RCOG LTFT Training Report 2019

Background

The number of O&G doctors training less than full time is increasing year on year with almost a quarter of trainees now choosing this option at any one time. Many more will have been less than full time at some point in their career, so overall the number of obstetricians and gynaecologists who have trained in this way is substantial. Given the full shift nature of our specialty, it lends itself well to training less than full time, and this is reflected in the positive feedback from trainees in this report. At a time when burnout in the NHS is rife, and as a specialty we are examining ways to prevent attrition and support our doctors, actively promoting and encouraging less than full time training is more important than ever.

Trainees choose less than full time training for a variety of reasons - parenthood, caring responsibilities, subfertility, ill health, or in order to pursue other development or academic opportunities. In common though is the need to have some temporary breathing space from a rewarding but rigorous specialty and training programme at a time in their lives when they have additional demands. Retention of talented and dedicated doctors ultimately benefits our profession, but also the women we look after, with evidence now demonstrating a correlation between staff wellbeing and patient safety.

Sources

- 2019 GMC Survey of Doctors in Training
- 2019 RCOG TEF
- RCOG Eportfolio

2019 Data Analysis

1.1 Demographics

According to the GMC survey, 2019, O&G has the third highest percentage of LTFT trainees of any speciality, with 24.6% of trainees currently LTFT. This demonstrates a consistent increase over the last 5 years, from 19.2% in 2015.

The figures from the 2019 TEF are slightly different with 21.7% of a total of 1739 trainees training LTFT. The most common percentages are still 60% and 80%; this will be discussed later in more detail. The absolute numbers are as follows:

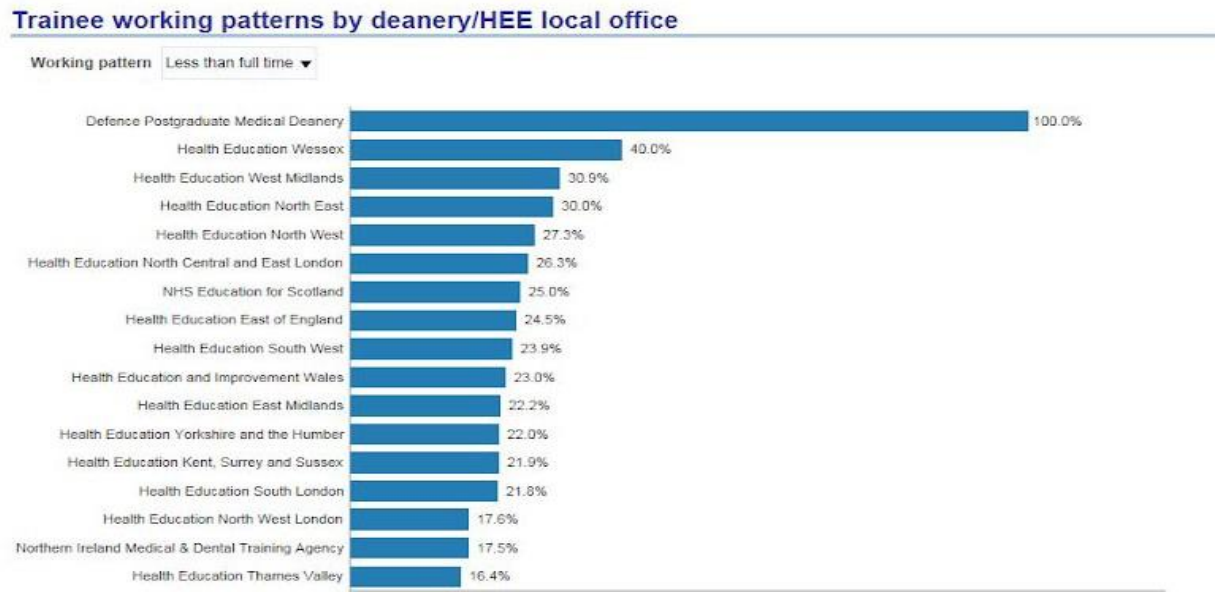
Full time	**1359**
All LTFT	**380**
LTFT 50%	**20**
LTFT 60%	**199**
LTFT 70%	**36**
LTFT 80%	**117**
LTFT 90%	**8**
Other	**9**

As can be seen there is a small difference in the figures between the GMC survey and TEF data. This is likely attributable to data being collected at different times in the year and therefore capturing different numbers of trainees who may be on maternity/parental leave or OOP.

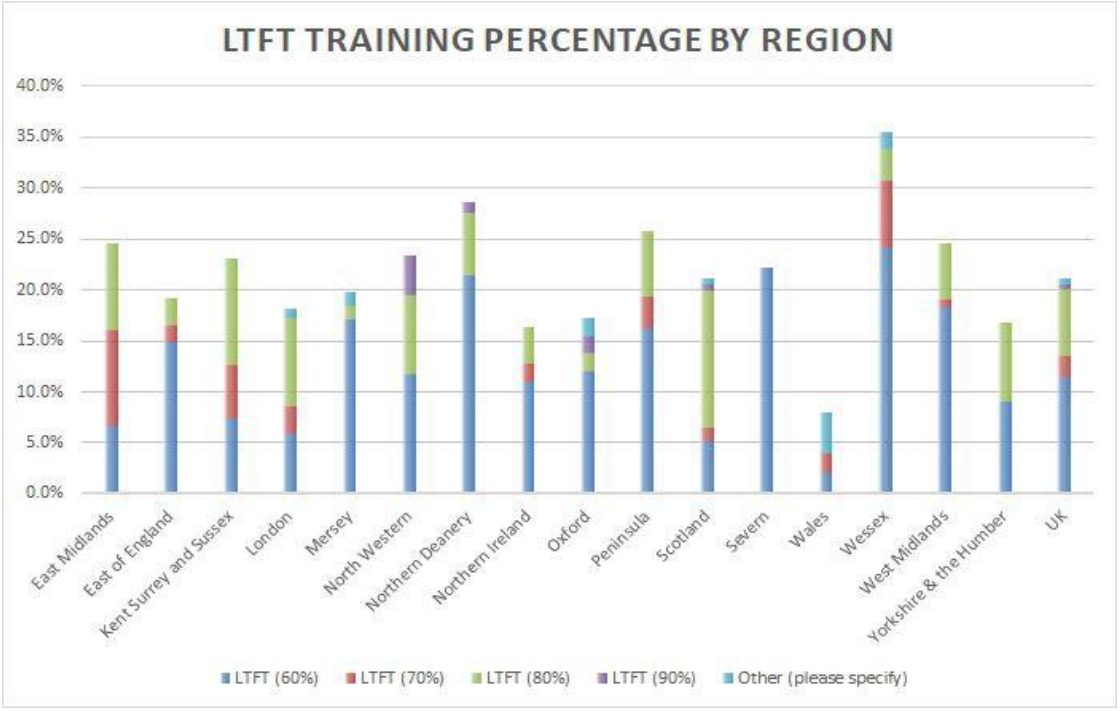
The figures show a slight fall in the total number of trainees currently in training from 2018 (1754 to 1739 trainees in total) but a slight increase in the number of LTFT trainees currently in training (from 375 to 380).

By Deanery

There is a wide variation between the Deaneries of the percentage of LTFT trainees with Wessex the highest at 40%, and Thames Valley the lowest at 16%, according to the GMC survey.

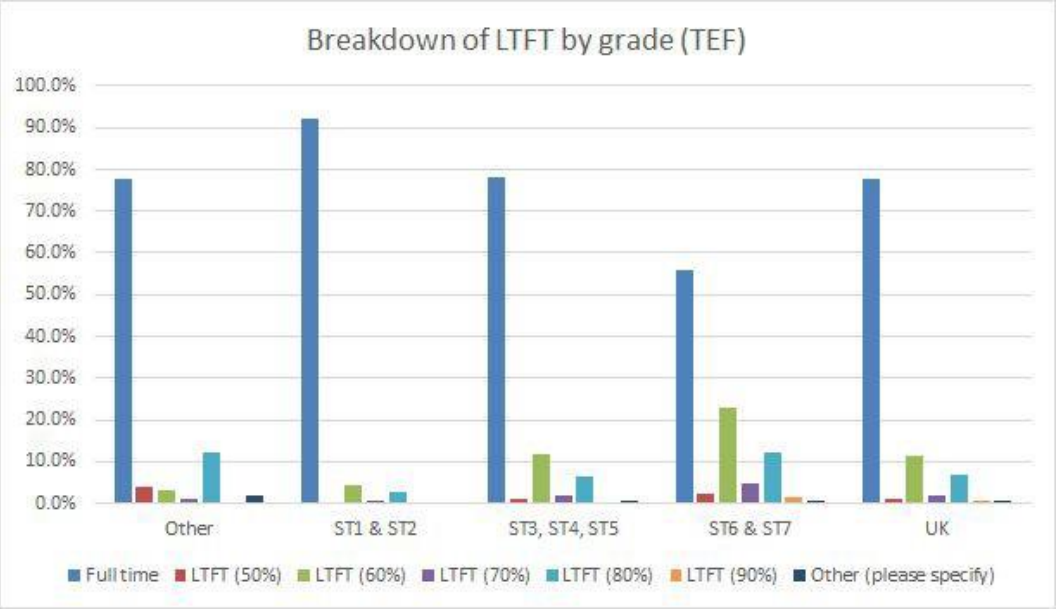


The TEF figures are slightly different but the trends are the same. As can be seen there are considerable regional differences in the LTFT training percentages. We are unable to comment on the reasons for this with the data available, but for example in Severn (Health Education South West) all LTFT trainees were training at 60% which is unlikely to reflect trainee choice. There appears to be wide variation in what training percentages are supported by each region.

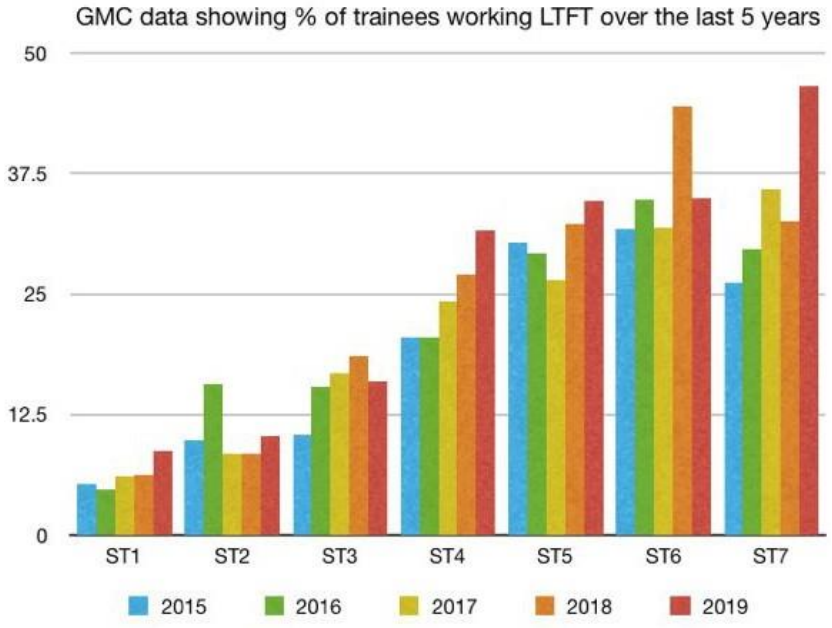


By Grade

There is a marked pattern to the grade of LTFT trainees. This is unsurprising as 85.2% cite childcare as their reason for LTFT, something that will typically affect a greater proportion of trainees as their age/ST year increases.

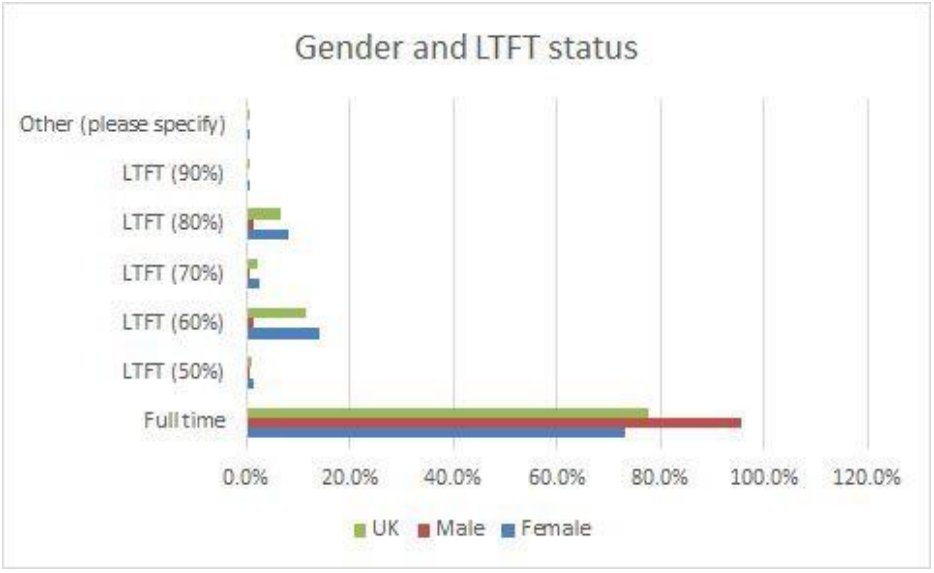


More detail is provided by the GMC survey results, emphasising the growth in LTFT trainees at all ST levels over the last five years. Of this year's ST7 trainees, 46.6% are LTFT. This represents a significant leap from the previous year's figures, and coupled with a drop in figures at ST6 this may represent a particular group of trainees. Of interest, whilst a lower proportion of ST1 trainees are LTFT, this has been steadily increasing and is now 8.7%.

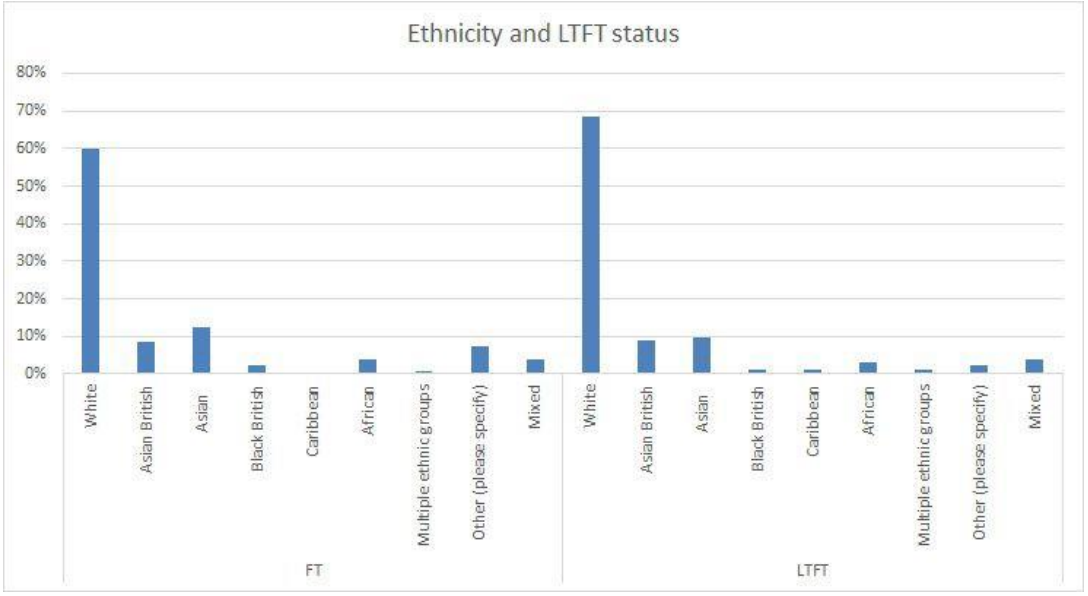


Gender

According to the GMC survey, 30% of female O&G trainees and 3.9% of male O&G trainees were training LTFT. This is broadly similar to the TEF figures which are also broken down by training percentage and gender.



The ethnicity profile of LTFT trainees broadly matched that of all trainees, although the proportion of LTFT trainees self-classifying as white was higher (68% vs 60%).

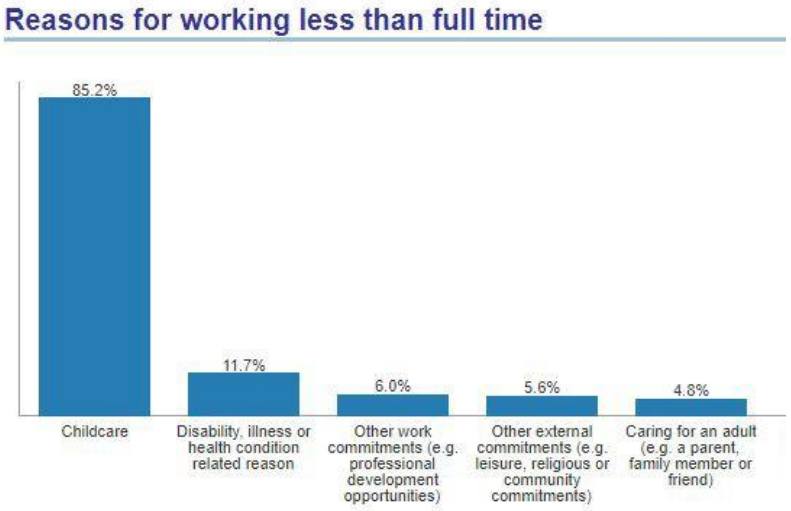


Disability status

There were similar levels of self-defined disability in both FT and LTFT groups, at 1.32% (LTFT) and 1.12% (FT). This is perhaps surprising as it is often assumed that trainees with disabilities are more likely to work LTFT. It emphasises the importance of considering the needs of trainees with disabilities across all workforce and education planning.

Reasons for LTFT status

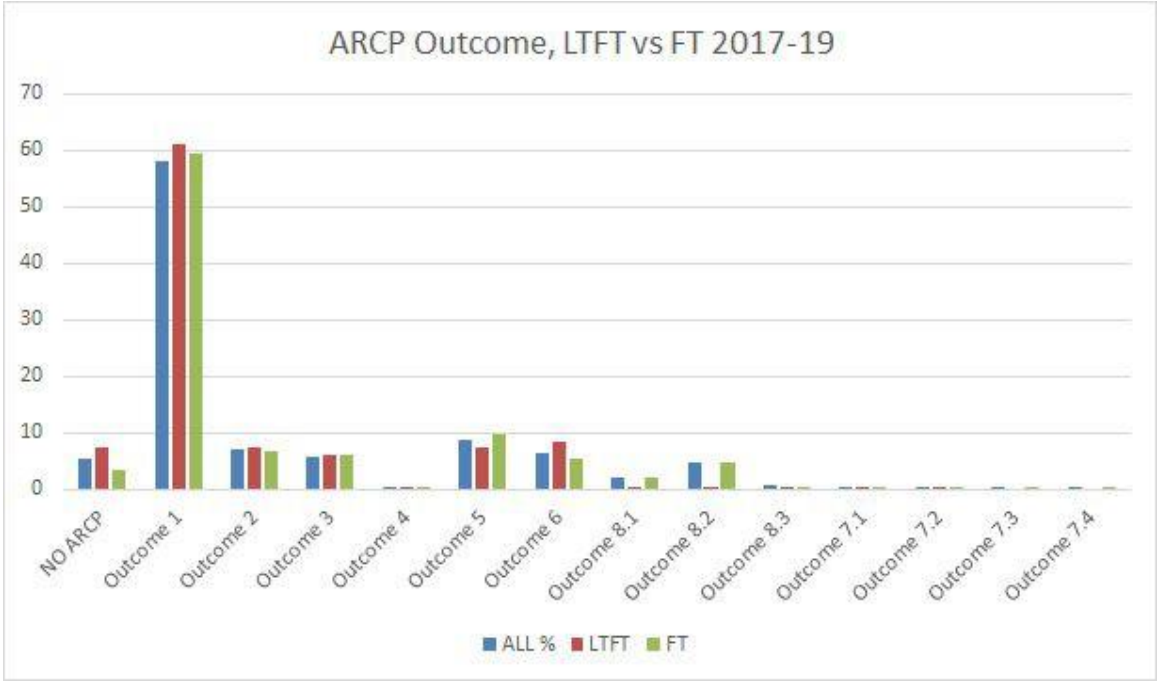
The GMC survey looked at the reasons for working LTFT. Whilst the majority (85.2%) of both male and female trainees work LTFT for reasons of childcare responsibilities, a significant proportion of trainees cite health reasons for working LTFT.



It is envisaged that this graph may look very different in a year or two year's time as the category 3 LTFT pilot goes live across the country.

1.2 ARCP outcomes and LTFT status

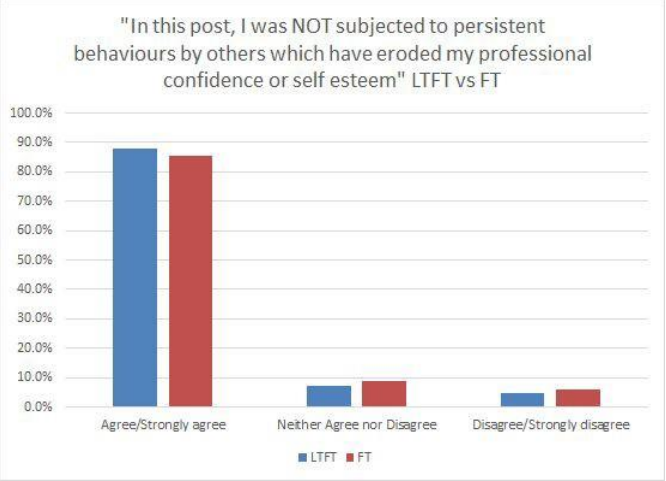
Overall, LTFT trainees were more likely to have a positive ARCP outcome (1 and 6) and less likely to require additional training time (outcome 3).



It is worth noting that the data appears confusing in places as some trainers did not complete the LTFT or FT status on ARCP reviews and thus only those designated as LTFT or FT specifically were included in the subgroup analysis to avoid assumptions about their training status.

1.3 Bullying and undermining

Overall, LTFT trainees were less likely to report bullying and undermining than FT trainees, which is consistent with the findings from the 2018 report.

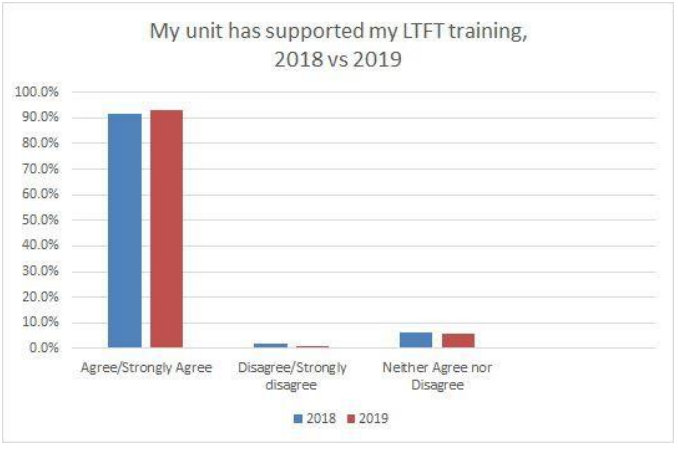


There was no clear correlation between training percentage and likelihood of having experienced bullying or undermining behaviour.

1.4 LTFT specific questions

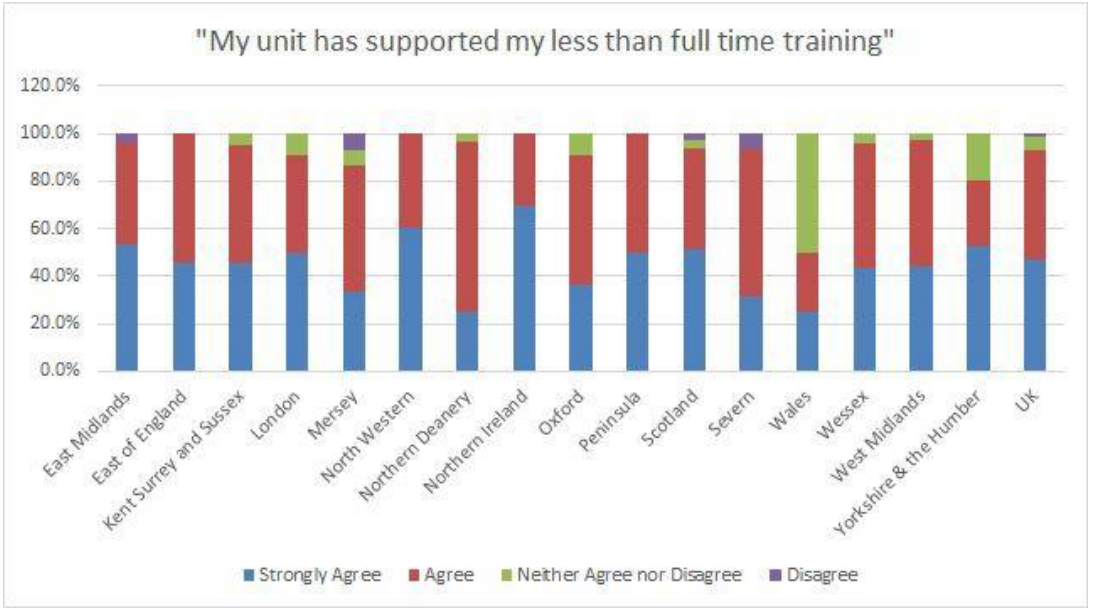
1.4.1 Support for LTFT

Overall there has been an improvement in perceived supportiveness of LTFT from last year (across the UK, on average 93.3% stated “agree or strongly agree” in 2019 to the statement “my unit has supported my LTFT training”, compared to 91.8% in 2018), however regional differences in experiences remain.

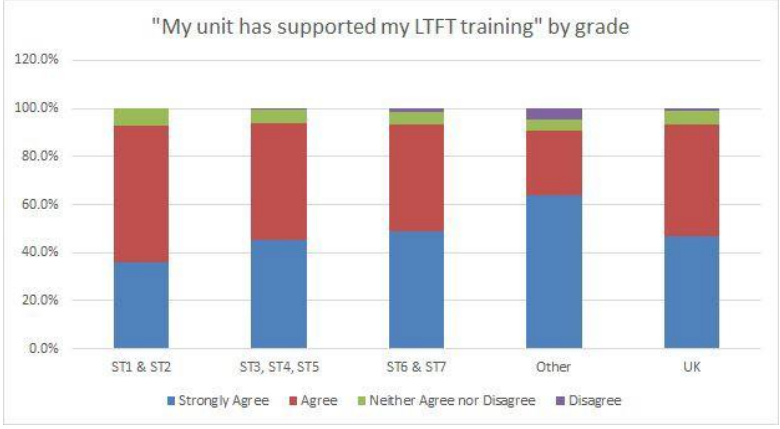


Of interest regions that appear to have a higher proportion of trainees working 60%, and lower variation in percentages worked, appear to have trainees who feel less supported in their LTFT training.

On a positive note, East of England, North Western, Northern Ireland and Peninsula had 100% of trainees either agreeing or strongly agreeing that they felt supported in their LTFT training.

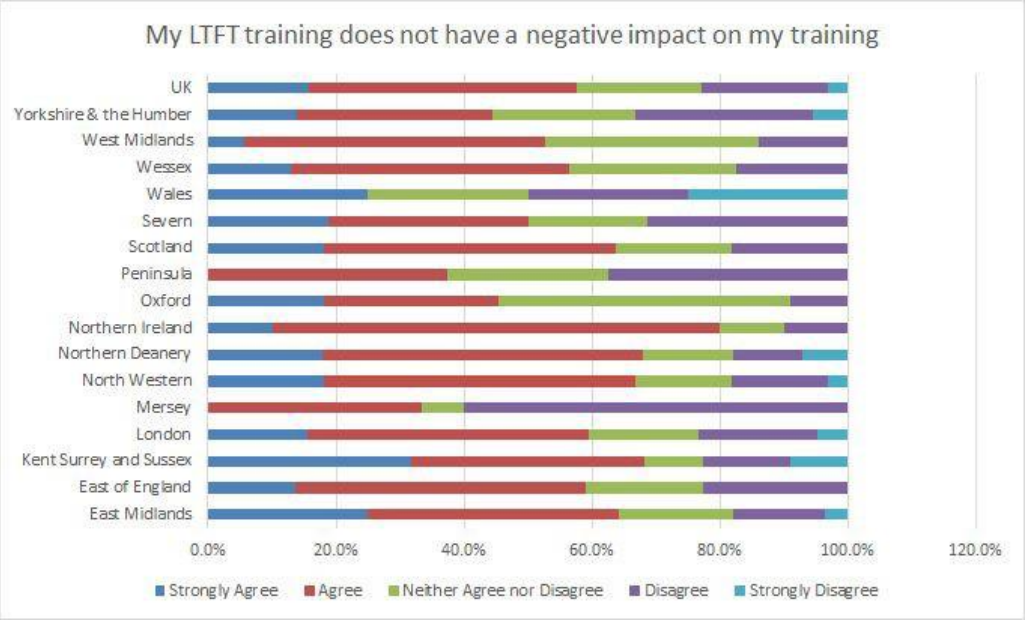


More senior trainees have felt more supported in their LTFT training, perhaps reflected by the higher numbers of LTFT trainees at these levels, which may make it a more accepted practice and also provide a degree of peer support which can be lacking for LTFT trainees in the earlier stages of their careers. Trainers can also be less familiar with having LTFT trainees in more junior grades which may lead to the perception of a lack of support by trainees. From an employment point of view, there may be fewer opportunities to slot share and rota managers may also be less familiar with the needs and entitlements of more junior LTFT trainees.

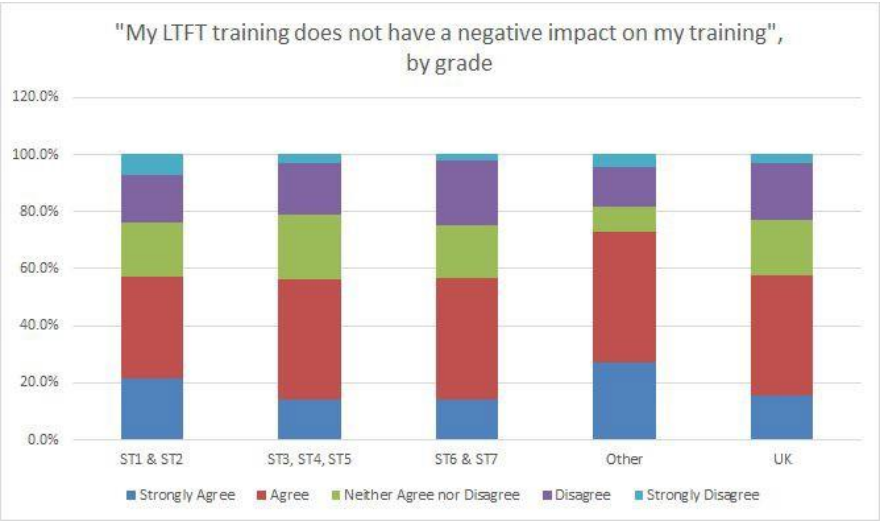


1.4.2 Impact on training

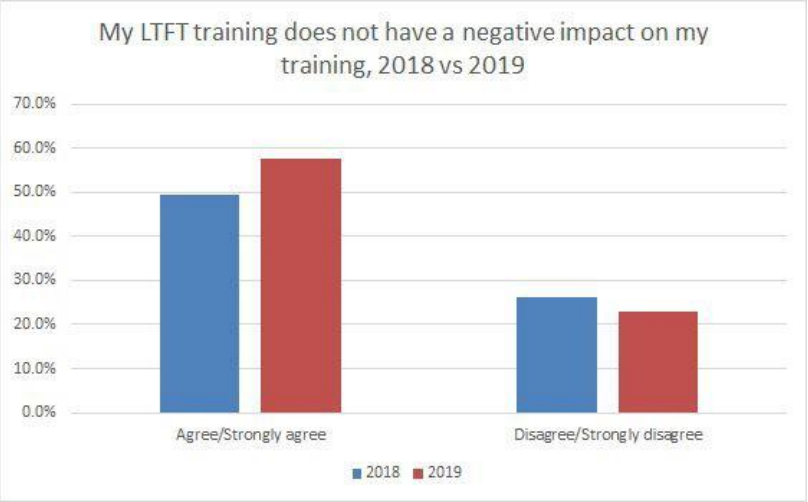
There is wide variation by region in how LTFT trainees feel that this impacts their training, according to TEF data. It is notable that the regions in which trainees feel less supported are those in which the trainees also feel that there is a negative impact on their training.



It appears that those earlier in training feel more strongly that there is a negative impact on their training from being LTFT - this may be related to the steep learning curve when learning skills in a procedure based specialty, or for reasons discussed above to do with the numbers of trainees at those levels and the relative familiarity of trainers and rota managers with LTFT trainees at different stages of their career.



There is an improvement in the perception of the negative impact of being LTFT from 2018 to 2019, according to the TEF data. In 2019, 57.4% of LTFT trainees answered ‘agree’ or ‘strongly agree, compared to 49.5% in 2018.



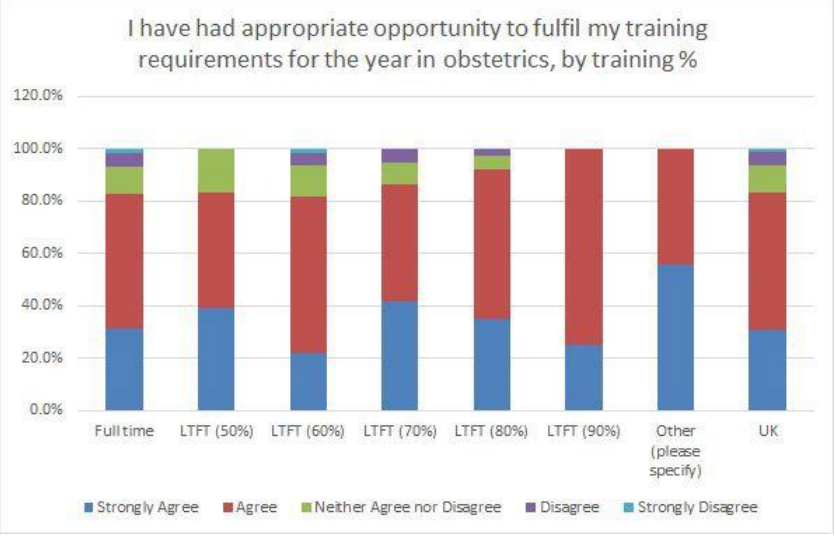
1.5 Training questions

1.5.1 Gynaecology training

There is no significant difference between LTFT and FT trainees in their perception of meeting gynaecology training needs. In the previous report there was a trend to increased ability to fulfil gynaecology training needs with an increased working percentage, but this pattern is no longer seen.

1.5.2 Obstetric training

LTFT trainees felt that they had more opportunities in obstetric training than their full time colleagues, with 84% of LTFT trainees versus 81% of FT trainees stating that they had fulfilled their training requirements. Of interest when breaking it down by LTFT percentage, those trainees working at 70-90% LTFT appear to have a superior training experience compared to FT trainees. This runs contrary to the popular narrative that LTFT trainees struggle to obtain the necessary technical and practical skills required for successful progression in obstetrics.



1.6 Specific questions that demonstrated a difference of > 2 points between LTFT and FT

1. “I was able to have regular meetings with my educational supervisor to review my progress and ongoing learning needs”

- Perhaps surprisingly, LTFT trainees were more likely to agree or strongly agree with this question (86% LTFT trainees to 83.4% FT trainees). It is reassuring that despite the limitations of fixed working days of both trainers and trainees, the vast majority of LTFT trainees were able to meet regularly with their educational supervisors.
- It will be important to monitor this closely in the next TEF as the expectation of regularity of meetings increases significantly. There needs to be clarity provided by the RCOG about whether the new expectation of monthly supervisor meetings applies pro rata for LTFT trainees.

2. For all academic questions LTFT trainees rated their experiences as significantly worse than their FT colleagues. There are only a small number of LTFT academic trainees (7 in total in the TEF data), but further work is needed to look into this area to ensure that LTFT academic trainees aren’t disadvantaged.

- LTFT trainees felt less well supported by their academic supervisor, with 86% feeling supported, compared to 90% of FT trainees
- LTFT trainees were less able to attend conferences and academic training opportunities (95% vs 100% of FT trainees), as well as receiving less appropriate academic training such as GCP (FT 100% vs LTFT 87%)

3. ARCP

- ARCP results were better in LTFT trainees, with a greater proportion obtaining outcome 1. A greater proportion of LTFT trainees also felt that their last ARCP was fair (90% compared to 81% of FT trainees) and that the process was transparent (83% compared to 79% of FT trainees).

4. Regional teaching

- The experience of regional teaching was worse for LTFT trainees with a lower proportion feeling that it was appropriate for their level of training and learning needs (79% of LTFT vs 86% of FT).

5. Overall training and experience

- There are many areas that LTFT trainees ranked the same or better than their full time counterparts. Notable examples of this include the appropriate opportunities to fulfil training requirements in obstetrics (LTFT 86% vs FT 83%), as well as the recommendation of their current unit to other trainees for developing obstetric skills (LTFT 90% vs FT 84%).
- LTFT trainees felt obliged to work beyond their contracted hours with less regularity (LTFT 22% vs FT 31%) and felt that their work intensity was too high for learning

needs less often (LTFT 7% vs FT 16%). This may reflect more well-developed time management skills due to the requirements of balancing training with other significant life commitments which is characteristic of those in LTFT training, or that having more days away from work enables better consolidation of learning and therefore more effective working. It could also reflect attitudes of colleagues who may assume (erroneously) that FT trainees have no other commitments and are therefore more able to take on additional workload.

6. Continuity of care

As might be expected this was ranked worse by LTFT trainees and is consistent with previous reports.

- The rota allowed team working and continuity of care FT 58% vs LTFT 54%

7. Handover

Of interest LTFT trainees ranked handovers as better experiences. The reason for this is not clear, but could be either related to a higher proportion of LTFT trainees further through their training, or improved time management skills and understanding of the importance of handover

- Handover arrangements were effective and appropriate for patient safety FT 84% LTFT 88%

Conclusions

In summary, LTFT is now widespread and mainstream. The rate of increase in LTFT trainees shows no sign of slowing down. Indeed, it is likely to accelerate further with the introduction of category 3 LTFT training in 2020 and may reach >50% in some grades if current trends continue. More trainees are now choosing LTFT at an earlier stage of their careers.

There are marked regional variations in apparent access to different training percentages and satisfaction. The two appear to be correlated.

Overall, the data shows evidence of superior experience and training in many domains as well as better ARCP outcomes, lower experience of bullying and lower rates of having to work beyond contracted hours.

The data in this report is, by its nature, observational. It is possible that there is something about the personalities or life experience of those who choose to work LTFT which impact on these outcomes. LTFT trainees are also more likely to be senior which may affect their responses. Some data was incomplete, particularly on ARCP forms, and this has limited the analysis that has been able to be performed. There are also slight differences between data

collected by the GMC and the RCOG. No information was available for the TEF data for the reasons for working LTFT, or the type of LTFT working (slot share/reduced hours in FT slot/other) and so no comment can be made on the overall impact of different working patterns on satisfaction and training outcomes. The data were analysed without the use of statistical tests, so we are unable to comment on the statistical significance of the findings that have been highlighted.

2019 Recommendations

ARCP

1. Standardisation of ARCP processes - the RCOG should produce guidance to aid panels assessing LTFT trainees.

Workforce planning

2. Robust data collection and analysis of those trainees and units taking up category 3 LTFT training, including satisfaction levels pre and post going LTFT and impact on units.

3. The RCOG should survey new consultants to gain a greater understanding of longer term outcomes for LTFT trainees. Do they take up full or less than full time consultant roles? Is there a demand for LTFT consultant posts, and will this have an impact on workforce planning?

Standardisation and equity of access to LTFT training

4. The RCOG should work with Heads of School, TPDs and HR to ensure equity across all regions for access to the whole range of LTFT training percentages .

5. There should be consideration for a national training event for trainers to share best practice of optimising training and successful workforce planning for the increasing number of LTFT trainees. This could be combined with training on optimising return to work, as the two subjects often coalesce.

6. Further guidance to be developed by the RCOG to help college tutors and HR with planning rotas and personalised work schedules.

Academic LTFT trainees

7. Issues regarding academic LTFT trainees should be escalated to the academic committee with the recommendation to form a task and finish group to address the problems.

ST1-2 LTFT trainees

8. Consideration should also be made for an annual meeting of LTFT trainees for networking, peer support and sharing of best practice, such as that run by the RCOA and the Association of Anaesthetists.

Suggestions for changes to TEF questions

Suggested additional questions:

- "I received my placement details 12 weeks in advance of starting my placement" (for all trainees)
    - Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree
- "I received my personalised rota 6 weeks in advance of starting my placement" (for all trainees)
    - Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree
- Reason for working LTFT & category (1/2/3)
- Type of LTFT working
    - slot share/LTFT in FT slot/other
- "My educational supervisor is familiar with LTFT requirements"
    - Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree
- "I was able to have fixed working days for the duration of my placement"
    - Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree
- "I was able to access the LTFT training percentage of my choice"
    - Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree
- "I came in to work on off days or zero days to complete training"
    - Often/sometimes/rarely/never (FT and LTFT trainees)

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