problematic, but implementation may vary from retention of the annual ARCP with or without an additional one set for 15 months (when the 0.8 LTFT trainee typically would have completed all assessments for the equivalent full time period).

Quotes from Heads of School:

- *“(ARCP) Potentially more complex as goals are not in neat annual packages. Not practical to individualise and this effect will be cumulative.”*

The change in income as a consequence of joining the pilot varied from “*similar*” (usually due to the 0.2 loss of income equalling an increment due to moving from CT3 to ST4 for example), to a manageable reduction. Only one respondent reporting money as “*an issue*.”

Quotes from trainees:

- *“no, not net loss in income”*
- *“took a drop but not an issue”*
- *“yes, pay cut of £800/month”*

A substantial majority did not undertake any locum activities with only two trainees taking on locum shifts.

Quotes from trainees:

- *“one locum a month means similar money”*
- *“one shift in past few months to keep hand in paed’s”*

Quotes from Heads of School:

- *“Potential tensions for F/T working alongside P/T on locum rate.”*
- *“No issues”*

The pension considerations had either not been considered (a significant minority) or not of concern.

Domain 3: My peers

What did my peers think?

The majority of trainees reported their peers to be very positive and supportive of the pilot participants:

Quotes from trainees:

- *“peers very supportive and keen to take up especially where jobs are intense”*
- *“peers very positive and supportive. I had been open about my reasons and they were responsive and saw the relevance to them”*
- *“peers jealous...seen changes in me, colleagues supportive ,....a lot of part time people in the department”*

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Quotes from Heads of School:

- *“No negative feedback, already others less than full time”*
- *“(Potential) Impacts on staff left behind who have to work harder and potentially more unsocially and may ask “what’s the point of working full time?””*

Did you think you were letting your peers down?

All trainees felt that they were not letting their colleagues down.

Quotes from trainees:

- *“no sense of letting them down”*
- *“no evidence of negative attitude from colleagues many of whom are part time”*
- *But one reported: “initially made to feel as though letting others down, felt a lesser trainee”*

Domain 4: Has your sense of how well you are doing your job changed?

All reported either a similar or improved sense of doing their job.

Quotes from trainees:

- *“Sense of doing the same or better job”*
- *“More into my job, more positive, enjoying work, better decisions, better management”*

All reported more energy to do the job.

Quotes from trainees:

- *“feel refreshed and because less tired perform better”*
- *“The pilot was a change for the better”*

Domain 5: Outside of work

In answer to questions about work life balance and wellbeing, all reported improved control of or a better balance of work and life.

Quotes from trainees:

- *“Definitely stronger sense of work life balance”*
- *“Felt more in control by the act of going on the pilot”*

All felt healthier with the majority reporting they undertook more exercise and a minority that they ate better. Sleep was largely unaltered with a minority reporting “better” sleep.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Domain 6: Has your learning experience changed?

The majority reported that they had more time to learn (but how they learned may not have changed).

Quotes from trainees:

- “more time to read, FOAMED, podcasts, so get through list of things wouldn’t get through before. Sense of learning more”
- “extra time has allowed more time for portfolio, QI and audit”

All reported that they were achieving their learning objectives “yes – *feels on target for 100%*”, “*wouldn’t have passed the exam (without the pilot).*”

In answer to the question “have you taken on additional learning objectives?”, a substantial minority reported the opportunity to do more of what was already within the curriculum.

Quote from trainees:

- “go to M and Ms, and instructor course that I wouldn’t have time for”

Some trainees also undertook activities outside the curriculum, such as a Diploma in Altitude Care and participation in Crowd Medicine training.

Has the way you acquire knowledge and skills changed?

The majority felt this was unchanged.

Quotes from trainees:

- “no different – but hard to tell from normal progression”
- *But one reported: “different - not so tired, more reflective, learn a bit better, reading up of cases”*

Quotes from Heads of School:

- “Probably no different for those at 0.8 but below this there is a risk of impaired performance because not doing frequently enough”
- “.... but if 0.5 - 0.6 might find it difficult because of lack of continuity of work, like coming back off holiday”

Domain 7: Have there been benefits to patients as a direct consequence of this pilot?

The majority of trainees felt positive, but others reported no change.

- “feel more attentive, give patients more time”
- “more empathetic, more reflective, less tired, less likely to make mistakes”
- “not so tired or so snappy with patients”
- “no change”

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Domain 8: The likelihood of remaining in EM and desire to remain LTFT after the pilot

Has the pilot made you more likely to stay in Emergency medicine?

All reported it had improved their likelihood of staying.

Quotes from trainees:

- *“Yes, but was staying anyway”*
- *“Yes, as was ready to leave”*
- *“Yes – although I am likely to leave, I am more open to staying”*

Quotes from Heads of School:

- *“No effect - own trainees wouldn’t have left anyway”.*
- *“One possibly two of the three have been retained in the programme because of the pilot”.*

Do you want to stay LTFT?

All trainees (excluding those who had come to the end of their training) responded “yes”. Heads of School noted support and concern.

Quotes from Heads of School:

- *“Inevitable will continue...I would revert back to Gold guide rules only”*
- *“Should continue”*
- *“.... how to maintain service if increasing proportion of workforce is LTFT? The effect is cumulative”*
- *“EM lends itself to LTFT because of its discontinuous nature of care and should accommodate those who want to go LTFT”*

Do you expect to stay in the NHS as a consultant?

The substantial majority said yes with only one responding “no” and another “unsure”.

Do you expect to work part time as a consultant?

Approximately half expected to work full time and half LTFT.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

The domains reported may be tentatively mapped to Kirkpatrick's four levels (please see Figure 1.2)

Kirkpatrick's Four Levels	EM LTFT Interim Evaluation Domains
Level 1 Participation	Domain 1 reasons for participation in the pilot Domain 2 practicalities of joining the pilot and its implementation Domain 3 my peers
Level 2a Modification of attitudes and perceptions	Domain 4 has your sense of how well you do your job changed Domain 5 Outside of work
Level 2b Modification of knowledge and skills	Domain 6 has your learning experience changed
Level 3 Behavioural change	Domain 7 have there been benefits to the patient as a direct consequence of this pilot? Domain 8 The likelihood of remaining in EM and the desire to remain LTFT after the pilot
Level 4 Changes to organisational practice	Domain 2 practicalities of joining the pilot and its implementation

Figure 1.2 Kirkpatrick's Four Levels and EM LTFT Interim Evaluation Domains

Free text views on LTFT pilot from all who responded

Nine of twelve trainees responded after the interview with descriptions of their experience of the pilot and why it was important to them. This provided an opportunity to triangulate their descriptions with those of the domain findings.

The following responses are unedited (with the exception of the removal of potential identifiers to preserve anonymity) to preserve the richness of the text.

Trainee 1

"I believe EM is the perfect speciality for LTFT given our shift work and am very happy that we are pioneering it's use for personal choice. In my experience to date it has had a positive influence on my practise and overall well-being. I feel this has had a knock on effect leading to improved patient care. Ultimately, it has afforded a more sustainable lifestyle and I could not envisage working in the current climate in another fashion."

Trainee 2

"The pilot has made doing the job (which I love and am good at), caring for an older relative and commuting possible. Going to 80% has been personally, educationally and professionally fantastic and I hope to CCT in the next 24 months."

Trainee 3

"I chose to apply for the LTFT pilot so that I could achieve a better work-life balance. I saw colleagues dropping out of EM training left right and centre and knew that could be me in a few years if I didn't take measures to make my work life more sustainable. ED is such an intense job

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

(especially under current pressures) that burn out is common and I enjoy my job and want to be able to continue for many years to come! I have found that cutting down my clinical time (to 0.8) has allowed me time (to) consolidate learning from the shop floor and pursue specialist interests as well as keep up hobbies and maintain contact with friends and family better. I haven't felt that I have been off enough to feel rusty/lack of clinical exposure and colleagues have been supportive and jealous if anything. I think It makes perfect sense especially in EM where continuity is less of a problem and would encourage others to apply. I am sure that it will result in a net gain/retention of staff overall as lack of flexibility is something many people complain of in training and in my experience often a reason people leave"

Trainee 4

"In short, being less than full time has been a very positive experience. I have found I feel more energised and have a renewed enthusiasm for emergency medicine. It has allowed me to make significant changes to my life which benefit both my physical and mental health. In terms of finance, there has been very little change in my net income after transitioning to the new junior doctor contract. I would be very interested in continuing to work LTFT for the duration of my training and beyond".

Trainee 5

"My experience of both the pilot and of being less than full time has been a positive one. The additional free time has given me what feels like a far better work-life balance, allowing me to spend more time with loved ones and friends (something that I just wasn't doing as a full time trainee).

The additional time is also allowing me to begin broadening the scope of my practice & competence by taking on an ad-hoc job in xxxx medicine. It also affords me the time, energy and motivation to undertake other activities such as teaching more frequently.

I have encountered nothing but support from my consultants (both past and present) in my decision to go less than full time. My educational supervisor has been very encouraging and is constantly motivating me to maximise learning and portfolio development during my clinical time.

The pilot has given me back my enjoyment of and enthusiasm for Emergency Medicine and makes it feel like a far more sustainable career than it was starting to seem when I was in full-time training. With this in mind I really hope that the pilot is continued beyond August."

Trainee 6

The approval process was simple, my TPD was supportive. Sorting things out with HR was very straightforward...The deanery hadn't informed my new trust I was LTFT, which I assumed would be on my record somewhere. I had sent some emails but it was still a surprise to them when I arrived. This resulted in a rather negative start to the process as they ended up with an extra quota of rota gaps to fill at short notice, and I didn't have a rota for the first 2.5 months so felt at sea e.g. not knowing which weekends I would be working, or which days I could take as leave, etc. Guidelines on how to write a LTFT rota would be useful - in the end HR advised our rota coordinator how to reduce the hours according to the banding (80% of night and weekend hours were calculated and the appropriate number of shifts taken out of the rota. LTFT working definitely had a beneficial effect on my emotional and physical wellbeing, which were at a low ebb before the pilot. LTFT allowed me more time to spend on other aspects of my training (projects, exams, eportfolio, ultrasound, reading around), although I know trainees in other specialties, e.g. surgical specialties, have weekly time allocated for this within paid time. LTFT reduced my monthly pay cheque which I have found difficult. I have not needed to do any locum work but it is reassuring to know that I can take on extra work to make up the deficit if

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

needed. I think providing the LTFT option to everyone makes training more attractive, but not as much as improving the FT work-life balance would. There is still a feeling of resentment that many rotas have increased the frequency of night, evening and weekend working with no change in pay, and that to maintain a work-life balance that compares with a registrar rota of 5-10 years ago requires a pay cut. However, it is my understanding that the new contract goes some way to addressing payment for antisocial hours, and my experience is based on the old contract. The LTFT rota still lacks flexibility. I can negotiate to move my day off but it has been difficult to do so. I don't understand why, as with enough notice all that needs to be done is to change the date of a locum request. I think annualised rotas are the way forward. LTFT working is a step in the right direction and I am grateful to EMTA for negotiating this pilot on our behalf "

Trainee 7

It has had such a positive change on my life and I really believe that so many more trainees would benefit from it if it could be continued and opened up to other specialities. I took the LTFT pilot up as I wanted more time to spend doing the things that are important to me outside of work and training. I was finding that I was at work so constantly that I was often feeling resentful for being there - this was negatively impacting my mood and wellbeing. I always tried to be cheerful towards patients and colleagues at work (and this was reflected in my feedback) but the energy required to keep this up meant those who I spent time with outside of work only saw the tired, washed out and often grumpy side of me! I was also due to start work at xxx which is a 75min commute for me (each way) and didn't want to feel I was always at work or on route. My interests outside of medicine are varied. The full time rota in Emergency Medicine means I was never able to join classes or groups as a regular evening or weekend meeting would never be practical - I'd only ever be able to make say 2 in every 6 meetings. I was also finding that on my occasional day off, I would be exhausted and it would take most of the day to recover with very little time left to actually enjoy it!

I had enquired about LTFT previously but was told I did not fit the criteria, so when the EM pilot opened, I jumped at the opportunity.

My two main apprehensions about working LTFT were:

- 1) the reduction in wage*
- 2) the complications I had heard of others on LTFT with regards to a constantly changing rota (often having to fill in gaps meaning working a significantly higher percentage of antisocial hours) and lack of clarity with pay, meaning many people felt their pay was unfairly low*

Since starting LTFT in September 2017, I have been absolutely delighted with my change in lifestyle. I took 80% LTFT as I wanted to still feel like I was part of the team at work and to not take too big a hit to my wage. My wage is indeed 20% less than previously, but thankfully the rules for locuming have also been relaxed and I have worked out that if I work 1 locum shift a month (on average), this will bring me up to my previous full time wage. This means when big bills etc come in, I am able to work a locum to prevent any serious money issues. The locums are often twilight or night shifts (as these are the shifts that are more difficult for people to swap into to cover) but I can choose these to fit in around my 80% working schedule when required, so I am not excessively tired. I have locumed mostly at xxx (where I am based for my training) but also xxx where I worked last year and where I live.

Before I started at xxx in September, I contacted medical staffing directly, informing them of my 80% LTFT status and to enquire as to how my rota would work. I was able to pick a week day which I would have off every week (as 80% is roughly one day less a week) and my rota was

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

worked around this accordingly with a fair, pro rata spread of days / twilights / night shifts. This was emailed to me so I could agree it looked reasonable before being sent to the department to be put in place. This avoided any negotiating I may have had to do with the department otherwise. Until recently, this has worked very well. However, I have now been asked by the department to cover more night shifts due to difficulty finding cover. I have since had my rota re-written by medical staffing and now find that I have had 2 day shifts taken off and put on 2 additional night shifts. I am in the process of questioning this, following recent advice at a BMA LTFT forum.

In response to your queries...

1) Training Days:

Because I chose my day off to fall on a week day when we tend not to have teaching, I believe I have been able to attend as many training days as when I worked 100%. I certainly haven't missed more than 20% because of my 80% working schedule.

I have also found that with more time away from work, I have been able to attend other training opportunities such as study days in London which were difficult to attend when working 100% due to study leave being declined in order to cover departmental service provision.

2) Staying in EM & working as an NHS consultant:

I have had an unorthodox training career so far, I have personally wrestled with a career in medicine - I often question the thanklessness of the environment and the day-to-day sadness we face with little or no emotional support - so working in the NHS as a Consultant has never been the end-point I have particularly dreamed of. I really enjoy my work in EM. I find it challenging, rewarding and often good fun with really meaningful interactions with patients, relatives and colleagues. I take pride in giving people the very best care that we can. But when the department gets completely overrun, or we have to work days and days on end pushed to the limits of our capabilities with colleagues from other specialities being rude and obstructive (and often very disrespectful) with little or no time to have a break - it's no wonder we find ourselves with 'empathy burnout' or simply carrying-on for the sake of it without any real love for what we're doing.

Working LTFT means there is more time to recover from the onslaught that is a Winter ED shift, but what a shame that it has come to having to do so. I have not changed my doubts about working forever in the NHS, but LTFT means I have had more time to think about what it is I DO want to do with my life, and I feel more comfortable with that now, too.

I have spoken to many, many colleagues from varied specialities who have expressed a desire to undertake similar training - I really hope that this pilot leads to positive change for us all.

Trainee 8

Re: writing my rota - I did so because I had no reply from the rota co-ordinators for my first few e-mails and when I pressed the issue they said they didn't know how to write an 80% rota. Therefore rather than wait for longer/or receive something that didn't work for me. It was easier just to create the rota myself.

Summary of pilot so far: Easy to make initial application for, but getting everything completed for the form took forever because no-one ever seemed to want to reply to me. It would be better if

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

(for example) when xxx are chasing me to get a signature from an HR person at xxx they just cut the middle man out and talked to each other directly.

I'm liking having the extra day a week - I don't think it has substantially changed my experience of training or at work - but it feels good to have the extra time at home with the new baby. I've not had any negative feedback from my peers about going part time.

Trainee 9

As a part time trainee it helped

- 1) to have a normal work life balance and to spend more time with the family.*
- 2) to regularise my sleep cycle*
- 3) to reduce stress and many more...*

Overall I would strongly recommend it to my colleagues as it would definitely have a positive impact on their life in spite of pay cut.

Trainee 10

The LTFT Pilot was a great opportunity for me to regain a better balance between my work and private life. It took a lot of stress off my shoulders which in return made me feel more rested and energized so that I could provide the best care possible for my patients. My health improved. My sleeping pattern is better so I feel rested when I go back to work. It gave me an opportunity to enjoy my life, my family and my hobbies more than I could before. I definitely believe that the opportunity to work part time ensured that I will finish my EM training post and continue on to become an EM consultant in the near future.

Head of School 1

"A distractor (the pilot) only, adding more complexity for no benefit and an overall reduction in workforce and increase in rota gaps. The pilot is not addressing the fundamentals- which is that EM is overburdened and under resourced - and factors that need addressing ... flow, beds, social care, contracting....are out with the speciality. Changes within EM likely to be minimally effective and the constant 'tinkering at the edges' such as this will have an additive erosive effect on morale and workforce so further compounding the situation whilst the real issues remain unaddressed and unabated."

Head of School 2

"The LTFT pilot has been more positive than was expected. We were not inundated with applications and those who did apply appeared to have genuine reasons for doing LTFT training but not falling within Gold Guide categories. There was a concern about trainees going LTFT and then just making up hours with locums anyway and earning more but this was not allowed under the pilot conditions. However, with the recent pronouncement by the GMC that there will be no restriction on what trainees are allowed to do outside of training, the situation may change if the LTFT scheme were to continue. Overall, though, I think it should be welcomed but with an increase in trainee numbers to accommodate as more trainees will be needed to cover rotas, and perhaps designating some sites as 'LTFT friendly'. That may help recruitment and retention".

These self-reports are consistent with the domains analysis, with no disconfirming evidence found.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Quantitative analysis

Results of EMTA trainee survey 2017.

In the data below, the "LTFT trainees" are defined as those answering "yes" to the question "Are you currently less than full time?"; the comparison group "FT trainees" is defined as those answering "no" to the question "Are you currently less than full time?"

- 72 of 630 (11.4%) were LTFT. 11 of 72 participated in the LTFT pilot. The remaining 61 are assumed to be Gold Guide 1&2.
- 55 of 71 (77.5%) were female compared with 248 of 559 (44.4%) of FT trainees and 50 of 71 (70.4%) had dependent children compared with 139 of 559 (24.9%) of FT trainees.
- 12 of 71 LTFT (16.9%) did not intend to complete their EM training compared with 44 of 559 (7.9%) of FT trainees.
- 43 of 49 LTFT (87.8%) intend to work in the NHS on completion of training compared with 396 of 430 (92.1%) of FT trainees.
- 43 of 49 LTFT (87.8%) intend to work LTFT after completion of training compared with 205 of 430 (47.7%) of FT trainees.

In terms of impact of LTFT:

- 2 of 56 LTFT (3.6%) reported not working with another LTFT compared with 126 of 476 (26.5%) of FT trainees.
- 42 of 56 LTFT (75%) reported no impact compared with 272 of 476 (57.1%) FT trainees.
- 11 of 56 LTFT (19.6%) reported positive impact compared with 33 of 476 (6.9%) FT trainees.
- 1 of 56 (1.8%) reported negative impact compared with 45 of 476 (9.5%) FT trainees.

The free text comments provided by the trainees in response to the EMTA survey are contained in Appendix F.

Limitations of this study

The time frame of this pilot

This evaluation is at the half way stage of the pilot and therefore any conclusions drawn may be considered to have "wide confidence intervals". The potential longer term benefits of LTFT (e.g. trainees undertake more EM related work in their own time and acquisition of related skills such as quality improvement) may persist over time and become cumulative, but cannot be discovered in this pilot. The impact of changed learning opportunities provided by the pilot has not been evaluated at this stage, but ARCP and exam performance would be an important part of the longer term evaluation. The GMC 2017 National Training Survey summary report states that doctors working FT have an average pass rate of 73% compared to 70% for doctors working LTFT.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

The number of participants

The total number of trainees participating is 18. This means that only an exceptionally large effect difference would be detected by statistical testing. Thus, the impact on retention and recruitment is unlikely to be revealed by this pilot.

The focus on participant trainees

The qualitative approach adopted here has by necessity focused on the trainees within the pilot and how it is for them and the administration of the pilot. The views of full time trainees and others has not been explored by interview. However, the EMTA survey data (with its 65% response rate) reflects the views of those who work full time.

Clinical performance

Neither changes in the clinical performance of the individual (e.g. numbers of patients seen and their case mix) nor the impact of the pilot on the performance of the EM system has been assessed in this evaluation. It may be speculated that any change is likely to be undetectable because of (1) the small number of participants and the small change in practice (all worked 0.8 WTE) and (2) the problem of isolating this effect within a system subject to other continuous improvement initiatives.

Applicability of Kirkpatrick's Framework

The pilot has revealed that the intervention does not neatly sit as a straightforward educational intervention. Other frameworks may be more applicable.

Discussion and conclusion

There is a clear message from the trainees:

- They entered the pilot because they were exhausted by the job.
- They have used the 0.2 WTE time released both to study and undertake other activities outside work.
- They all feel better and the pilot has increased their chances of remaining in Emergency medicine.
- Although it has not altered the way they learn, it has facilitated the opportunities to learn and some reported improved clinical behaviours.
- All wished to remain LTFT.
- The EMTA survey highlights how more than 50% of all trainees are contemplating working LTFT after completion of training.

The administration of the pilot to date seems smooth except that for a minority the timeliness of and responsibility for rota writing was initially problematic. The impact of the pilot on the assessment of trainees and the service they provide is not yet known.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

The drive toward LTFT working has been supported by NHS employers who see this type of working as an important part of the flexible workforce that the NHS needs, if clinicians are to have sustainable and rewarding careers.

However, this pilot highlights:

- Nearly all trainees in the pilot reported exhaustion from their clinical work.
- This initiative seeks improvement to their working lives by allowing them time away from their work place. By its nature this pilot cannot address the fundamental and intractable problem of increasing numbers of patients and poor flow through Emergency Departments which makes the job exhausting.
- Any unfilled gaps in the rota caused by the LTFT pilot would mean an additional burden for those working full time and may explain why 9.5% FT trainees viewed LTFT as having a negative impact. However, the issue of unfilled gaps has not been evaluated in this report. It is important that any increase in LTFT working is matched by strategies to address these gaps (e.g. increased recruitment, limits to the numbers of LTFT trainees).
- If trainees participating in LTFT training were to continue LTFT throughout their training and new trainees joined LTFT training, there would be a cumulative effect over time which may worsen the rota gap problem.
- The cost to the NHS of using locum doctors to fill gaps would be expensive compared to employing staff FT without gaps.

This pilot sits alongside the well-established criterion based Gold Guide categories 1 and 2, and the initiatives of other specialities, such as the Royal College of Physicians (RCP) chief registrar scheme.

Type	Gold guide 1 and 2	RCP chief registrar scheme	EM LTFT pilot
Criterion based	Yes	Yes	No
Allocation	<i>"All requests should be treated positively but is dependent on availability"</i>	By competition	By application
LTFT / FT	LTFT	FT	LTFT
Remuneration	Reduced pro rata	Maintained	Reduced pro rata
Time released	Pro rata	1-2 days	Pro rata
How release time to be used	Not specified- but will reflect guides 1 and 2	Specified and typically working on site.	Not specified but majority are undertaking some training related activity in this released time
Work Schedule	By agreement with supervisor	By agreement with supervisor	When time taken off is determined by rota needs

Figure 1.3 Gold Guide, RCP chief registrar scheme and EM LTFT pilot criterion

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

Trainees who have participated in the pilot welcomed the opportunity to train LTFT and importantly reported an increased likelihood of remaining in EM training and that they wished to continue LTFT. Such a choice could fit well within the portfolio of options available to trainees that seeks to deliver greater flexibility of training and sustainability of a career in Emergency medicine.

Acknowledgements

Report authored by:

Dr Mike Clancy, MSc, FRCS (Ed&Eng), FRCER.
Emergency Department
University Hospitals Southampton NHS FT

The author wishes to thank the following who gave generously of their time:

All those who agreed to be interviewed.

EMTA:	Jon Bailey, Katie Archer and Carrie Thomas
HEE:	Julie Honsberger, David Wilkinson, Jon Hussain
RCEM:	Julia Harris

Appendix A – Interview schedule for trainees

<p>Warm up</p>	<p>About you -</p> <ol style="list-style-type: none"> 1. male female 2. year of training 3. % part time 4. Why did you apply?
<p>Level 1</p> <p>Participation</p> <p>Views on learning experience, organisation, presentation, contents, teaching methods, aspects of the instructional organisation, materials and quality of instruction.</p>	<p>1.1 Participation - how easy was it to join the pilot?</p> <p>1.2 Organisation</p> <p>1.21 how was your part time operationalised, who did the rota (was it organised centrally or locally or did you take ownership)</p> <p>1.22 how easy was it to participate in the rota (risks of alienation, not pulling weight), what do your peers think - part of the team? Do you feel as though you are letting your peers down by going part time?</p> <p>1.3 Learning experience</p> <p>1.31 Has your experience improved? In what way?</p> <p>1.32 Are you achieving your learning objectives?</p> <p>1.33 Have you taken on additional learning objectives?</p> <p>1.34 How is the ARCP process - how has it been operationalised? Good or bad?</p> <p>1.4 Has the increase in training time been an issue?</p> <p>1.5 Has finance been of concern? If yes, what have you done?</p> <p>1.6 Do you undertake locums? If yes, why and with what frequency?</p> <p>1.7 Has your pension been of concern?</p>
<p>Level 2a</p> <p>Modification of attitudes / perceptions</p>	<p>Since joining the pilot has:</p> <p>2.1 your sense of doing a good job (attentive, resilient, interested, more reflective)</p> <p>2.2 having the energy to do the job</p> <p>2.3 control over work life balance</p> <p>2.4 your wellbeing / healthier</p> <p>2.5 your sleep</p>

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

	<p>2.6 has it made you more likely to stay in EM?</p> <p>2.7 outcomes- level of sickness / incidents involved in / undertaking non clinical work</p>
<p>Level 2b</p> <p>Modification of knowledge / skills</p> <p>Knowledge - acquisition of concepts/procedures/principles</p> <p>Skills – acquisition of thinking/problem solving psychomotor and social skills</p>	<p>Has this changed:</p> <p>Acquisition of concepts / procedures / principles</p> <p>acquisition of thinking / problem solving psychomotor and social skills</p>
<p>Level 3</p> <p>Behavioural change: documents the transfer of learning to the workplace, willingness to apply new knowledge and skills</p>	<p>Evidence of these changes</p>
<p>Level 4a</p> <p>Changes in organisational practice</p> <p>Wider change in the organisation or delivery of care attributed to this programme</p>	<p>The way the organisation handles LTFT, Rota changes, means of writing the rota, training changes including ARCP</p>
<p>Level 4b</p> <p>Benefits to patients as a direct result of this pilot</p>	<p>Can you provide an example (e.g. safer, more attentive, more knowledgeable)?</p>
<p>Last questions</p>	<p>Do you want to stay LTFT and remain in the programme?</p> <p>Do you expect to stay in the NHS as a consultant?</p> <p>Do you expect to work part time as a consultant?</p>
<p>Final request</p>	<p>Can you provide a summary of your experience of the pilot so far and what has been important to you?</p>

Appendix B – Interview schedule for Heads of School

Interviews with Heads of School Reflective of the experience of that school, as well as personal views	
Warm up	Duration of interview, and layout.
Setting up pilot	Recruitment and ease of process
Administration	Rotas and working Impact- easy or difficult Reactions of other staff
ARCP	How has process been modified, problematic?
Locums and pensions	
Training	Attendances at training days, evidence of doing more or differently, Has it affected their assessed performance.
Have there been an identifiable change in the practice reported?	
Do you think more likely to be retained by training system?	
Happier/healthier	
What do you think of the pilot?	Continuation or not, modification or not
What is the way forward with LTFT?	

Appendix C – Email invitation

Dear Dr X

I have been asked to undertake an interim evaluation of the Health Education England(HEE) LTFT Emergency Medicine trainees pilot, in which I understand you have participated.

Your knowledge and experience of this pilot is central to the assessment of its impact on the work, training, work life balance and future plans of the trainees who participated.

This evaluation will inform the decisions about its continuance and possible roll out to other specialities.

I will be asking about your experience and views of the pilot using a semi-structured telephone interview that will last around 15-30 minutes during which time I will make handwritten notes. This evaluation is supported by the Research Governance group of HEE. All data will be treated confidentially and anonymised. I attach a participant information sheet for you to read.

Please could you indicate a suitable time to be interviewed over the next 14 days between 0800 and 2000 and your contact telephone number.

Thank you for your help and I look forward to interviewing you about his important pilot.

Yours sincerely
Mike Clancy FRCEM, on behalf of HEE and the RCEM.

Appendix D – Participant information sheet

Study Title: Evaluation of Emergency Medicine less than full time pilot

Evaluator: Dr Mike Clancy

Please read this information carefully before deciding to take part in this evaluation.

What is the evaluation about?

This evaluation is being carried out by Health Education England which is funding the work. Your knowledge and experience of this pilot is central to the assessment of its impact on the work, training, work life balance and future plans of the trainees. This evaluation will inform the decisions about its continuance and roll out to other specialities.

Why have I been chosen?

You have been invited to take part because you have been involved in the pilot either directly as a participant or in its organisation and delivery.

What will happen to me if I take part?

Taking part involves talking to Dr Mike Clancy about your experience and views of this pilot using a semi-structured interview and will last around 15-30 minutes. The researcher will make handwritten notes.

Are there any benefits in my taking part?

Taking part enables you to make your views known and inform the future development of Less Than Full Time Working.

Are there any risks involved?

There are no anticipated risks to taking part.

Will my participation be confidential?

This evaluation is carried out in compliance with the Data Protection Act. Your name and personal details will not appear on the handwritten interview notes made by the Dr Clancy. You will be allocated a code which will be known only to the evaluator and kept on a password protected computer. Views presented in reports and papers resulting from the evaluation will remain anonymous. Quotes from interviews may be used where particularly relevant but will also remain anonymous. No report will be made on names or specific roles of who has or has not participated in the study.

What happens if I change my mind?

You may withdraw at any time without any consequences whatsoever and your legal rights will be unaffected.

Thank you for reading this information sheet. If there are any issues that concern you please email me – mike.clancy@uhs.nhs.uk

Appendix E – Application for ethical guidance and response

Name of applicant	Dr Mike Clancy
Address	Emergency Department Southampton General Hospital
Nature of Project	Evaluation
Title of project	Interim evaluation of Emergency Medicine trainees' Less Than Full Time (LTFT) pilot.
Description of project	<p>Research question and why it is important: This project aims to improve the working lives of trainees by making the LTFT option more readily available and not confined to Classes 1 and 2 as defined by the Gold Guide. It is anticipated that this option will improve the training, retention, morale and work life balance of trainees and potentially become a normalised option in training in the future across other specialities, subject to the evaluation results. We wish to explore the impact of the pilot to date.</p> <p>Method and analysis: The 19 trainees in the pilot provide the cohort for a mixed methods approach. Other groups will include representatives from the Heads of School, Employers, Lead Dean and the Royal College of Emergency Medicine.</p> <p>Qualitative Approach: 1. Qualitative interviews of all those trainees who have participated in the LTFT pilot. The interview schedule for trainees would include:</p> <ul style="list-style-type: none"> • what made them apply for the pilot (including those aspects of current work that they find difficult/arduous), • what did they expect from the pilot, • how has it helped, • has being LTFT hindered in anyway, • what do they anticipate in the future • impact on income, duration of training, examinations. <p>This interview schedule would be piloted with a small number of trainees to confirm that it is sensible, relevant with no important omissions. Interviewees will be provided with an information sheet about the project beforehand and assured that confidentiality will be maintained. Interviews would be conducted by phone using a semi structured format and would be anticipated to last approximately 15- 30 mins. The interview approach would be iterative and include constant comparison with previous interviews.</p> <p>2. Interviews with others: Heads of School: 2 Employers 2 Lead dean 1 RCEM representative 1 These interviews would be conducted after those of the trainees, building on that learning, exploring the perspectives of these different stakeholders.</p>

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

	<p>The interviews would then be transcribed, anonymised, coded and themes identified</p> <p>Transcripts will be kept secure within an NHS site on a password protected computer, anonymised, and any quotes used within the report will be adapted so as not to be identifiable.</p> <p>Quantitative approach:</p> <p>Working with the Emergency Medicine Trainees Association, we aim to add a limited number of questions to their planned trainee survey (and so avoid adding an additional survey) that are of direct relevance to LTFT trainees. The data will be stratified by FT workers, LTFT (classes 1&2) and LTFT pilot.</p> <p>Contribution of this evaluation:</p> <p>We expect the data generated by this report to give important indications as to this projects efficacy, identify important areas for further exploration and inform the final evaluation of this programme planned for late 2018.</p>
Value of this research	The LTFT EM trainees project is supported by HEE, BMA and RCEM who will wish to know whether it has been effective or not and if it should be rolled out more widely.
HEE involvement and impact on staff	<p>2 HEE have been closely involved in the conduct of this pilot to date.</p> <p>3 In relation to this evaluation, HEE staff will:</p> <ol style="list-style-type: none"> 1. provide contact details of those we wish to interview (as listed above). 2. share data previously collected in relation to this project e.g. year of training and percentage of part time training of those trainees within the pilot. <p>5 It is anticipated this will take a limited number of hours. All trainees involved in the pilot have agreed to partake in the evaluation.</p>
Dissemination	6 This evaluation will be of interest to EM trainees, HEE, BMA and RCEM. A written report will be submitted to these groups and were appropriate supported by oral presentation
Ethical approval	We believe this evaluation not to be research and not to require ethical approval.
Supervisor	David Wilkinson, Post Graduate Dean
Funding	HEE will fund this evaluation
Project timescale	November 2017 - February 2018
Other comments	Sheona MacLeod, Lead for HEE Enhancing Junior Doctors Working Lives workstream
Supporting documents	1. Information sheet for interviewees

Response:

Following the Research Governance Group meeting held on 22 November, I am pleased to let you know that the group is supportive of your proposal. Members noted your comment that the evaluation strategy as it stands is limited to the lower levels of Kirkpatrick's hierarchy, and suggested that a more clearly articulated research question may be helpful in order to be more explicit about how this first phase will inform the longer term evaluation of the project.

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

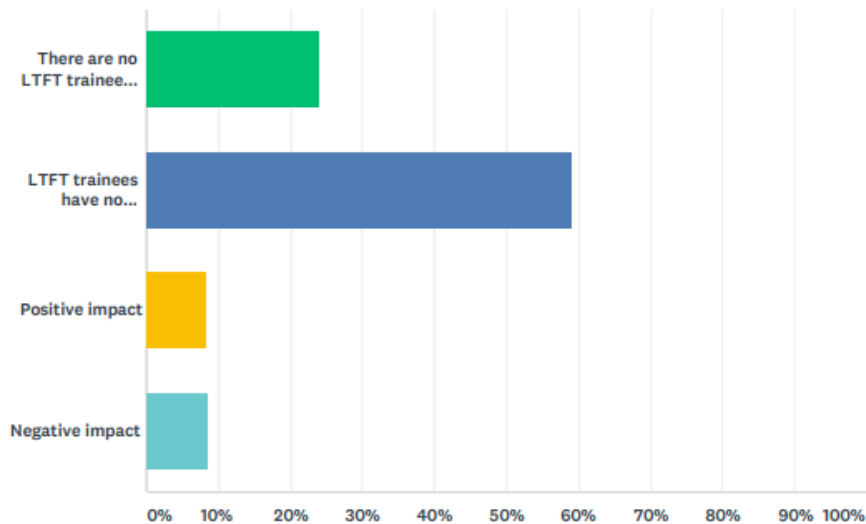
Appendix F – EMTA trainees' comments

EMTA Trainees' Survey 2017

SurveyMonkey

Q42 If there are colleagues training less than full time in your department does their pattern of work impact on your work or training?

Answered: 532 Skipped: 98



ANSWER CHOICES		RESPONSES	
There are no LTFT trainees in my department		24.06%	128
LTFT trainees have no significant impact on my training		59.02%	314
Positive impact		8.27%	44
Negative impact		8.65%	46
TOTAL			532

#	OTHER (PLEASE SPECIFY)	DATE
1	I am an LTFT	1/31/2018 9:28 PM
2	no replacement for them on the rota	1/31/2018 7:35 PM
3	Means I am covering the gap left by the less than full time trainee (rolling rota and our slots line up so we are often together even though they only work 2/3 of their shifts)	1/31/2018 7:07 PM
4	I think LTFT training is good. It gives me an option that if I am not coping up with profession and family, I can opt for LTFT. This shouldn't disappear from EM, otherwise we will lose good number of trainees.	1/31/2018 12:50 PM
5	No strong feeling	1/31/2018 10:05 AM

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

5	No strong feeling	1/31/2018 10:05 AM
6	Job share - two colleagues for one	1/30/2018 5:41 PM
7	Seems like my shifts change to suit their requests for various working patterns	1/29/2018 9:30 AM
8	Don't know	1/29/2018 12:59 AM
9	I do not notice LTFT as the st3 tier is separate from "SHO" and st4+ and we have a gap.	1/28/2018 9:13 PM
10	Staff grade doctors not on the night shift rota - resulting in me having to undertake their night shift duties as rota'd i.e. I occupy "two" night shift rota slots	1/28/2018 8:41 PM

1 / 3

EMTA Trainees' Survey 2017

SurveyMonkey

11	I am LTFT and am encouraged by other members of staff	1/28/2018 7:24 PM
12	n/a	1/28/2018 6:21 PM
13	Unknown	1/28/2018 9:58 AM
14	They generally double up that day, so two SpRs on shift, rather than one	1/27/2018 5:18 PM
15	Others often have to fill rota gaps	1/27/2018 4:57 PM
16	As with sickness, ultimately the burden of covering shifts is placed upon those who are reliable and come to work on time and without fail. Unfortunately this takes it's toll.	1/27/2018 1:05 PM
17	Rota impact but not on training	1/27/2018 12:19 PM
18	Not sure	1/26/2018 7:34 PM
19	both positive and negative as it means more rota gaps but the LTFT is the only other training registrar and it is great to talk to her as she is often in a much better state of mind than I am which helps me	1/26/2018 6:00 PM
20	Two people job share a rota slot so over all works out to greater than one person	1/26/2018 5:47 PM
21	Bring back to LTFT pilot! helped a few of my colleagues carry on	1/26/2018 5:19 PM
22	There are but they are not in my "pod" so does not directly impact on my shifts	1/26/2018 12:51 PM
23	Inspiring to see senior trainees balance LTFT	1/26/2018 12:42 PM
24	They have the same days off each week which means full time trainees need to work around them	1/17/2018 3:14 PM
25	No LTFT trainees but we have ACP's who work on the registrar Rota but do different hours so we are often left with big gaps when they leave and the reg has to hold the fort alone	1/3/2018 4:19 PM
26	It meant that I have had to do many night shifts as a single registrar in a busy MTC, as I am paired with a rota gap. I have had to do many night shifts where there were not enough registrars on in the evening, so there was no way I could 'win' that shift.	1/3/2018 9:16 AM
27	Happier trainees stay in training...!	12/30/2017 10:53 PM
28	Having to cover night shifts and weekends.	12/30/2017 8:47 PM
29	Dont know	12/28/2017 3:00 PM
30	Able to cover gaps and allow flexibility	12/22/2017 9:36 PM
31	Full time trainees often work a disproportionate amount of bank holidays / Xmas and nights	12/21/2017 2:04 PM
32	I think those who work LTFT have a broader range of interests and are often less 'burnt out' than full time trainees. The LTFT trainees are often a little more flexible and able to cover shift swaps / sickness at short notice which is helpful.	12/21/2017 1:08 PM
33	Allowing LTFT trainees means that more people are retained in EM which consequently leads to	12/20/2017 8:48 PM

Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18

33	Allowing LTFT training means that more people are retained in EM which consequently leads to less gaps in Rotas. Better staffed emergency departments are less stressful and more safe to work in and provide a better training environment for doctors.	12/20/2017 8:10 PM
34	To accommodate the LTFT trainees then the full time trainees have to cover the days they are not at work. For example there is one LTFT trainees who don't work on Fridays and there is another who does not work on Mondays so this means that as FT we have to cover these days.	12/20/2017 4:52 PM
35	I am lft	12/19/2017 7:53 PM
36	As a cohort the registrars were told that no one could take leave over the 2 week Christmas period. Yet one LTFT trainee has been given annual leave over Christmas.	12/19/2017 1:43 PM
37	I've no idea. We hardly get to know each other, as we are very well staffed, and always busy, so don't get to talk much.	12/19/2017 11:54 AM
38	There are middle grades who have negotiated less or no night shift and late shifts, leaving the trainees to do more	12/19/2017 11:49 AM
39	Covering their shifts. Especially over bank holidays	12/18/2017 2:10 PM
40	Less doctors on shop floor!	12/14/2017 7:33 PM
41	Creates extra pressure on rota but ultimately gapped shifts filled with locums	12/14/2017 10:59 AM

2 / 3

EMTA Trainees' Survey 2017

SurveyMonkey

42	Less OOH cover therefore more anti social shifts	12/12/2017 9:02 PM
43	They generally are very happy to be at work, not burned out or stressed. Definitely add a different perspective.	12/12/2017 5:39 PM
44	They are rested. Seem happy and keen to muck in like any other trainee. Treated no different. Tempted to follow suit myself	12/12/2017 5:37 PM
45	It feels disloyal to suggest this, but it is almost always the full-timers who pick up the rota slack. I understand why completely, but there is no doubt in my mind that LTFT working as it operates in our department makes my working life tougher.	12/11/2017 8:19 AM
46	Only thing slightly frustrating is the LTFT trainees always work on the day our SpR teaching is rota'd so they attend all the teaching - in the 5 months I've worked in the dept I am yet to have been rota'd to work on a teaching day - so I've either not been or come in on my days off	12/9/2017 1:08 PM
47	I am the only lft worker apart from the consultants.	12/9/2017 7:30 AM
48	Allowing trainees to balance work commitments with home life by LTFT leads to trainees able to give all to time when at work. Positive impact.	12/8/2017 11:53 AM
49	I am a LTFT trainee and there are 3 others - helps everyone to have variation in workers in a department	12/4/2017 5:56 PM
50	all LTFT are anaesthetics/ITU trainees	12/3/2017 11:50 PM
51	These are often the only people who can swap shifts with me	12/3/2017 8:25 PM
52	N/A as locuming	12/3/2017 7:07 PM
53	Not sure.	12/3/2017 1:32 PM
54	less night shift cover. also applies to GPs playing ED doctors	12/3/2017 1:29 PM
55	n/a	12/3/2017 11:18 AM
56	No formal LTFT trainees, but a number of LTFT clinical fellows. More hands on deck helpful, and they're often freer to pick up extra shifts where there are gaps.	12/3/2017 12:31 AM