Report of the second year Emergency Medicine Less Than Full Time pilot.

Background.

The option of working Less Than Full Time by choice (LTFT3) has been piloted in Emergency Medicine (EM). This opportunity was taken up by 17 trainees (recruited from ST4-6) in the first year (2017-18) and they were joined by a further 24 trainees who joined the pilot in its second year (2018-19). The pilot has now been extended into a third year (2019-2020) in EM recruiting 34 trainees (CT3-ST6) and to other specialities (Paediatrics and Obstetrics and Gynaecology)..

The previous pilot reports concluded that those trainees who worked LTFT3 welcomed this way of working reporting a better work life balance and were more likely to stay in the EM specialty. As the first cohort was small, conclusions were limited and the impact on attrition was not detectable.

Objectives of this evaluation:

To build on the knowledge previously reported by benefiting from a larger group of trainees some who will now have been in the programme for 2 years.

Methods

1. Questionnaires

By using questionnaires, we intended to generate quantitative data to describe the views of this group. We wished to explore whether the benefits previously reported are sustained in the original cohort(2017-18) and present in the latest larger cohort(18-19).
Specifically we wished to explore participants views of:

- their work life balance
- their job satisfaction and the care they deliver
- how the shifts released by working LTFT3 are covered
- how they used the time released by working LTFT3
- undertaking locums and sickness rates

An e-mail invitation to complete the on line questionnaire, hosted by Survey Monkey was sent together with a copy of the participant information sheet. A reminder was sent two weeks later. Summary statistics were used to describe the results.

2. Using surveys conducted by others

We wished to understand how this group (LTFT3) compared with those who work full time (FT),in the same speciality using routinely collected data. Specifically two surveys:

- GMC National Trainees Survey (NTS), focusing on burnout and wellbeing.

Using the GMC NTS (with its response rate of 95%) in this way could form the basis for tracking changes as working patterns change. The GMC agreed to the request that respondents to the annual training survey would be asked if they were in the EM LTFT pilot to enable the data to be stratified by those working LTFT3 and those working FT who would act as the comparison group. The questions in the GMC training survey that would most likely be affected by working LTFT (3) were identified (GENHQ 33,34,183,185, 142, 144,150,151,152, and the burnout questionnaire) and the data abstracted. Chi squared tests, where appropriate were used to compare LTFT3 to FT.This is the first time the GMC NTS has been used for this purpose and if successful is important given the increasing commitment to this option for working in EM and now in other specialities.

- HEE deanery data were used to describe ARCP outcomes for LTFT3 and identify those who had resigned from LTFT3 training.

3.Interviews

We interviewed those with responsibility for the delivery of the LTFT3 programme to explore their views and concerns. Specifically the Chair of the RCEM training committee, a Head of school of EM and the lead dean for LTFT (who works across all specialities).

Ethical considerations

This evaluation plan was submitted to and approved by the HEE governance committee.

Results

Questionnaires

Of the first cohort of 17, 8 had either completed their training or were currently out of programme (OOP) or on maternity leave and 1 had resigned. 9 were still undertaking LTFT3 training at the time of the survey (June 2019) and 5 of this cohort responded In the second cohort of 24, 21 replied. The responses for both cohorts (total of 26) are summarized here.

Retention

96% reported that they were much more likely/ more likely to remain in EM.
92% reported much more likely/more likely to continue to work in the NHS.

96% reported much better/better sense of job satisfaction (table 1)

Q9: Has the pilot altered your sense of job satisfaction?

Answered: 21 Skipped: 0

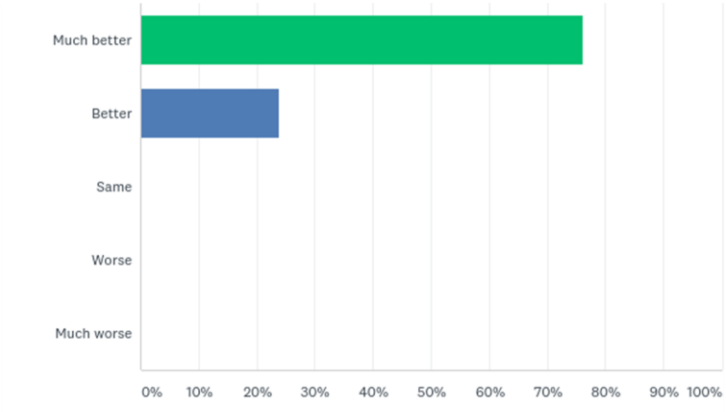

Table 1 Second cohort (21) responses

Patient and Service impact
85% believed they provided better patient care.
58% thought that the shifts created by going LTFT were covered all or most of the time (but 38% had no idea if this was the case).

Working pattern
77% opted to work 80% of the time
100% wanted to continue LTFT (88% wanted to continue to work LTFT at the same % as they are).
69% worked less than 1 locum shift every two months

Health and Wellbeing / Worklife balance
100% reported a better/much better ability to successfully manage work and non work roles. Table 2

Q13: Has the pilot altered work life balance, i.e your ability to successfully manage your work and non work roles?

Answered: 21 Skipped: 0

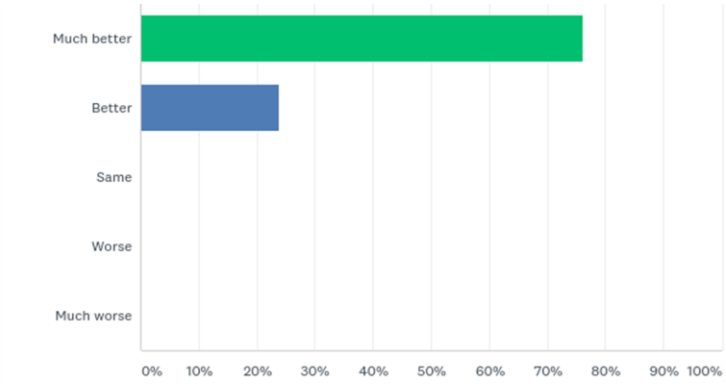

Table 2. Second cohort (21) responses

65% spent more than 25% of the time freed up by going LTFT on work related to Emergency Medicine training.
Of those who joined the second cohort 100% reported taking less (29%) or the same number of sick days (71%) compared to the previous year when they were not LTFT3s.

2. Surveys by others

GMC survey

Using the Copenhagen questions (table 3) contained within the GMC NTS to explore stress and burnout, there was a significant difference detected between LTFT3 and FT using Chi Square testing to the question: -"do you feel worn out at the end of the working day" . Responses for the other 6/7 questions were not significantly different .

		LTFT	FT	
Is your work emotionally exhausting?	To a very high degree	29.0%	20.0%	
	To a high degree	45.2%	35.9%	
	Somewhat	22.6%	35.7%	
	To a low degree	3.2%	7.2%	
	To a very low degree	0.0%	1.3%	
Do you feel burnt out because of your work?	To a very high degree	9.7%	13.7%	
	To a high degree	35.5%	23.7%	
	Somewhat	35.5%	41.3%	
	To a low degree	12.9%	15.9%	
	To a very low degree	6.5%	5.4%	
Does your	To a very high degree	19.4%	13.7%	

work frustrate you?	To a high degree	12.9%	19.3%	
	Somewhat	58.1%	43.0%	
	To a low degree	6.5%	15.2%	
	To a very low degree	3.2%	8.7%	
Do you feel worn out at the end of the working day?	Always	22.6%	20.4%	
	Often	67.7%	47.8%	
	Sometimes	9.7%	26.5%	
	Seldom	0.0%	4.1%	
	Never/almost never	0.0%	1.1%	
Are you exhausted in the morning at the thought of another day at work?	Always	6.5%	9.8%	
	Often	38.7%	27.8%	
	Sometimes	29.0%	37.4%	
	Seldom	16.1%	17.8%	
	Never/almost never	9.7%	7.2%	
Do you feel that every working hour is tiring for you?	Always	3.2%	5.9%	
	Often	22.6%	15.4%	
	Sometimes	41.9%	35.9%	
	Seldom	19.4%	29.3%	
	Never/almost never	12.9%	13.5%	
Do you have enough energy for family and friends during leisure time	Always	9.7%	5.4%	
	Often	32.3%	32.2%	
	Sometimes	51.6%	39.3%	
	Seldom	6.5%	18.9%	
	Never/almost never	0.0%	4.1%	

Table 3

With regard to those questions rating intensity of their work and feeling short of sleep there was no statistical difference between the groups . However the LTFT group did report working beyond rostered hours significantly more frequently. One might speculate that those who worked LTFT3 more often felt obligated to work beyond the rostered hours.
Looking forward over the next year (table 4) most trainees saw themselves continuing along their present trajectory. This data was not subjected to Chi Square testing as more than one response was possible, invalidating the test. Although small percentages, more LTFT3 than FT saw themselves in a service post, taking a career break or leaving medicine permanently. Very few saw themselves leaving the UK .

		LTFT3	FT
Which of the following best describes what you see yourself doing one year from now? (please select one option only)	Continuing my training or working as a consultant/GP	78.9%	87.5%
	Continuing my training or working as a consultant/GP but changing specialties	0.0%	1.2%
	Obtaining a service post (i.e. working as a doctor but not in a training programme)	7.9%	1.4%
	Working as a locum	0.0%	0.7%
	Working as a doctor outside the NHS (i.e. private practice)	0.0%	N/A
	Working as a doctor outside the UK (permanently)	0.0%	0.5%
	Working as a doctor outside the UK (temporarily)	0.0%	0.5%
	Taking a career break	5.3%	3.4%
	Leaving medicine permanently	2.6%	0.2%
	Undecided	5.3%	3.8%
	Other	0.0%	0.9%

Table 4

HEE deanery data: For those LTFT3 with ARCP data available, 79% (27/34) had ARCP outcomes 1 or 6. Only 1 trainee out of the 41 trainees who had entered the programme had resigned.

3.Interviews

Interviews were conducted by phone and concurrent notes made with the agreement of the participants. The field notes were transcribed and checked with the participants, then read repeatedly and key themes (underlined) and supportive quotes were identified.

LTFT 3 is no longer an issue

"LTFT so common that LTFT3 is a drop in the ocean"
"Not the source of concern from HOS"
"No longer a big deal."
"LTFT 3 here to stay as box has been opened and will remain open"
"As now (at) 36 months (it) is inevitably less prominent… come off the radar"
"The LTFT pilot is still of interest/importance with increasing uptake each year, but less than was anticipated at the beginning of the pilot"

The impact of LTFT3 on rotas difficult to determine but doesn't appear to be a problem

"can not separate out signal about coverage of LTFT3 slots..too complicated .."
"anybody is better than nobody (filling these slots)"
"Coverage of gaps not a problem"
"The sky has not fallen in"

LTFT as an option

"LTFT option important for workforce planning, healthy lifestyle and sustainable portfolio careers"
"LTFT is of increasing relevance to make the training sustainable, and is accepted as a reasonable choice"
"More value by LTFT3 just being available and the reassurance that comes from that"
"Important to be part of a suite of options… and the benefit of just being there"
"We have an increased number of OOPC (break from training) and they invariably come back LTFT for a better work life balance"

Impact on service and assessment

"Continued monitoring needed ..if level >15% (of those who go LTFT3) this will impact on service"
"not a service outcry related to this initiative"
"There is additional workload associated with LTFT like more ARCPs but (we) have adapted to that and (its) better to have these trainees with the additional work than to have none."

Limitations

- Inevitably the small size of the LTFT3 cohort limits the power of the study.
- It is not possible to validate self reporting questionnaires and so for example we can't be sure that patient care has improved.
- Although the stress and burnout responses are similar for LTFT3 and FT for this year we do not know if these responses have been changed by trainees joining the LTFT3 pilot.

Key findings

- Trainees undertaking LTFT3 clearly value the benefits in terms of improved job satisfaction, patient care and work life balance.
- Importantly all wanted to continue LTFT and participating in the pilot has improved the likelihood of trainees remaining both in EM and the NHS.
- The number of trainees entering the programme each year continues to grow(17, 24,34)
- The concern that LTFT3 trainees will compensate for the reduced hours worked (and income) by undertaking more locums is not supported by this data.

- Understanding if the shifts created by LTFT3 working are covered is problematic.
- Most LTFT3 trainees used 25% or more of the released time for EM training related purposes.
- The outcomes of the ARCP process for LTFT3 are likely to be similar to those who are FT.
- Overall the level of burnout/ stress is similar for both LTFT3 and FT trainees
- Although only small % saw themselves as leaving medicine – all reported LTFT3 working had made this less likely
- LTFT3 feels like it is here to stay and an important option for trainees.
- One 1 trainee out of the 41 (2.4%) who have entered this programme in its first two years has resigned from EM training (compared to 2.8% for all HST 4-6 trainees 2017-18)

Summary

The LTFT3 pilot has been successful from the participants point of view with a self reported improved sense of job satisfaction, work life balance and patient care. We still cannot be sure if this working pattern consistently creates unfilled shifts whose burden falls on the remaining work force but it has not been reported as a major problem. Both trainees and those responsible for training value the addition of the LTFT3 option to the suite of training opportunites.

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