Health Education England

Flexibility in Training offers in response to COVID-19 – Less Than Full Time (LTFT)

Introduction

This paper outlines the approach for the fast-track implementation of the LTFT Category 3 scheme, to provide support to all trainees impacted during COVID, improve trainee wellbeing, reduce attrition and assist with the training recovery post COVID. The implementation of this proposal would result in all trainees (with the exception of Foundation) being eligible to apply for LTFT in 2021/22 as part of training recovery,

It is designed to ensure the maximum support for trainee wellbeing following the COVID pandemic surge, by delivering the planned Category 3 LTFT full scale implantation at pace as opposed to the previous approach to stagger the roll out over the next two years.

This paper covers:

- Background and activity to date on the programme
- The revised model developed in response to COVID
- Approach to fast track the implementation to support trainees in response to COVID
- Anticipated benefits and barriers to consider
- Overview of LTFT Category 3 Year 1 evaluation findings

Background

HEE is committed to increasing flexibility in postgraduate medical training. As a part of HEE's work to Enhance Junior Doctors Working Lives several initiatives have been developed with partners to increase flexibility within Post Graduate Medical Education. Feedback from trainees, negotiations with the BMA and broader trends in society generally show that many trainees would appreciate the opportunity to pursue a more flexible approach to their training. Such flexibility could cover a range of different options including the opportunity to: work less than full time (LTFT); take a break from training to consolidate skills by gaining further experience in a service post or pursue other aims; or undertake training in broader skills out with the specific curriculum being followed.

At a time of challenging service and workforce pressures, it may appear counterintuitive to facilitate trainees taking more time out of training. However, the premise of providing such flexible opportunities is to avoid trainee burnout, boost junior doctor morale and increase trainee recruitment and retention in programmes. As well as benefiting individual doctors, this proposal will also deliver long-term gains for service provision and patient care. This rationale aligns with the training recovery plan which aims to support trainee wellbeing and training programme management.

To date work on several flexible training initiatives (the continued roll out of LTFT Category 3, Supported Return to Training and Out of Programme Pause) has broadly been undertaken through a series of individual programmes of work, with pilot programmes to establishing proof of concept.

LTFT Category 3

LTFT Category 3 allows trainees to request the opportunity to undertake a period of LTFT for personal choice and is currently available in Emergency Medicine, Paediatrics and Obstetrics and Gynecology. In February 2021 a revised model, outlined below, was rolled out LTFT category 3 to Higher Physicianly specialties, Psychiatry, Radiology and Intensive Care Medicine. This expansion plan aligns with the original milestones in the People Plan which was to expand Category 3 to all specialties by 2022.

Implementation Approach

Following the impact of COVID the LTFT Category 3 model was revised to further support the wellbeing of trainees. This intended to address potential trainee burnout and support time for recovery and restoration of work life balance. This approach should also mitigate against any substantial service disruption due to the staggered nature of the expansion.

The plan is for a coupled approach to the full-scale expansion as per the below:

- ‘Lead in year’ – trainees can apply for LTFT category 3 for 4 months at up to 0.8 WTE over a 1-year period. The normal period is 4 months, however there can be flexibility at the HEE Local Office level to extended or align a LTFT period with rotation dates or

specific placements in a programme. Equally the Postgraduate dean and local office can be flexible in what % of LTFT category 3 is offered.

- Following the completion of the 'lead in' year, trainees can undertake an unspecified period of time as LTFT Category 3 subject to availability and the needs of the programme.

This model would follow the existing LTFT Category 3 pilot with safeguards are in place such Dean and local office discretion in LTFT category 3 application approval to ensure training programme and service stability. The previously implemented LTFT Category 3 suggest the following approach which can be adopted:

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.

Proposed approach to fast track full expansion

To support trainee wellbeing and training recovery, the following approach has been developed to fast-track expansion of LTFT Category 3 at scale and pace.

All trainees in existing training programmes at time of application would be able to apply for the lead in year of Category 3 LTFT for the training year beginning August 2021. This would not include trainees in the Foundation programme.

Communications have already been sent to local offices concerning the roll out of LTFT Category 3 in what was previously described as the first cohort (Physicianly specialties, Radiology, Psychiatry and ICM). For this group the lead in period would start from August 2021 with a full Category 3 LTFT offer in August 2022.

Communications will be sent to local offices concerning the second cohort (Anaesthetics, General Practice, Surgical Specialties, Ophthalmology, Pathology and Core Programmes) but with a start date to the lead in period potentially being later in the training year as determined by the local office (for instance, next rotation point at 4 or 6 months). The implementation of the full Category 3 LTFT offer would still be from August 2022.

The Foundation Programme trainees not eligible to apply would be able to enter the lead in year in August 2022. This is because of a need for further exploration with the GMC and other partners prior to implementation due to the very short time limited nature of the programme.

Fast Track Model

The table below outlines the approach to those specialties that Cat 3 has been expanded to as of August 2021.

Speciality	Lead in period go Live	Full Category 3 go live
Higher Medical	Aug 2021	Aug 2022 or next rotation
Higher ICM	Aug 2021	Aug 2022 or next rotation
Higher Psychiatry	Aug 2021	Aug 2022 or next rotation
Radiology	Aug 2021	Aug 2022 or next rotation

**The above lead in period dates is indicative and discretion will be provided to local offices to allow alignment with rotation dates.*

For the remaining specialties (with the exception of Foundation), the following principles are proposed:

- The lead in period go live for all remaining specialties must be no later than February 2022.
- Approval of applications must be subject to service considerations via TPD approval.
- The number of windows available for trainees to undertake their 4-month LTFT period will be determined by the go live period e.g. may be between 2 to 3 windows. This is at local office discretion.
- Trainees must be in post at time of application.

Where specialties have 6-month rotations or start post August, please see the worked examples below:

IMT and GP

Where these specialties have a 4-month rotation, there could be two windows from December – March and April – July.

Core Surgery

Where there are 6-month rotations, a trainee could undertake 2 months of their Cat 3 placement in one specialty and 2 months in the second specialty.

Considerations

Specialty curricula delivery

Further consideration is needed with regards to specialty curricula delivery. For example, within IMT it is mandatory that the trainee undertakes 10 weeks in critical care and the delivery of this varies by local offices therefore a trainee undertaking LTFT for 4 months may mean additional training time is required in critical care which may present an issue. The same is true for geriatrics which mandates a four-month placement during IMT stage 1. Further exploration will also need to be given with regards to the new curricula for ACCS in 2021, as this time it is thought that no additional training time would be needed providing trainees can demonstrate acquisition of capabilities.

Further discussion will be sought with IMT lead to determine whether the need for additional training time can be mitigated.

An additional consideration is the impact on service delivery at a critical time in the pandemic. Further engagement is being sought with NHS Employers to explore barriers in more depth and whether the model could be revised to accommodate provider concerns.

Barriers and Benefits

Anticipated Benefits

The anticipated benefits of expanding at scale and pace mirror that of the initial expansion plan and would provide following benefits:

- Reduce burn out of trainees
- Improve trainee work/life balance
- Boost trainee morale and wellbeing
- Reduction in attrition
- This approach may also help with the increase in extensions to training by creating posts enabling more trainees to slot-share

- This expansion linked with other flexibility offers such as OOPP would form a key part of the COVID training recovery plan

This is reflected in the findings of the year 1 evaluation report (Appendix A).

Anticipated Barriers and Mitigations

Following discussion with both internal and external stakeholders including NHS Employers the following barriers and mitigation strategies have been identified to the fast-track approach.

- Confused stakeholder messaging with reputational damage to HEE.

  Communications will need to be handled carefully and communications framed around the need for a supportive response to trainee wellbeing after recent pressures with COVID.

- The administrative burden on HEE local office teams will be significant during a time of increased workload and pressures. This relates to COVID, recruitment and provision of ARCP.

  Estimation of the work involved and discussion with finance and local teams and employers may enable this to be prioritised.

- Fast track implementation would leave little time for HEE offices to discuss with local Schools and trusts in certain specialties. The LTFT lead and Local and Regional Deans have been in discussion with specialty schools.

  As this is an acceleration rather than a new plan it is likely that most schools will have been thinking about how to address likely problems and targeted communication to Trust DMEs will follow.

- Risk of not aligning the lead in period to rotation dates or specific blocks in a programme (ICM in Internal Medicine). There will inevitably be differences in different local offices.

As this is an acceleration to full roll out any differences can be explored for learning and will then reduce in the next couple of years.

- The fast-track approach would mean most specialties (apart from Emergency Medicine, Paediatrics, Obstetrics and Gynaecology, Foundation) would move to the full LTFT model by 2022 prior to the completion of the three-year longitudinal evaluation. This may mean that vital messages are missed.

  Evaluation continues and informs future changes. The differences in rate of implementation will highlight differences in school or Trust approach which will inform further changes to help improve training.

- An increased number of LTFT Category 3 trainees, even on a temporary basis, may have implications for service at a time when the training/service environment is in recovery from pandemic. The Emergency Medicine pilot demonstrated little impact on the service, but this may not translate and equally this was prior to the pandemic. The pilot gives trainees the option of applying, but not a guarantee and any reduction in training hours will still need to be agreed dependent on local factors to ensure service is maintained.

- The administrative burden on medical staffing teams will be significant during a time of increased workload and pressures. Employers will require lead-in time to develop rotas and work scheduled and the inclusion of LTFT doctors will result in further work schedule changes for other non LTFT trainees.

  HEE should ensure that there is agreement with the Trust for any trainees approved to go on Category 3 to ensure that Trusts can accommodate reduced service provision capacity and are able to support the changes in work schedules.

- Risk that HEE does not meet current Code of Practice guidelines coupled with the potential of late notice of trainees undertaking Category 3. In order to meet Code of Practice guidelines, notification would need to be given to Trusts by May 2021 which when accounting for application timelines would not be possible.

- If a further wave of the viral pandemic were to occur, trainees may be asked to return to Full time and would have the option to do so.

Next Steps

The implementation of the LTFT scheme will be supported by a suite of materials including comms packs for trainees, faculty and providers, detailed guidance for local offices and FAQs supported by the feedback received via the engagement process.

Further engagement has been sought with NHS Employers to explore provider perspective and concerns and following discussion on implantation principles, NHS Employers are supportive.

Appendix A

Evaluation

A three-year longitudinal evaluation is underway with the first-year report being published in March 2021.

Key Report Findings

- Number of trainees undertaking Cat 3: 46% Paediatrics/44% Emergency Medicine/10% O+G
- 55% of LTFT Category 3 work at 08.WTE
- ARCP outcome 1: 71% in LTFT Category 3, 45% in FT peers
- Wellbeing 77% for LTFT Category 3
- Sense of Work life balance 78% LTFT category 3
- Job satisfaction 58% LTFT category 3
- Future career plans 87% LTFT category 3 become a consultant in the NHS, 58% in FT peers
- Trainer educational relationship, perceived not detrimental by 87% LTFT category 3 trainees and 65% educators
- Impact on FT trainees: only 1 negative response
- Impact on service: Negative impact by 48% LTFT category 3 trainees and 79% educators