

VERSION CONTROL

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Opportunities for Paediatrics Less Than Full Time Training: An Expansion Project

Guidance

Contents

1. Introduction.....	2
2. Background.....	3
3. Core features of the expansion.....	4
4. The role of HEE.....	7
5. Timeline.....	7
6. Appendix 1 - Frequently Asked Questions.....	7

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 expansion 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 Paediatrics.
- 1.3. The expansion 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 attrition;
 - b. improve morale; and
 - c. aid recruitment.
- 1.4. The expansion is designed to enhance recruitment, reduce attrition and improve the working lives of Paediatrics 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 expansion is led by HEE, who will share findings widely.
- 1.7. Outcomes from the expansion 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.
- 1.9. The expansion for Emergency Medicine initially went live in 2017 for twelve months, and has continued to be extended.
- 1.10. It was agreed to extend the expansion to Paediatrics in 2019, based on the same principles for Emergency Medicine as outlined in this document. The Paediatrics expansion has now been extended until August 2021. This means that all existing Paediatrics trainees may submit an application to train LTFT under “Category 3”, as described below. **Trainees who are currently part of the pilot and wish to continue training LTFT do not need to reapply.**

2. Background

- 2.1. A Reference Guide for Postgraduate Specialty Training in the UK, also known as the Gold Guide, sets out the current national arrangements for LTFT training.
- 2.2. The Gold Guide 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 MrCrimble, Mark, *The ABC of XYZ* (UNSW Press:2009); Kopperschmidt, B. R. “Multigenerational employees: Strategies for effective management”, *The Health Care Manager*, (2000), pp. 65-76.

Category 1:

Those doctors in training with:

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

Category 2:

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

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

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

2.4. The expansion offers a third “category”:

“Category 3”: 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 the judgement of anyone else it is dependent upon and might be limited by service considerations.

3. Core features of the expansion

- 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) and then again (until August 2020) following the same principles. The pilot has now been extended again for an additional 12 months (until August 2021).

The same model is now being applied to Paediatric and Obstetrics and Gynaecology trainees.

- 3.2. Trainees accepted onto the programme who want to decrease and/or increase their hours during or after the programme (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 where possible.
- 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. 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 expansion 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 expansion 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 expansion trainees must be available to work across all shifts and days.
- 3.9. 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 expansion.
- 3.10. A reduction in hours will mean a drop-in salary and this could impact on a trainee’s ability to work on a Tier 2 visa. When applying for a new visa, the trainee must ensure that their salary meets the minimum requirements. Therefore, 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.
- 3.11. Paediatric trainee doctors approved through the expansion 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.

- 3.12. Additional locum work by trainees approved by the expansion should be periodic and not frequent. 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

- 3.13. Locum shifts should be undertaken with the approval of Educational Supervisors in advance where possible. It is recognised that a trainee may be asked to undertake locum work at very short notice and unable to discuss this prospectively This should be discussed with the Educational Supervisor at the earliest opportunity afterwards.
- 3.14. 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 expansion. In accordance with revalidation requirements, all locum work undertaken must be declared on the Trainee's Form R (Part B).
- 3.15. Trainees who feel pressured to undertake additional locum work should discuss with their Educational Supervisor and Head of School.
- 3.16. As part of the evaluation process, trainees approved under the expansion will be asked to declare where any locum shifts were undertaken (employer or other organisation), and the frequency of such shifts.
- 3.17. Trainees applying to train LTFT under the expansion 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.
- 3.18. During the programme, Paediatric trainees who are Out of Programme or undertaking a period of Acting Up are not eligible to apply or participate in the expansion.
- 3.19. Paediatric trainees who are approved to train LTFT in the expansion under "Category 3" and change specialty (i.e. resign their NTN in Paediatrics), will not be eligible to continue training LTFT upon transfer to another Training Programme.
- 3.20. Paediatric trainees who are approved under the expansion 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).
- 3.21. Local Education Providers (LEPs) are expected to support the programme objectives and Training Programme Directors will manage trainee placements to ensure a balanced, equitable approach. In particular, Training Programme Directors must

ensure that LEPs are not put under pressure by having large numbers of LTFT trainees. A waiting list may need to be introduced by the HEE Local Office.

- 3.22. 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 expansion by ensuring nationwide communications, monitoring, evaluation, reporting, learning and provide a platform for the sharing of best practice.
- 4.3. The Lead Dean for Paediatrics will liaise with stakeholders as needed to support the continuation of the expansion and ensure an evaluation is undertaken.

5. Timeline

TO BE ADVISED BY LOCAL OFFICE

6. Appendix 1 - Frequently Asked Questions

1. Where did the idea of a Paediatrics less than full time training Expansion 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 Paediatrics (RCEM) and the British Medical Association (BMA) are implementing a expansion to explore the impact of allowing more flexibility within Paediatrics training.

It is thought that a more flexible approach may reduce '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 an expansion? Why Paediatrics?

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

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

The expansion permits all Paediatric junior doctors to apply for LTFT training, without needing to meet Category 1 or 2 of the Gold Guide (2018).

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

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

NIHR Academic Clinical Fellows and Clinical Lecturers in Paediatrics are included in the expansion.

4. Can Paediatrics trainees choose which percentage they wish to work at and which days they want to work?

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

Trainees within the expansion 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.

5. Approval criteria for Heads of School

The following criteria can be used applied to ensure a fair and equitable approval process across Health Education England:

- The application for LTFT is educationally appropriate for the trainee
- The local programme is able to support this application with regards to service provision
- The application aligns with the rotation date where possible
- The change will respect Code of Practice requirements where possible

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?

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

8. What are the key dates for this expansion?

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

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

The expansion commenced in November 2019 and was launched for the March 2020 rotation with an initial scope of 12 months. This has been further extended for another 12 months.

It is a local decision whether a Trainee is occupying a full-time slot, part of a slot share, etc. If a Trainee under the expansion 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. Wherever possible and reasonable to do so, Code of Practice timelines should be respected.

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

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

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

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

A reduction in hours will mean a drop-in salary and this could impact on a trainee's ability to work on a Tier 2 visa. When applying for a new visa, the trainee must ensure that their salary meets the minimum requirements.

Therefore, 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 Paediatrics who have reduced their hours as part of this expansion able to undertake locum shifts?

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

13. How will the expansion be evaluated?

A full evaluation will take place involving feedback from all Paediatric trainees (those training full-time, LTFT and part those involved in the expansion), BMA officials, organisations with LTFT trainees through the expansion, Royal College officials and HEE officials (including Heads of Schools).

It is a mandatory requirement for trainees accessing LTFT training under the expansion to contribute to the evaluation process.

14. If there is high demand for less than full time training under the expansion, 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 over Category 3. 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 expansion?

Discussions are ongoing with a number of Colleges and Faculties to explore a range of approaches to increasing flexibility.