Royal College of Obstetricians & Gynaecologists

2018 Training Data Analysis
Topic: Less Than Full-Time training (LTFT)

Background

Less than full time training is becoming increasingly popular with almost a quarter of trainees working 40-90%, and numbers are rising. Working fewer hours per week may have many benefits but can also become a challenge.

In 2012 the Academy of Medical Royal Colleges conducted a survey that concluded that people training LTFT had difficulties in negotiating the time commitment and were subject to bullying and undermining as a consequence of working LTFT.

In 2017 the RCOG training data analysis concluded that although differences were small, LTFT trainees appeared to be less satisfied with their training compared with full time (FT) trainees, especially with regard to gynaecology procedures. An exception to this was Obstetric procedural training and Gynaecology basic ultrasound where LTFT trainees scored higher. It also suggested that those training 70-90% appeared to be less satisfied with their training over a wide variety of indicators than those training 40-60%.

The aim of this report is to compare with the 2017 results and, review specific differences in the satisfaction of LTFT trainees compared with FT trainees breaking it down to level of training, percentage worked and region to identify issues that can be improved upon.

Sources:

- Training Evaluation Form (TEF)
- GMC survey, ePortfolio and RCOG workforce survey could not be used due to limitations in accurately separating Less than Full Time (LTFT) and Full time (FT) trainees.

Analysis

1. 2018 Data analysis:
   - 1.1- Demographics
   - 1.2- Bullying and undermining
   - 1.3- Indicators that demonstrated a significant difference
   - 1.4- Analysis of individual questions that demonstrated a significant difference
   - 1.5- Indicators that demonstrated a regional difference

2. Analysis of the changes between 2017 and 2018:
   - 2.1- RAG rating comparison 2017-2018

2.2- Score difference > 1 point between 2017 and 2018

1. 2018 data analysis:

1.1- Demographics:

The TEF database included responses from 1754 trainees of which 1354 (78%) were FT trainees and 375 (22%) trained LTFT. This is 105 more LTFT trainees than last year (an overall 4% increase).

Almost half of the LTFT trainees are ST6/ST7 with only 11% at ST1/ST2 level.

LTFT (50%)	**15**
ST1/ST2	1
ST3-ST5	2
ST6/ST7	12
LTFT (60%)	**201**
ST1/ST2	22
ST3-ST5	101
ST6/ST7	78
LTFT (70%)	**34**
ST1/ST2	4
ST3-ST5	12
ST6/ST7	18
LTFT (80%)	**113**
ST1/ST2	12
ST3-ST5	38
ST6/ST7	63
LTFT (90%)	**12**
ST1/ST2	1
ST3-ST5	8
ST6/ST7	3
Grand Total	**375**

The most common percentages worked if training LTFT were 60% (201 trainees) and 80% (113 trainees). The proportion is similar to last year.

Percentage	2018		2017	
	n	%	n	%
40%	0	0.0	2	0.7
50%	15	4.0	13	4.8
60%	201	53.6	133	49.3
70%	34	9.1	39	14.4
80%	113	30.1	82	30.4
90%	12	3.2	1	0.4
TOTAL	375	100.0	270	100.0

There is a gender difference, 3.5% of the LTFT trainees are male in comparison to 25% in the FT group.

GENDER	FT		LTFT	
	n	%	n	%
Female	1013	74.3	360	96.0
Male	342	25.1	13	3.5
Not specified	9	0.7	2	0.5
TOTAL	1364	100.0	375	100.0

1.2- Bullying and undermining:

LTFT trainees felt just as valued as FT. The TEF results do not reproduce the data published by the Academy of Medical Royal Colleges in 2012 in regards to bullying and undermining. 5% of FT trainees responded that they were subjected to persistent behaviours by others which had eroded their professional confidence or self-esteem, versus 3% in the LTFT group.

11. Behaviours Experienced	7.1. In this post, I was NOT subjected to persistent behaviours by others which have eroded my professional confidence or self esteem:			
	Full		LTFT	
	n	%	n	%
Strongly Disagree	15	1.1	4	1.1
Disagree	54	4.0	7	1.9
Neither Agree nor Disagree	89	6.5	20	5.3
Agree	654	47.9	180	48.0
Strongly Agree	552	40.5	164	43.7
TOTAL	1364	100.0	375	100.0

1.3- Indicators that demonstrated a significant difference (T-test applied, $p<0.05$):

The only indicators that demonstrated a statistical difference when comparing FT and LTFT were Gynaecological Training – Basic Ultrasound and Obstetric training – Basic Ultrasound. LTFT had higher scores in both.

Indicator	FT	LTFT
A1.Gynaecological Training - BASIC Ultrasound	49.0	54.0
A2. Obstetric Training - BASIC Ultrasound	55.2	60.2

Training in basic ultrasound scanning (USS) had generally low scores in both groups. Obstetric USS scored slightly higher than Gynaecology. When looking at score differences between FT and LTFT trainees, LTFT trainees have significantly higher scores than FT trainees in all questions (ultrasound training, assessment opportunities

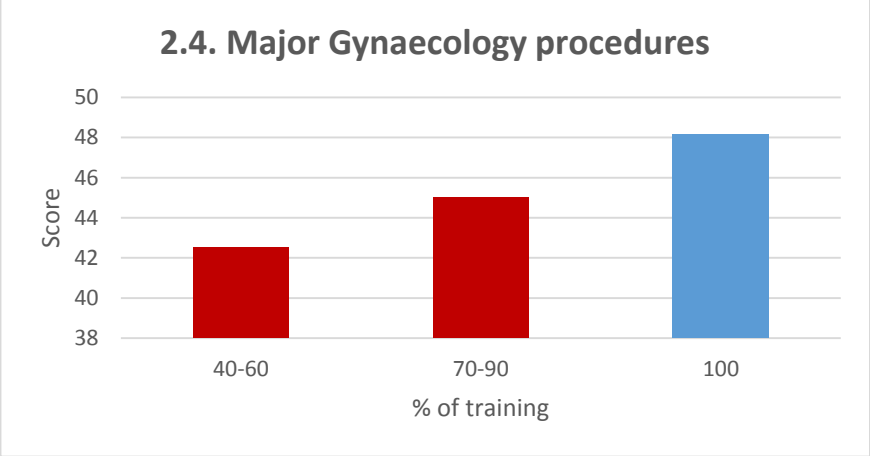
and maintaining skills), both in Gynaecology and Obstetric Ultrasound. Those training 70-90% score highest in this category.

A1.Gynaecological Training - BASIC Ultrasound	3.12. I have had adequate opportunities for training				3.13. I have had adequate opportunities for assessment				3.14. Once I was assessed as competent, I had the opportunity to maintain my skills			
	FT		LTFT		FT		LTFT		FT		LTFT	
	n	%	n	%	n	%	n	%	n	%	n	%
Disagree	399	37.6	73	30.7	427	40.7	85	35.9	391	40.4	100	36.8
Neither agree nor disagree	214	20.2	45	18.9	236	22.5	41	17.3	385	36.7	111	46.8
Agree	391	40.4	100	36.8	224	23.2	49	18.0	224	23.2	49	18.0

There is a regional difference which is described in section 1.5-1.

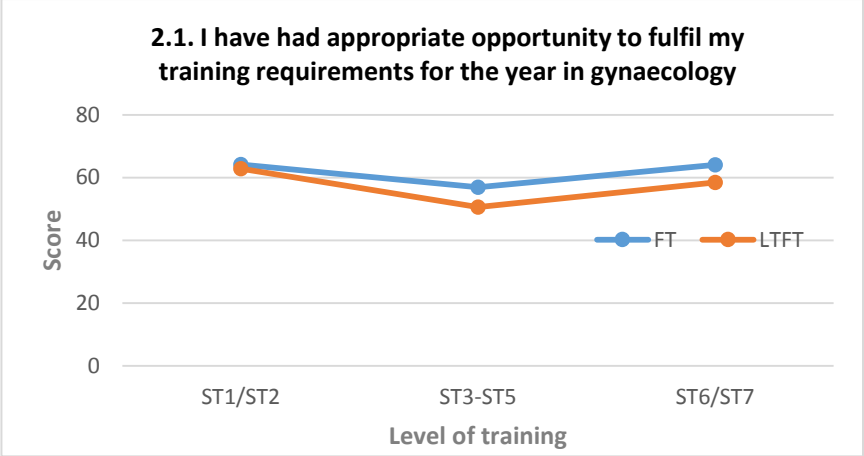
1.4- <u>Analysis of individual questions that demonstrated a significant statistical difference (T-test applied, p<0.05):</u>

2.4. (Sufficient opportunities in) major procedures (e.g. hysterectomy, complicated adnexal procedures)



Both FT and LTFT trainees didn't feel they had enough opportunities for major operating in Gynaecology. The higher the percentage of training, the better the scores were (full time trainees (100%) had higher scores and those training 40-60% had the lowest). It is important to mention however that RAG Ratings were red for all. When looking at the stage of training, ST3-ST5 trainees were the ones that felt most dissatisfied.

2.1. I have had appropriate opportunity to fulfil my training requirements for the year in gynaecology



At ST1-ST2 level, there was no difference between FT and LTFT trainees. At ST3-ST5 level, there was a drop in both FT and LTFT and the difference was evident with LTFT trainees feeling they had fewer opportunities. Those at ST6 and ST7 scored similar to those at ST1-ST2 but there was a difference between FT and LTFT with LTFT trainees scoring lower again. In general, for those training. LTFT, percentage worked (whether 40-60% or 70-90%) had no impact on satisfaction.

3.3. I had sufficient opportunities based on my curriculum needs to perform operative vaginal delivery appropriate to my level of training

ST3 and above have no issues and the scores had green RAG rating. The main issue was for ST1-ST2s where LTFT trainees had lower scores at this level.

3.3. I had sufficient opportunities based on my curriculum needs to perform operative vaginal delivery appropriate to my level of training:		ST1/ST2		ST3-ST5		ST6/ST7	
		n	%	n	%	n	%
Disagree	FT	128	25.6	20	3.7	3	0.9
	LTFT	19	47.5	6	3.7	3	1.7
Neither agree nor disagree	FT	112	22.4	33	6.1	11	3.4
	LTFT	6	15.0	8	5.0	15	8.6
Agree	FT	256	51.2	483	89.9	297	90.8
	LTFT	15	37.5	144	89.4	152	87.4

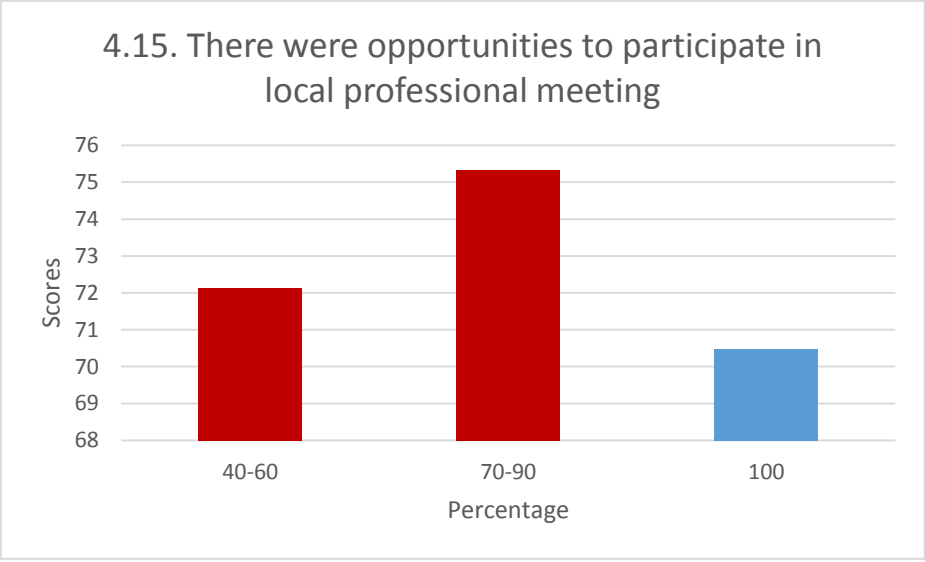
4.11. Local teaching was appropriate for my level of training and learning needs

Satisfaction with local teaching was proportionate to percentage time worked with highest scores if working FT. This may well relate to the fact that LTFT trainees tend to have fixed days off every week and if that happens to be the fixed day for local teaching, it would understandably have an impact on the ability to access that teaching. ST1-ST2 had better scores than the rest.

4.9. How often were local teaching sessions held?	4.10. How often did you attend local teaching sessions?	FT		LTFT	
		n	%	n	%
Weekly	Weekly	324	23.8	92	24.6
	Fortnightly	344	25.3	64	17.1
	Monthly	207	15.2	54	14.4
	Bimonthly	33	2.4	6	1.6
	Less frequently	84	6.2	49	13.1
Fortnightly	Fortnightly	44	3.2	17	4.5
	Monthly	38	2.8	8	2.1
	Bimonthly	5	0.4	2	0.5
	Less frequently	15	1.1	4	1.1
Monthly	Monthly	84	6.2	21	5.6
	Bimonthly	30	2.2	10	2.7
	Less frequently	43	3.2	16	4.3
Bimonthly	Bimonthly	6	0.4	4	1.1
	Less frequently	5	0.4	1	0.3
Less frequently	Less frequently	97	7.1	26	7.0
TOTAL		1359	100.0	374	100.0
* 6 trainees had discrepancy in the asnwer - exlcuded.					

4.15. There were opportunities to participate in local professional meeting (e.g. present cases, projects or journal reviews)

LTFT trainees had the most satisfaction, with those working 70-90% scoring highest. This is evident at all levels of training (from ST1-ST7).



This is interesting and it may represent the flexibility that a LTFT post can sometimes offer. 70-90% may offer the best balance between opportunities presenting and having enough time to utilise those opportunities.

6.2. The work intensity was too high for my learning needs

There was a higher percentage of FT trainees reporting that the work intensity was too high for their learning needs in comparison to LTFT.

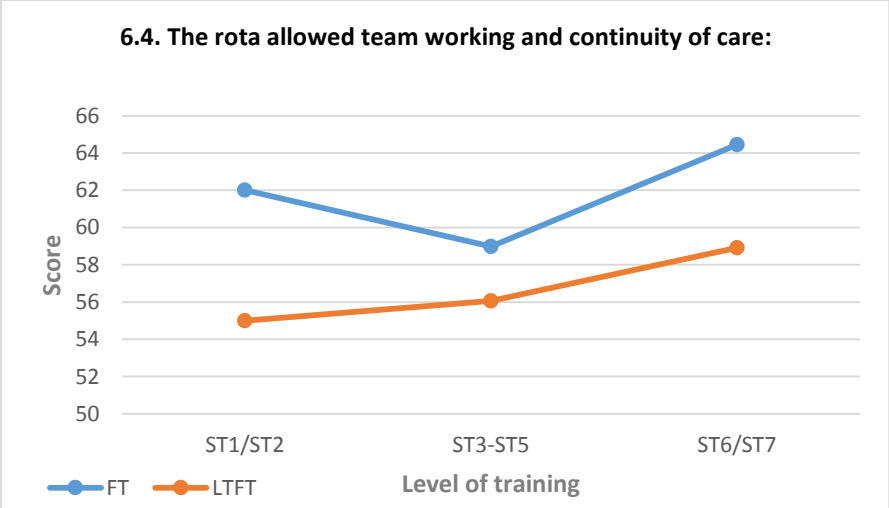
6.2. The work intensity was too high for my learning needs:		n	%
Agree	FT	184	13.5
	LTFT	32	8.5
Neither agree nor disagree	FT	314	23.0
	LTFT	89	23.7
Disagree	FT	866	63.5
	LTFT	254	67.7

6.4. The rota allowed team working and continuity of care

Unsurprisingly, FT trainees scored highest followed by those training 40-60%. The group that reports a higher dissatisfaction were those training 70-90% which is not what would be expected.

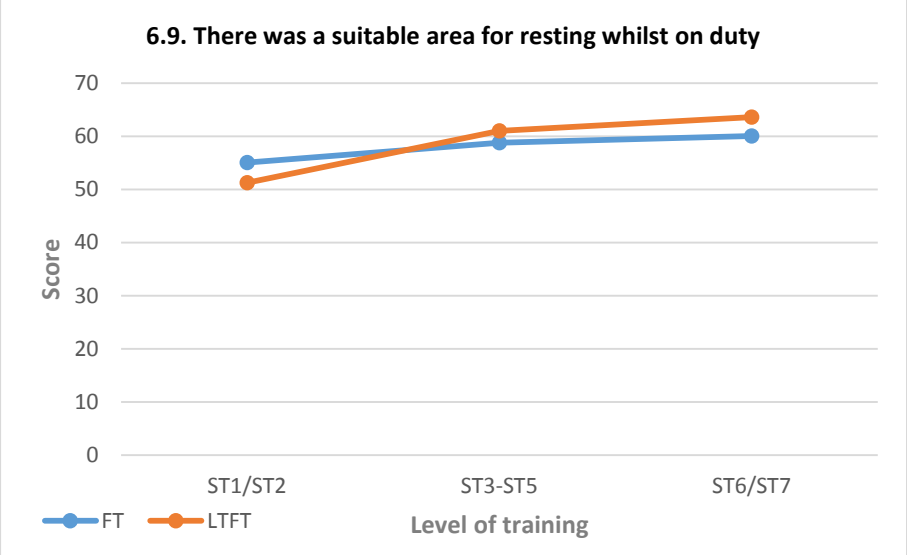
6.4. The rota allowed team working and continuity of care:	100		70-90		40-60	
	n	%	n	%	n	%
Disagree	272	19.9	46	28.9	51	23.6
Neither agree nor disagree	267	19.6	29	18.2	51	23.6
Agree	825	60.5	84	52.8	114	52.8
TOTAL	1364	100	159	100	216	100

When looking at training levels, FT trainees have a significant drop at ST3-ST5 but it peak at ST6 and ST7.



6.9. There was a suitable area for resting whilst on duty

LTFT junior trainees (ST1-ST2) have the lowest scores. The difference between LTFT and FT reverses at higher levels of training with FT trainees scoring less than LTFT.



1.5- Indicators that demonstrated a regional difference:

Regions:

- Scotland
- Northern Ireland
- Wales
- North: North West (Mersey, North Western), North East (North Deanery), Yorkshire & the Humber
- Midlands and East: East Midlands, East of England, West Midlands
- London & South East: Kent, Surrey and Sussex, London
- South: Thames Valley (Oxford), South West (Peninsula, Severn), Wessex,

Region	Scotland		Northern Ireland		Wales		North		Midland and East		London & South East		South	
	FT	LTFT	FT	LTFT	FT	LTFT	FT	LTFT	FT	LTFT	FT	LTFT	FT	LTFT
Number of trainees	128	30	48	9	45	10	84	25	86	22	184	50	45	15
Percentage	81	19	84	16	82	18	77	23	80	20	79	21	75	25

The percentage of LTFT trainees by region ranges from 16% (Northern Ireland) to 25% (LETBs in the South).

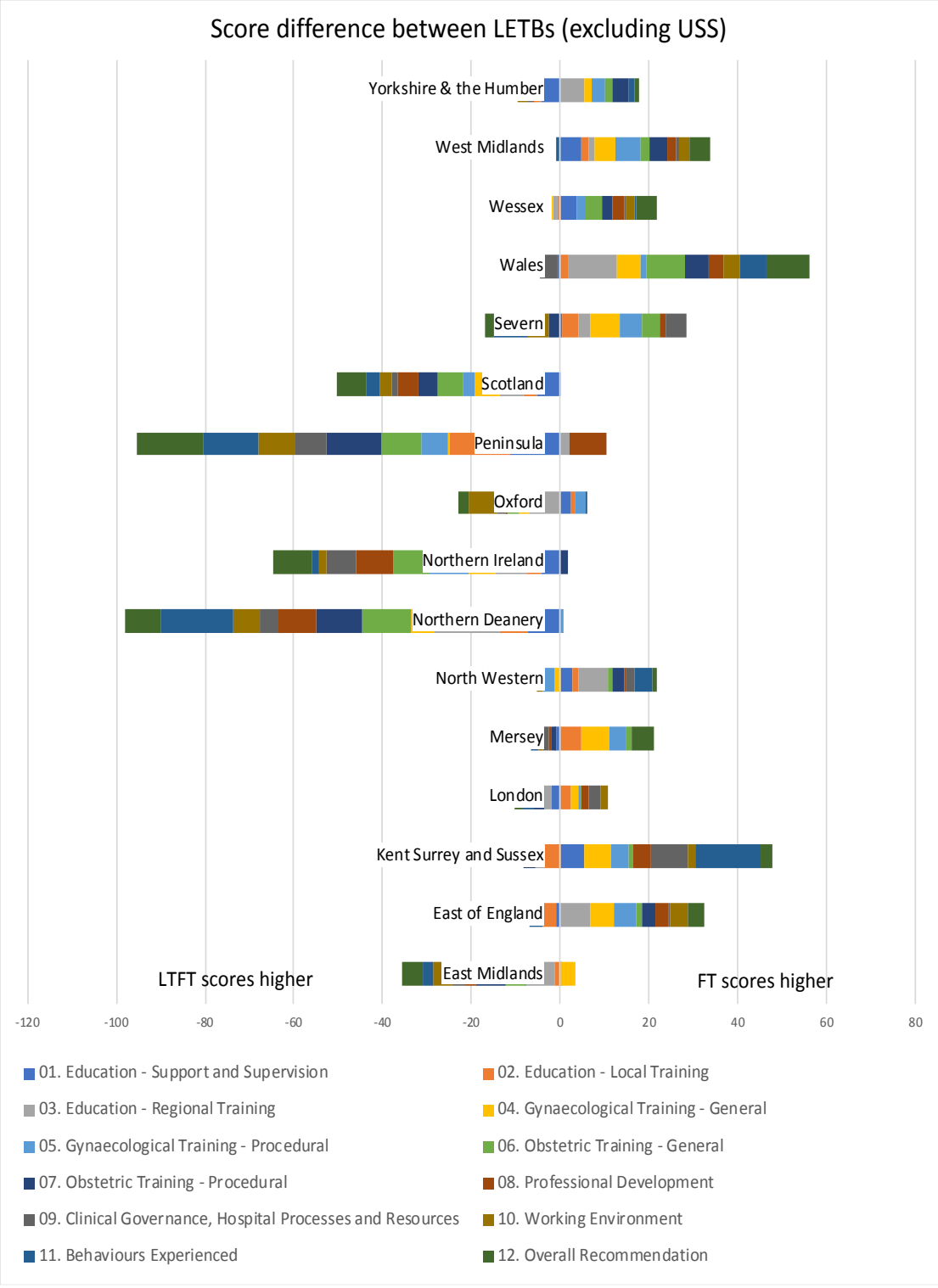
1.5-1. **Scores by region**:

The difference between FT and LTFT scores was analysed by subtracting the LTFT score from the FT score and obtaining either a positive or negative value. Negative values (in red) indicating difference with more satisfaction amongst LTFT trainees. The darker

the red, the more difference with FT trainees. Vice versa for positive values (in blue) indicating difference with more satisfaction of FT trainees.

Region	01. Education - Support and	02. Education - Local	03. Education - Regional	04. Gynaecological Training	05. Gynaecological Training	06. Obstetric Training -	07. Obstetric Training -	08. Professional Development	09. Clinical Governance, Hospital	10. Working Environment	11. Behaviours Experienced	12. Overall Recommendation
East Midlands	0	-1	-6	3	0	-5	-7	-3	-3	-5	-2	-5
East of England	-1	-3	7	5	5	1	3	3	0	4	-3	4
Kent Surrey and Sussex	5	-4	-2	6	4	1	-3	4	8	2	15	3
London	-2	2	-2	2	0	0	-3	2	3	2	-3	-2
Mersey	-1	5	0	6	4	1	-1	-1	-1	-1	-2	5
North Western	3	1	7	-1	-3	1	3	0	2	-1	4	1
Northern Deanery	-7	-6	-15	-5	1	-11	-10	-9	-4	-6	-16	-8
Northern Ireland	-4	-3	-7	-6	-9	-8	2	-8	-7	-2	-2	-9
Oxford	2	1	-7	-2	2	-3	0	0	-2	-6	0	-2
Peninsula	-11	-14	2	0	-6	-9	-13	8	-7	-8	-13	-15
Scotland	-5	-3	-6	-6	-3	-6	-4	-4	-1	-3	-3	-7
Severn	0	4	3	7	5	4	-3	2	5	-5	-8	-2
Wales	0	2	11	5	1	9	5	3	-4	4	6	10
Wessex	4	-1	-1	0	2	4	2	3	0	2	0	5
West Midlands	5	1	1	5	5	2	4	2	1	2	-1	5
Yorkshire & the Humber	-4	-2	6	1	3	2	4	0	-1	-2	1	1

This was then plotted to one or other side of the axis on the diagram below:



It is clear that there is a difference between LETBs. FT trainees have a higher satisfaction score than LTFT trainees in **Yorkshire & the Humber, West Midlands, Wessex, Wales, Severn, North Western, Mersey, East Midlands, London and Kent Surrey** and **Sussex**. The contrary is true in **Scotland, Peninsula, Oxford, Northern Ireland, Northern Deanery** and **East Midlands** where the LTFT trainees score higher.

Northern Ireland is the region where LTFT trainees have the highest satisfaction scores in all indicators (excluding USS). It is the only region where scores are all in green RAG rating. In **Wales**, the opposite is true; FT trainees have better scores than LTFT in most indicators.

When it comes to Basic Ultrasound training indicators, there is an evident difference as well, not only between regions but also between Obstetrics and Gynaecology. In the **East Midlands**, **East of England**, **London**, **Oxford**, **Scotland, Severn, Wales, and Yorkshire & the Humber**, LTFT trainees are more satisfied than FT trainees in both Obstetrics and Gynaecology USS training. In **Kent Surrey and Sussex, North Western,** and **West Midlands**, the opposite is true and FT trainees are more satisfied than LTFT with both obstetric and Gynaecological USS training.

In **Mersey, Northern Ireland, Peninsula and Wessex**, there is a difference between Obstetrics and Gynaecology Ultrasound training. In Mersey, LTFT trainees are more satisfied with Gynaecology USS training but less so in Obstetrics. The opposite is true for Northern Ireland, Peninsula and Wessex.

Region	A1.Gynaecological Training - BASIC Ultrasound	A2. Obstetric Training - BASIC Ultrasound
East Midlands	-16	-16
East of England	-11	-2
Kent Surrey and Sussex	1	3
London	-4	-4
Mersey	-3	7
North Western	1	14
Northern Deanery	-19	-25
Northern Ireland	4	-10
Oxford	-4	-6
Peninsula	21	-10
Scotland	-6	-11
Severn	-27	-16
Wales	-6	-8
Wessex	14	-1
West Midlands	2	1
Yorkshire & the Humber	-2	-5

2. Analysis of the changes between 2017 and 2018:

2.1- Score difference > 1 point between 2017 and 2018:

When comparing individual scores and reporting those that have more than 1 point difference between 2017 and 2018, FT trainees have reduced their scores in 4 indicators, and LTFT have improved their scores in 7 indicators**.**

Full time trainees:

- Indicators that FT trainees have scored better in 2018: none
- Indicators that FT trainees have scored worst in 2018: Gynaecology training (procedures), Obstetric ultrasound, local training and working environment.

Less than Full Time trainees:

- Indicators that LTFT trainees have scored better in 2018: Gynaecology training (procedures), Gynaecology ultrasound, Obstetric ultrasound, Support and supervision, regional training, professional development and working environment.
- Indicators that LTFT trainees have scored worst in 2018: none.

Conclusions

2018 Indicators:

Overall, all non-ultrasound related indicators had no statistical difference between FT and LTFT trainees which is very reassuring.

Ultrasound (USS) training both in Obstetrics and Gynaecology had low scores in general, but LTFT trainees responded in a more positive way, scoring significantly higher than FT trainees. This was in all areas (ultrasound training, assessment opportunities and maintaining skills). This could possibly be related to using their "off" days to attend the EPU or fetal medicine Unit to develop their Ultrasound skills.

2018 Individual questions:

When questions were analysed individually (excluding USS training), eight questions demonstrated a significant difference in scores:

LTFT trainees reported less satisfaction in:
- Opportunities in major gynaecological procedures (hysterectomy, complicated adnexal procedures)
- Opportunities to fulfil training requirements for the year in Gynaecology
- Local teaching appropriate for level of training and learning needs
- Rota allowing team working and continuity of care

FT trainees reported less satisfaction in:
- Opportunities to perform operative vaginal delivery appropriate to level of training
- Opportunities to participate in local professional meetings (e.g. present cases, projects or journal reviews)
- Suitable area for resting whilst on duty
- Work intensity (too high for learning needs)

Gynaecological training:

LTFT trainees reported they have fewer opportunities to develop skills for **major gynaecological procedures** such as hysterectomy and complicated adnexal procedures. With increase of work percentage, the difference became smaller. This was reaffirmed by a similar result in the question related to **fulfilling gynaecology training requirements** where LTFT trainees were less satisfied. In

both, the more senior the trainee, the more difference was evident. Minor, intermediate, emergency and office procedures showed no difference when compared to FT trainees.

Obstetric training:
In Obstetric training on the other hand, there was not much difference, but LTFT junior trainees (ST1-ST2) did report fewer opportunities **to perform operative vaginal delivery**.

Education:
Although education indicators demonstrated no difference, LTFT trainees felt that **local teaching** was not appropriate for their level of training and learning needs. It was unclear if this was because they could not attend (which can happen with fixed days off) or because they felt it was not of the standard they expected. It is reassuring to see that when asked about regional teaching, local professional meetings and clinical review sessions (CTG and perinatal meetings) there was no difference between FT and LTFT trainees. Of note, ST1-ST2 trainees scored better in these questions in comparison to ST3s and above.

On the other hand, FT trainees did report fewer opportunities to **participate in local professional meetings**, evident in all levels of training.

Rota:
70-90% was the percentage that reported worst satisfaction on the question of **rota allowing team working and continuity of care.** At ST3-ST5 level, full time trainees had the lowest scores.

FT trainees agreed more with the statement that work intensity is high for their training needs than LTFT trainees.

Working environment:
In regard to working environment and resources, there was no difference in computer access or office facilities (to complete administrative and management duties), but when it came to **resting whilst on duty** and on call accommodation, FT trainees scored lower.

Behaviours Experienced:
Once again this year for the questions in relation to "Behaviours Experienced" (behaviours by others eroding professional confidence or self-esteem) LTFT trainees felt just as valued as FT.

- Regional differences:

There were significant regional differences. Northern Ireland had the highest satisfaction scores. LTFT trainees in Northern regions (Scotland, Northern Ireland, Northern Deanery), Peninsula, East Midlands and Oxford had higher scores than FT trainees. The contrary happened in the Wales, Kent Surrey and Sussex, East of

England, Severn, Wessex, North Western, Mersey, West Midlands, Yorkshire & the Humber and London, where FT trainees scored hgher than LTFT trainees.

Comparison with 2017:

In general, when comparing 2018 with 2017, scores for LTFT trainees have improved in many indicators (increase of more than 1 point). This includes gynaecological training (procedures), USS training, support and supervision, regional training, professional development and working environment. Sadly, FT trainees have scored worse (with more than 1 point difference) in Gynaecological training (procedures), Obstetric USS, local training and working environment.

When looking at RAG ratings, the results are similar to last year and only 2 indicators have changes in RAG rating – Basic Gynaecological USS and Professional Development. LTFT improved in both but FT satisfaction regarding Basic Gynaecological USS changed to red (from amber).

Recommendations

1. The number of doctors training LTFT is increasing rapidly and all surveys (including workforce and GMC survey) should distinguish these two entities, with training % and male to female split.
2. LTFT trainees score significantly higher in ultrasound training, possibly because they use their "off" days" to attend training sessions. It may be useful to include e-learning with case studies, as part of the module. StratOG has some modules but these are related to ATSM or spread into different topics.
3. Trainees tend to work LTFT in their intermediate and advanced training. This should be taken into account to make sure that trainees get sufficient training for major gynaecology procedures. Using simulation (i.e. the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) program) or working together with the Registrars from Gynaecological Surgery (RIGS) group (from the BSGE) would increase confidence and bypass the early learning process to fulfil training needs.
4. ST1-ST2 trainees find they struggle with opportunities to perform instrumental deliveries. This is an important skill when progressing to ST3 and causes enormous anxiety. An interim review should highlight this issue early on and ST2s should possibly increase their daytime hours in labour ward to make sure this is achieved.
5. Trainees should recognise other informal opportunities for learning such as specialist clinics, bedside teaching and case discussions (clinic/DAU).
6. LTFT trainees should have an alternative method of learning (discussed with supervisor and college tutor) if local teaching falls on an "off' day. This should be documented in their appraisal.
7. Doctors who work 100% have reported issues with opportunities to participate in professional meetings and this should be recognised. In the same way as ATSM

sessions are recommended (once a week), there could be a recommendation to include a session (once a month) to allow professional development.

8. LTFT trainees should tailor their rota to their clinical supervisor's activities if possible, to allow continuity of care. When starting in a new unit, allocations should be done with sufficient time in advance so that LTFT trainees can organise childcare around this.
9. There was a significant difference between FT and LTFT satisfaction in different LETB/deaneries. This should be analysed separately and results should be fed back to each region. Those who perform well (such as Northern Ireland) should be asked what they do and this should be fed back to all. In the same way, LETBs that perform worst should formulate a plan to improve satisfaction rates in their region.
10. Resting areas whilst on duty are a very important issue to tackle as it will affect performance. A survey should be carried out to review what resting areas are available. This would highlight to each unit the need for such areas.
11. Scores for FT trainees worsened this year compared to 2017. If this becomes a trend, it may be beneficial to eliminate eligibility criteria to apply for LTFT training (at least for 80% and above) to increase satisfaction and possibly reduce our attrition rate. HEE is already considering this and this is being piloted in the East of England.

Suggestions for changes to TEF questions

- Working environment question 6.1, 6.2 and 6.3 pose a negative question. A response of "strongly agree" should be coded as 0 which is the opposite to all other questions. It is then confusing for those analysing. It would be better to make them all the same or clarifying this when preparing a report.
- In questions on USS training, we would suggest including a query whether trainees come outside their working hours to achieve competences (as LTFT trainees have better scores probably because they do this).

"Others" have been excluded. These included unusual percentages or mix of duties (different percentage of oncalls and daily activities), and trainees on maternity leave or out of program. It is important to clarify as this group may need a separate review.

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