Health Education England

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# Opportunities for Emergency Medicine Less Than Full Time Training: A Pilot Project

# Guidance

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## 1. Introduction

1.1. The junior doctors' contract negotiations highlighted wider, non-contractual concerns around flexibility in medical training. Health Education England (HEE) is exploring innovative solutions and developing new approaches to postgraduate training to improve morale and provide greater flexibility for junior doctors and dentists.

1.2. The pilot is supported by the Department of Health, HEE, NHS Employers, NHS Improvement, the General Medical Council, the British Medical Association Junior Doctors Committee and the Royal College of Emergency Medicine.

1.3. The pilot will explore the provision of more opportunities and wider access to less than full time training (LTFT). It is thought that a more flexible approach may:

a. reduce 'burn out' and attrition;

b. improve morale; and

c. aid recruitment.

1.4. The pilot is designed to enhance recruitment, reduce attrition and improve the working lives of higher Emergency Medicine trainees by offering an opportunity for improved work-life balance. HEE recognise that a diverse and inclusive workforce can encourage improvements, innovations and new approaches to existing problems. It is vital that all staff and learners we support are treated fairly and are enabled to reach their full potential.

1.5. There is sociological evidence to support an approach to modern training methodology. Generational theory has emerged from hard evidence and ongoing research, which provides a basis to understand society and groups which is

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

1.6. This pilot is led by HEE, who will share findings widely.

1.7. Outcomes from the pilot evaluation may be applicable to other specialty and learner groups.

1.8. There are a number of initiatives and projects being developed by HEE in parallel to enhance working lives for trainees; this is one of many ideas being piloted.

1.9. The pilot initially went live in 2017 for twelve months, and then was extended for an additional twelve months, and subsequently a further twelve months until August 2020. Extension to a fourth cohort (August 2020 – July 2021) has recently been approved. **Trainees who are currently part of the pilot and wish to continue training LTFT do not need to reapply.**

1.10. **From August 2020, the following changes will be implemented:**

1.10.1. The option to train at 70% will be included

1.10.2. The offer will be extended to current ST2 trainees on the Emergency Medicine run-through coupled programme undertaking the Emergency Medicine ACCS curriculum (ST1-3) who are expected to progress to ST3 in August 2020.They may submit an application to train LTFT under "category 3" as described below.

## 2. Background

2.1. A Reference Guide for Postgraduate Specialty Training in the UK, also known as the Gold Guide, sets out the current national arrangements for LTFT training.

2.2. The Gold Guide stipulates that a Trainee may only apply or be accepted for LTFT training with a well-founded individual reason.

2.3. Applicants for LTFT training within the Gold Guide criteria are prioritised into two categories:

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

Category 1:

Those doctors in training with:

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

Category 2:

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

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

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

2.4. The pilot offers a third "category":

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

## 3. Core features of the pilot

3.1. HEE initially undertook a 12-month pilot in England, in which all existing higher Emergency Medicine (EM) trainees and current ST3 run-through EM trainees who were expected to progress to ST4 in August 2017 were able to submit an application to train LTFT under "Category 3". NIHR Academic Clinical Fellows and Clinical Lecturers were also included in the pilot. The pilot was then extended for an additional 12 months (until August 2019) following the same principles and extended again for an additional 12 months (until August 2020). A fourth twelve-month cohort for the pilot has now been approved, and will now run from August 2020, subject to continued

evaluation and is subject to service requirements described below and will encompass the changes outlined in 10.1

3.2. Trainees accepted to undertake LTFT Category 3 who want to decrease and/or increase their hours (including returning to full-time training), may only do so when there is capacity and agreement by the Training Programme Director or Head of School. Changes should usually align with the rotation date, but this may not be immediately available. Changes should respect Code of Practice requirements.

3.3. Should there be a higher than expected demand, normal application processing times may be exceeded, and a waiting list may be required.

3.4. Applications under “Category 3” will be processed on a first come first served basis. Availability will be reviewed regularly to ensure stability of the workforce and to ensure any patient safety risks are identified and managed; approval of less than full time training will be dependent upon exigencies of the service.

3.5. HEE Local Offices will manage and administer applications for the pilot within existing mechanisms.

3.6. Applications for individuals who demonstrate they meet the Gold Guide criteria (Categories 1 and 2) will be prioritised.

3.7. Trainees may apply for LTFT training at 50%, 60%, 70% or 80% of a full-time post, under “Category 3”.

3.8. Trainee doctors within the pilot are not able to choose which days and hours they wish to reduce. Working patterns need to be agreed with the employer/host organisation and pilot trainees must be available to work across all shifts and days.

3.9. Current higher EM LTFT trainees or ST3 run-through EM LTFT trainees already participating in the pilot may apply to decrease and/or increase their hours to continue training LTFT.

3.10. The demand for LTFT under “Category 3” is unclear; Training Programme Directors may discuss increasing training percentages with applicants in order to maximise the number of applicants under “Category 3” who may be accommodated under the pilot.

3.11. Trainees who have a current Tier 2 Certificate of Sponsorship or require a Tier 2 Certificate of Sponsorship should discuss eligibility for the pilot with the relevant HEE Local Office and UK Visas and Immigration prior to submitting an application.

3.12. EM trainee doctors approved may undertake periodic locum shifts with their employing/host organisation in the first instance. Should the employing/host organisation not require the services of the junior doctor on a locum basis, the junior doctor may undertake occasional locum shifts elsewhere. The junior doctor should clarify in the first instance whether their employing/host organisation requires their services.

3.13. Additional locum work by trainees approved by the pilot should be periodic and not frequent. This should normally be up to a maximum of 8 hours, or one shift per month. Trainees who wish to regularly undertake locum shifts will have the percentage LTFT reviewed and increased to account for this. This could result in a return to full time training status. Further guidance can be found here: https://www.copmed.org.uk/images/docs/publications/Guidance_on_Undertaking_Additional_Work_.pdf

3.14. Locum shifts may only be undertaken with the approval of Educational Supervisors in advance and all locum shifts should be declared to the Educational Supervisor in real time.

3.15. The Educational Supervisor and Trainee must notify the Head of School/local HEE training lead on a regular basis (at least 3 monthly) about locum shifts undertaken during the pilot. In accordance with revalidation requirements, all locum work undertaken must be declared on the Trainee's Form R (Part B).

3.16. Trainees who feel pressured to undertake additional locum work should discuss with their Educational Supervisor and Head of School.

3.17. As part of the evaluation process, trainees approved will be asked to declare where any locum shifts were undertaken (employer or other organisation), and the frequency of such shifts.

3.18. Trainees applying to train LTFT must be aware that their salary will be apportioned in accordance with their contract of employment. Trainees are also strongly advised to discuss pay and pension arrangements with their employer, to understand the financial impact of LTFT training.

3.19. EM trainees who are Out of Programme or undertaking a period of Acting Up are not eligible to apply or participate in the pilot.

3.20. EM trainees who are approved to train LTFT in the pilot under "Category 3" and change specialty (i.e. resign their NTN in higher EM), will not be eligible to continue training LTFT upon transfer to another Training Programme.

3.21. EM trainees who are approved by a HEE Local Office (who do not meet the Gold Guide criteria) and wish to undertake an Inter Deanery Transfer to Scotland, Northern Ireland and Wales, are not be eligible to remain LTFT upon transfer (unless they meet the Gold Guide criteria and are approved by the accepting organisation).

3.22. Given the total increased trainee population, HEE expects LEPs to support where necessary an increased proportion of trainees training LTFT. An individual's needs and expectations must be considered in the context of educational standards and service capacity, and LEPs have discretion to decline applications for LTFT training if deemed necessary. HEE Local Offices may choose to restrict the number of trainees

permitted to train LTFT as “Category 3” through the expansion to 10-15% of those currently training full time.

## 4. The role of HEE

4.1. Local and regional HEE offices will play a key role in monitoring and support. This will allow flexibility for trainees and LEPs to apply within established processes and takes into account local needs.

4.2. HEE will govern the pilot by ensuring nationwide communications, monitoring, evaluation, reporting, learning and provide a platform for the sharing of best practice.

4.3. The Lead Dean for Emergency Medicine will liaise with stakeholders as needed to support the continuation of the pilot and ensure an evaluation is undertaken.

## 5. Timeline

There will be two application windows per training year to accommodate trainees rotating in both August and February to maximise opportunity for application and ensure fairness to all trainees.

The application window must consist of 4 weeks and must be timed to fulfil Code of Practice requirements.

## 6. Appendix 1 - Frequently Asked Questions

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

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

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

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

## 2. Why have a pilot? Why Emergency Medicine?

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

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

RCEM volunteered to participate in the pilot. As a high intensity specialty which has experienced workforce issues in a number of areas, it was agreed that a pilot in EM would provide an excellent opportunity to identify any particular obstacles and to evaluate the benefits and issues. Following an evaluation of the pilot, it has been determined that LTFT Category 3 should now be extended to ST3 trainees where a high attrition rate has been identified, and to include the offer to train at 70% to increase flexibility.

## 3. Which trainees can apply to have their hours reduced?

The programme permits all higher EM trainees (ST4+), current ST3 run-through trainees and current ST2 Emergency medicine run-through trainees (who are on the Emergency Medicine ACCS curriculum) who are expected to progress to ST3 in August 2020, to apply for LTFT training, without needing to meet Category 1 or 2 of the Gold Guide (2018).

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

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

NIHR Academic Clinical Fellows and Clinical Lecturers in higher EM are included

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

ST2s who are in run-through training (on the Emergency Medicine ACCS curriculum who are expected to progress to ST3 in August 2020 may apply. ST3 run-through trainees may also apply

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

In this pilot, trainees can apply to reduce or increase their hours to 50%, 60%, 70% or 80% of a full-time post.

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

**6. What happens after the window has closed?**

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

**7. What is the application process?**

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

**8. How long does a Trainee's LTFT training request last?**

It is a local decision whether a Trainee occupies a full-time slot, or is part of a slot share, etc.

If a Trainee under the programme wishes to increase or decrease their hours at any stage, this should be requested via the relevant HEE Local Office. It is recognised that an increase or decrease may not be accommodated at short notice and will be subject to local approval. Code of Practice timelines should be respected.

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

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

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

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

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

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

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

**13. How will the pilot and programme (August 2017 onwards) be evaluated?**

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

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

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

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

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

Training and working  LTFT will result in a proportional reduction in pay (including pensionable pay) when compared to that paid to full-time colleagues.  This will be calculated differently, depending on which contract trainees are employed. Trainees should seek advice as needed from their employer / Trust Human Resources.

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

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

**17. Will other specialties join the pilot?**

LTFT Category 3 has been expanded to Paediatrics and Obstrectrcs and Gynecology for 2019. Discussions are ongoing with a number of Colleges and Faculties to explore a range of approaches to increasing flexibility.