HEALTH EDUCATION ENGLAND

Less Than Full Time (LTFT) Category 3 Initiative – FINAL EVALUATION REPORT

In conjunction with Dr Katie Webb (Cardiff University School of Medicine)

February 2023

EXECUTIVE SUMMARY

In response to junior doctors' feedback seeking greater opportunities for flexible medical training, Health Education England (HEE) introduced the Less Than Full Time (LTFT) Category 3 (Cat 3) initiative. Following an initial pilot in Emergency Medicine in 2016, LTFT Cat 3 was further piloted in 2019 (extending to Emergency Medicine, Obstetrics and Gynaecology, and Paediatrics). From August 2022, the initiative was rolled out to all postgraduate specialties (referred to hereafter as the 'expansion specialties').

Prior to the Category 3 initiative, doctors were only eligible to train LTFT if they met certain eligibility criteria set out in the Gold Guide. However, following updates to the Gold Guide (9th Edition, August 2022)[1], the categories for LTFT training have been removed. Now, all postgraduate doctors in training are eligible to apply for LTFT training for any 'well-founded' reason, including their own wellbeing or through personal choice.

RSM UK Consulting LLP (RSM) was commissioned by HEE in 2020 to conduct a three-year longitudinal evaluation of the LTFT Cat 3 initiative. This is the final evaluation report and brings together findings from Year 1 (2020), Year 2 (2021) and Year 3 (2022). This coincided with the onset of the Covid-19 pandemic which traversed all three years of the evaluation.

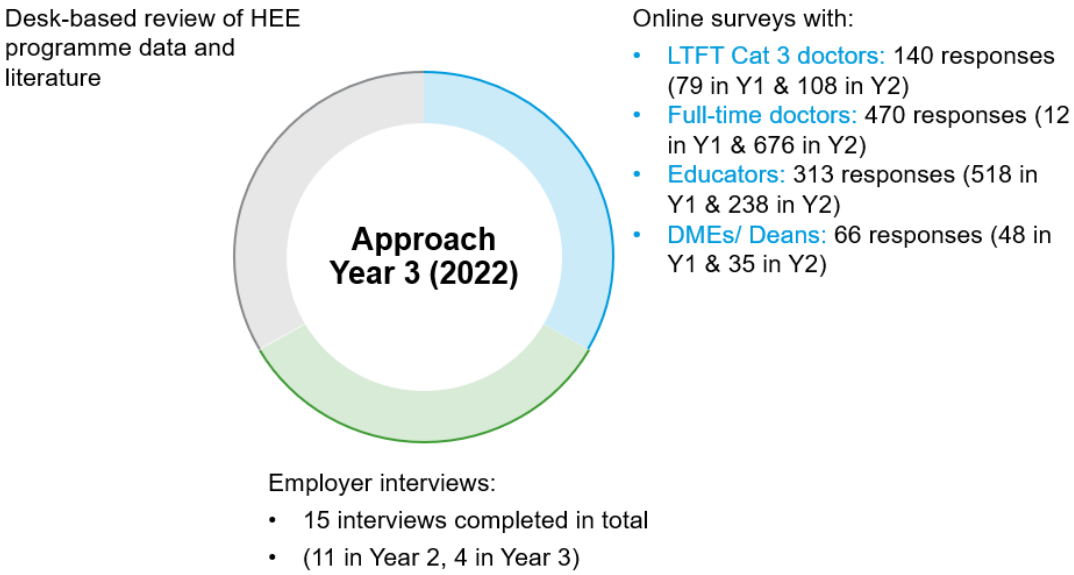
This report also provides a series of further recommendations to enhance the ongoing development of the programme as it continues to move towards a Business as Usual (BAU) model of training across all specialties.

Our approach

The methodology for this report involved the following stages:

[1] Conference of Postgraduate Medical Deans of the United Kingdom (2022) A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: The Gold Guide

Figure 1: Evaluation approach Year 3 (2022)



Report key findings

Desk Review:

- From August 2022, all postgraduate doctors in training across England in any specialty can apply to train LTFT for any well-founded reason, including for their wellbeing or through personal choice.
- As reported in the GMC National Training Survey 2022, 63% of postgraduate doctors in training and 52% of trainers are at a moderate or high risk of burnout. This indicates an increase from the 2021 survey, in which 25% of doctors in training felt burnt out to a high/very high degree because of their work.
- In line with the RSM survey findings, 80% WTE is reported as the most common working pattern across multiple surveys conducted by the Royal College of Physicians (RCP) and the Royal College of Radiologists (RCR).
- Reports by the Royal College of Physicians and the Royal College of Anaesthetists (RCoA) mention that the number of postgraduate doctors intending to train LTFT in the future has increased. The primary reasons for choosing to work LTFT were childcare, health reasons and lifestyle.

Data Gathering:

- The number of postgraduate doctors training LTFT Cat 3 in Year 3 (2022) was 589, an increase from 145 in Year 1 (2020) and 329 in Year 2 (2021).
- 67% of LTFT Cat 3 doctors in training achieved an ARCP Outcome 1 Satisfactory progress – (achieving progress and the development of competences at the expected rate as their ARCP outcome). This represents a marked decrease from both Year 1 (71%) and Year 2(73%) of the evaluation, however is likely to have been impacted by wider factors, such as the Covid-19 pandemic. Despite this decrease in Year 3 (2022), the proportion of LTFT Cat 3 doctors in training receiving an Outcome 1 is higher than the average for all postgraduate doctors in training (47%), based on data provided by HEE.
- The ratio of the gender of LTFT Cat 3 doctors in training in Year 3 (34% male, 66% Female) has remained at a similar rate to both Year 1 (31% male, 69% female) and Year 2 (26% male, 73% female) of the evaluation.
- The three largest specialities working LTFT Cat 3 in Year 3 (2022) are Paediatrics (34%), Emergency medicine (22%), and IMT (12%).
- The majority of the LTFT Cat 3 cohort undertook 80% WTE within Year 3 (87%) of the evaluation. This has remained consistent with Year 2 (85%), but marks an increase from Year 1 (55%).

Perceptions of LTFT Cat 3 doctors:

- The majority of LTFT Cat 3 doctors in training (89%) applied for 80% of a full-time post, higher than in Year 1 (80%) and Year 2 (82%).
- Greater work/life balance was the most cited rationale for applying for LTFT Cat 3 across all three evaluation years.
- The majority of LTFT Cat 3 doctors in training (79%) agreed/strongly agreed that the application process was straightforward (78% in pilot specialities vs 80% in expansion specialities[2]).
- The majority (93%) of LTFT Cat 3 doctors in training agree that the pilot programme achieved their original individual aims and expectations. A LTFT Cat 3 doctor in training stated, *"My general wellbeing, physical health and relationships have significantly improved" (LTFT Cat 3 doctor in training, pilot specialty)*
- The majority of LTFT Cat 3 doctors in training (85%) agreed/strongly agreed that their educational supervisor was available when required.
- Almost half of LTFT Cat 3 doctors in training (49%) felt that LTFT had not impacted upon service provision, with respondents stating, "*I'm not convinced*

[2] Of the 79% that agreed the application process was straightforward.

it has significant additional impact" and "*I feel like service has continued as normal" (LTFT Cat 3 doctor in training, pilot specialty)*.

Perceptions of full-time doctors in training:

- In Year 3 (2022), 85% of all full-time doctors in training reported that they would consider training LTFT. This is in line with Year 2 (86%).
- 89% of full-time doctors in training were aware of fellow doctors in training within their department working LTFT, an increase from 52% in Year 2. Almost all (97%) full-time doctors in training from pilot specialties were aware of fellow doctors training LTFT, in comparison to 84% in expansion specialties.
- In line with findings from Year 2 (86%), the majority (88%) of full-time doctors in training agreed/ strongly agreed that LTFT doctors are perceived as part of the team.
- In addition to their training, 29% of the full-time doctors in training surveyed in Year 3 reported that they are also undertaking locum shifts (an increase from 24% in Year 2). This compares to 37% of LTFT Cat 3 doctors in training surveyed.
- The future career intentions of full-time doctors in training are broadly in line with Year 2 findings; 82% (Year 3) intend to become an NHS consultant post-training, compared to 85% in Year 2.
- Post-training, 42% (Year 3) of current full-time doctors in training intend to work LTFT, compared to 64% of LTFT doctors in training.

Perceptions of Educators:

- The majority (80%) of educators and Directors of Medical Education (DMEs)/ Deans (85%) felt that LTFT Cat 3 negatively/ strongly negatively impacted upon the creation/ amendment of rotas, marking an increase from 72% in Year 2. In pilot specialties this increased to 95% compared to 76% in expansion specialties.
- Overall, 76% of educators and 52% of DMEs/ Deans perceived LTFT Cat 3 to have negatively/ strongly negatively impacted upon the workload of educators.
- Educators in pilot specialties (71%) were more likely to perceive the impact on workload to be negative/ strongly negative in comparison to those in expansion specialties (63%).
- The majority of educators perceived that LTFT had a positive or strongly positive impact on the wellbeing of LTFT Cat 3 doctors in training (89%) and morale (87%). This was endorsed by DMEs and Deans. However, this marks a decrease from Years 1 and 2 (wellbeing 94% and 96% respectively, morale 97% and 93% respectively).

- The majority (72%) of educators felt they were able to maintain a positive relationship with LTFT Cat 3 doctors in training, either to a great or very great extent. An increase from Year 1 (65%) and Year 2 (65%).
- Educators reported concerns around LTFT Cat 3 doctors in training *"cherry picking"* sessions/ working days which could lead to perceptions of inequality and/or poor morale amongst full-time doctors in training.
- The majority (78%) of educators and DMEs/ Deans (92%) perceived the impact of LTFT on service provision to be either negative or strongly negative. 93% of educators in pilot specialties perceived LTFT to have a negative impact on service provision, compared to 72% in expansion specialties.

Perceptions of Employers:

- Employers recognised that the rationale behind LTFT training includes the ability to achieve better work/ life balance.
- Employers also recognised that circumstances leading doctors choosing to train LTFT have evolved over time (e.g. in the past the majority of doctors in training applying for LTFT were parents).
- The LTFT application process for doctors in training was perceived as straightforward, however, their ability to apply at any stage in the year was said to create challenges in organising rotations and increased employer workload.
- The majority of employers in both Years 2 and 3 felt that they were not informed in sufficient time to organise rotas for LTFT Cat 3 doctors in training, and that rota co-ordination is further complicated by LTFT Cat 3 doctors in training choosing particular shift patterns.
- Employers suggested that an emergency application route should be created to enable employers to process applications from LTFT Cat 3 doctors in training in a more timely manner.
- Locum cover to fill rota gaps has negative financial and logistic implications for employers.

Conclusions

Based on the findings from our mixed methods research across all three years of this evaluation, we have collated our key findings under the five areas HEE requested we explore within the original research specification.

Area 1: Assessment of doctor in training satisfaction & wider perception of LTFT Category Three

LTFT Cat 3 doctors in training continue to be satisfied with LTFT Cat 3, whilst educators and full-time doctors in training were less certain of its positive impacts. Overall, an increasing number of LTFT Cat 3 doctors in training agreed/strongly agreed that LTFT Cat 3 had positively impacted upon their sense of work-life balance (Year 1 77%, Year 2 100% and Year 3 99%).

However, an increasing number of full-time doctors in training and educators expressed concerns in open text comments that LTFT Cat 3 doctors in training were using their days off to undertake locum shifts for additional income and experience, leaving full-time doctors in training with a perception that those training LTFT are better off financially; *"I am concerned that some LTFT trainees may use this as an opportunity to locum at other Trusts (under the radar), effectively doing the same amount (or more work), and earning more money whilst FT trainees do the same job, only to be paid something like half or less" (full time doctor in training, Acute Internal Medicine).* However, survey responses suggest that this may be more of a perception than reality: 37% of LTFT Cat 3 doctors in training reported undertaking locum shifts, compared to 29% of full-time doctors in training.

Area 2: Evaluation of the supervisory encounter

LTFT Cat 3 doctors in training were positive about the supervisory encounter however, educators considered increased numbers of doctors training LTFT to have increased their workload (e.g. scheduling supervision meetings to accommodate LTFT doctors' in training working patterns and potentially an increased number of ARCPs being undertaken if their training period is longer), *"both I and the junior doctors have sometimes had to arrange supervision meetings on our days off"* (educational supervisor).

Area 3: Evaluation of the impact of LTFT on doctors progressing to CCT

The number of LTFT Cat 3 doctors in training achieving a satisfactory outcome (outcome 1) in Year 3 has decreased slightly, whilst concerns around extending CCT completion dates still remain. In Year 3 (2022), 47% of Cat 3 doctors in training had concerns about CCT completion dates (both in pilot and expansion specialties). Additionally, in Year 1 (2020), 71% of Cat 3 doctors in training achieved a satisfactory outcome; which decreased to 67% in Year 3 (2022). However, this is still above the average for all postgraduate doctors achieving an ARCP Outcome 1 (47%).

Area 4: Evaluation of the impact on service provision

Perceptions of the impact on service provision differed between LTFT Cat 3 doctors in training, full-time doctors in training, educators and employers: 49% of LTFT Cat 3 doctors in training considered LTFT to have had an impact on service provision, compared to 78% of educators. An increasing number of LTFT Cat 3 doctors in training are choosing to train 80%. Educators and full-time doctors in training raised concerns about the impact this will have on service provision, while 49% of LTFT Cat 3 doctors in training believed that LTFT had not impacted upon service provision.

Area 5: Evaluation of the administration of the expansion

Overall, despite a reduction since Year 1, satisfaction with the application process remains high. In Year 3, 79% of LTFT doctors in training agreed/ strongly agreed that the application process is straightforward. Employers also considered the application process to be straightforward, however, highlighted logistical challenges.

Recommendations

The Year 3 (2022) Report sets out eight recommendations, based on the feedback provided within surveys of postgraduate doctors in training (LTFT Cat 3 and full-time), Champions of Flexibility (Year 1 only) Educators and DMEs and Deans, as well as interview discussions with employers across all three years.

These recommendations are as follows:

Area	Recommendation
Area 1: Doctor in training satisfaction	• Given positive feedback from LTFT Cat 3 doctors in training, continue to promote training LTFT through choice through a series of case studies from doctors across different specialties who have trained LTFT through personal choice. • Linked to the programme aim of increased retention, there may be merit in focusing initially on the benefits of LTFT through personal choice in 'hard to fill' specialties.
Area 2: Wider perceptions	• Given the increased intensity of full-time doctor objections to doctors training LTFT through personal choice choosing to undertake locum shifts, consider raising awareness of existing locum guidance[3]. • There may also be merit in continuing to explore the perceptions of full-time doctors in training as an increasing number of doctors in training chose to train LTFT.
Area 3: Administration of the expansion	• The majority of LTFT Cat 3 doctors in training considered the application process to be straightforward, so consider retaining the current process as LTFT through personal choice continues. • To support educators and employers as LTFT through personal choice expands, consider organising a Q&A panel webinar with current educators and employers in the original pilot specialties. • Ensure that local offices issue periodic information to educators about the role of the Champion of Flexibility. In Year 1, the evaluation indicated that Champions had played a significant role in addressing issues within pilot specialties, which would continue as LTFT through personal choice expands. .
Area 4: Impact on service provision	• Earlier awareness amongst employers of LTFT through personal choice doctors in training is key in ensuring that rota coordinators have sufficient advance notice to adequately plan rotas and training activities • There may be merit in HEE continuing to monitor potential impacts of LTFT through personal choice on service provision. This information could be collected locally by Champions and collated nationally by the HEE team.
Area 5: Progression to CCT	• Continue to monitor the ARCP outcomes of LTFT through personal choice and full-time postgraduate doctors in training, to explore any differential attainment between the two cohorts.

[3] Guidance is currently available from COPMeD: https://www.copmed.org.uk/images/docs/publications/Guidance_on_Undertaking_Additional_Work_.pdf

Glossary

Acronym	Description
ACAS	Advisory, Conciliation and Arbitration Service
ARCP	Annual Review of Competency Progression
BAU	Business as Usual
BMA	British Medical Association
BMJ	British Medical Journal
Cat 3	Category 3
CCT	Certificate of Completion of Training
CT	Core Trainee
DME	Director of Medical Education
EM	Emergency Medicine
ES	Educational Supervisor
ESR	Educational Supervisors Review
FT	Full-time
GMC	General Medical Council
HEE	Health Education England
HoS	Head of School
HR	Human Resources
IMT	Internal Medicine Training
LEP	Local Education Providers
LTFT	Less Than Full Time
MERP	Medical Education Reform Programme
NETS	The National Education and Training Survey
NHS	National Health Service
NTS	National Training Survey
O&G	Obstetrics & Gynaecology
OOP	Out of Programme
PA	Programmed Activity
PGDiT	Postgraduate Doctor in Training
Q&A	Question and Answers

Acronym	Description
RCoA	Royal College of Anaesthetists
RCEM	Royal College of Emergency Medicine
RCOG	Royal College of Obstetrics and Gynaecology
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RSM	RSM UK Consulting LLP
SAS	Specialty and Associate Specialist
ST	Stage of Training
SuppoRTT	Supported Return to Training Programme
TPD	Training Programme Director
WTE	Whole Time Equivalent

Please note that for brevity throughout the rest of this report, we refer to those postgraduate doctors in training who are working less than full-time, having applied via the LTFT Cat 3 initiative as ***"LTFT Cat 3 doctors in training"***. This will include those who are from pilot specialties and those in expansion specialties more recently. Similarly, we refer to those postgraduate doctors in training who are working full-time as ***"full-time doctors in training"*.**

Contents

1. Introduction

RSM UK Consulting LLP (RSM) was commissioned by Health Education England (HEE) in February 2020 to conduct a three-year longitudinal evaluation of the outcomes of the Less Than Full Time Training (LTFT) Category 3 (Cat 3) expansion in England. This coincided with the onset of the Covid-19 pandemic which traversed all three years of the evaluation.

LTFT Cat 3 allows postgraduate doctors in training across England to submit an application to train LTFT as a personal choice. As part of its flexibility offer to postgraduate doctors in training, HEE initially piloted LTFT Cat 3 in Emergency Medicine only. HEE then expanded this pilot to doctors from three specialties (Emergency Medicine, Paediatrics and Obstetrics and Gynaecology) in 2019.

In 2021, as part of its flexibility offer to postgraduate doctors in training, HEE expanded LTFT Cat 3 to doctors from the initial three specialties to a short-term (one year long) offer for all specialities[4]. From August 2022, the initiative was rolled out to all postgraduate specialties.

The original aim of the evaluation was to provide evidence of the outcomes of the LTFT expansion in three medical specialties (Emergency Medicine, Paediatrics and Obstetrics and Gynaecology) across the HEE national footprint. However, in line with the expansion, Year 3 of the evaluation aimed to provide evidence of the outcomes of the LTFT expansion across all postgraduate specialties (referred to hereafter as the 'expansion specialties'). The evaluation sought to capture the impact on LTFT doctors' wellbeing and explore retention and impact on service over the three-year period and determine whether there is any detriment to non-expansion doctors in training.

This is the final evaluation report and brings together findings from Year 1 (2020), Year 2 (2021) and Year 3 (2022).

1.1 Background to the LTFT Cat 3 initiative

The 2016 Junior Doctors' contract negotiations highlighted wider, non-contractual concerns around flexibility in medical training. This prompted the Medical Education Reform Programme (MERP) within HEE to explore a number of new flexibility initiatives within postgraduate training. One of the key elements of this is the expansion of opportunities for training less than full-time and flexible training.[5]

Prior to the Category 3 initiative, doctors were only eligible to train LTFT if they met the eligibility criteria set out in the Gold Guide (8th Edition, March 2020)[6], which sets out the national arrangements and eligibility for LTFT training. These two categories are:

[4] Health Education England (HEE) (2022) *Less Than Full Time Category 3 Training (LTFT): Guidance for all postgraduate specialties for the August 2022 start*

[5] Other flexibility initiatives include Out of Programme Pause (OOPP) and Supported Return to Training (SuppoRTT).

[6] Conference of Postgraduate Medical Deans of the United Kingdom (2020) A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: The Gold Guide

Table 1.1: LTFT Categories 1 and 2

Category 1:	Category 2:
• disability or ill health • responsibility for caring (men and women) for children • responsibility for caring for an ill/disabled partner, relative or other dependant	• Unique opportunities • Religious commitment • Non-medical development

However, feedback from doctors suggested that they often wished to access LTFT training for other reasons, such as to maintain a work/life balance, to reduce stress or to pursue outside hobbies. Consequently, HEE introduced the LTFT Cat 3 expansion initiative in England, which enables doctors to apply to train LTFT under the following third Category:

The aims of LTFT Cat 3 are as follows:

- To enhance recruitment;
- Reduce attrition; and
- Improve the working lives of doctors in training.

> *"Doctors who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations"*

Source: HEE LTFT Cat 3 Guidance Document

LTFT Cat 3 was first piloted with higher Emergency Medicine doctors in training in 2017/ 2018[7]. HEE then extended the opportunity for LTFT to Paediatrics and Obstetrics and Gynaecology in November 2019, with these specialities chosen as part of the LTFT initiative due to doctors experiencing particular challenges with retention and burnout.

In the *Enhancing Junior Doctors' Working Lives - annual progress report 2020*, HEE committed to expand LTFT Cat 3 to additional specialties, especially to those particularly impacted by Covid-19.[8] Following the first waves of the Covid-19 pandemic, HEE expanded LTFT Cat 3 to include Higher Physicianly Specialities, Intensive Care Medicine, Psychiatry and Radiology from August 2020 in the form of a 'lead-in year' model. Doctors were offered a 'lead-in year' in which they could train LTFT Cat 3 for four months at 80% WTE over a one-year period, with the option to continue the following year. From August 2021, this

[7] In 2017, an evaluation (led by Dr Mike Clancy) was undertaken of the LTFT Cat 3 Emergency Medicine pilot.
[8] HEE (2020) Enhancing Junior Doctors' Working Lives - annual progress report, available at: https://www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_June%2020%20FINAL.pdf

“lead-in year” model was extended to all specialties, and from August 2022, LTFT Category 3 had transitioned from this model to full implementation across all postgraduate specialties.

Following the publication of the Gold Guide (9th Edition, August 2022)[9], the categories for LTFT training have been removed. All postgraduate doctors in training who are in approved training posts are now eligible to apply for LTFT training for any 'well-founded' reason including (but not limited to) their own wellbeing or through personal choice. However, application approval must be sought from Local Education Providers (LEPs) to ensure educational standards and service capacity are appropriate. LEPs have the discretion to decline LTFT applications as they deem appropriate.

1.2 Evaluation areas of exploration

Initially, LTFT Cat 3 was piloted in Emergency Medicine, an evaluation of this pilot was undertaken in 2017.[10] As a result of this evaluation, HEE expanded the pilot to Paediatrics and Obstetrics & Gynaecology. RSM was commissioned by HEE in February 2020 to conduct a three-year longitudinal evaluation of the outcomes of the LTFT Training Category 3 (Cat 3) expansion in England. Year 1[11] and Year 2[12] of the evaluation were completed in 2020 and 2021 respectively. This Year 3 (2022) evaluation report includes an evaluation of the initiative across all postgraduate specialties, in line with the 2021 expansion of LTFT Cat 3.

This report will cover the following five areas:

Table 1.2: Evaluation areas

Area 1	Assessment of doctor satisfaction and wider perception of LTFT Cat 3 doctors in training
Area 2	Evaluation of the quality of supervisory encounter
Area 3	Interim and final reports and presentations on evaluating the impact and numbers of LTFT on doctors in training progressing to CCT
Area 4	Impact on service provision
Area 5	Evaluation of the administration of the expansion

[9] Conference of Postgraduate Medical Deans of the United Kingdom (2022) A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: The Gold Guide
[10] Dr Mike Clancy (2017) LTFT Pilot Final Report available at: LTFTPilotFinalReportFinalReport.pdf (rcem.ac.uk)
[11] RSM (2021) LTFT Cat 3 Initiative Year 1 Report available at: HEE LTFT Cat 3 Initiative Year 1 Report_0.pdf
[12] RSM (2022) LTFT Cat 3 Year 2 infographic available at: LTFT category 3 infographic Y2 - final.pdf (hee.nhs.uk)

2. Methodology

2.1 Introduction to the evaluation

The diagram below illustrates our approach to this evaluation:

Figure 2.1: Evaluation approach

Project Initiation

- Stakeholder mapping
- Evaluation specification and protocol
- High level logic model
- Risk mitigation matrix

Evaluation Fieldwork
(Years 1, 2 and 3)

Stage 1
- Development of a logic model

Stage 2: Quantitative and Qualitative Research
- 2a: Desk review of programme literature and data
- 2b: Survey of LTFT Category 3 Doctors in Training
- 2c: Survey of Full-Time Doctors in Training
- 2d: Survey of Educators
- 2e: Survey of Champions of Flexible Training (only year 1)
- 2f: Employer interviews (only years 2 & 3)
- 2g: Champions of Flexible Training interviews (only year 1)

Reporting
(Years 1, 2 and 3)

Year 1
- Interim Report (January 2021)

Year 2
- Interim Report (January 2022)

Year 3
- Final Report (January 2023)
- Presentation of Findings (January 2023)
- Publication of peer reviewed journal article

2.2 Evaluation methodology

The methodology for this report involved the following stages:

Figure 2.2: Year 3 (2022) Methodology

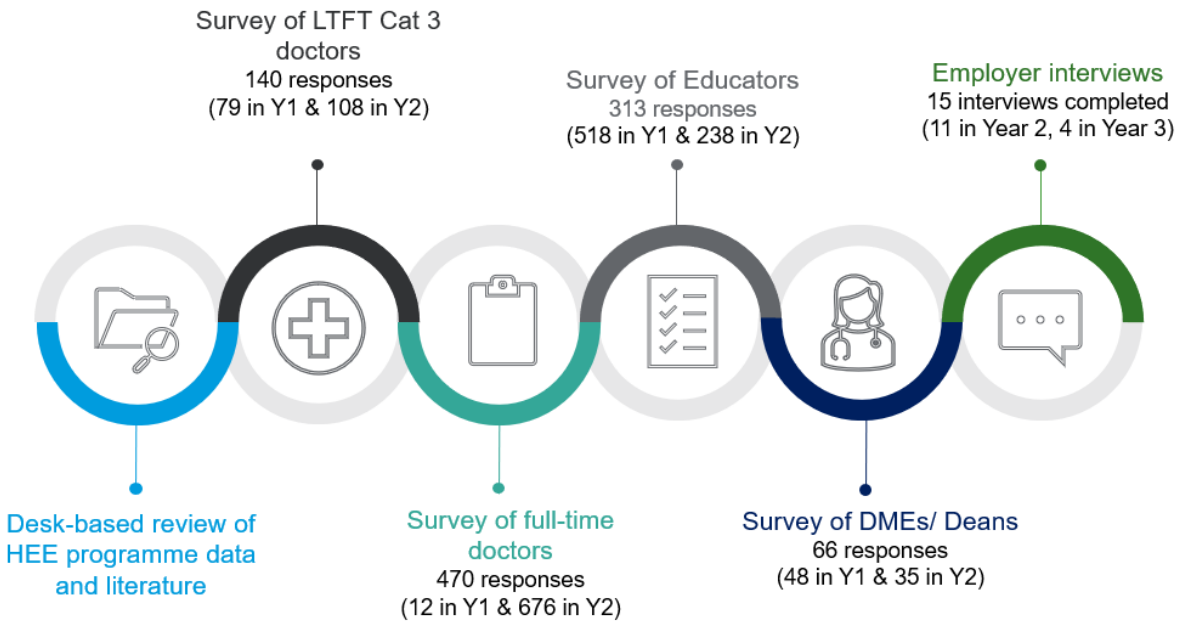


Table 2.1: Year 3 (2022) Methodology

Stage	Description
Desk Review	Included a review of HEE programme data and literature, supplemented with other relevant documentation (e.g. previous evaluations and relevant surveys such as the GMC survey).
Online Surveys	LTFT Cat 3 doctors in training (140 responses received): Issued to 523 Cat 3 doctors in training in September 2022, via a direct online mail-out from HEE local offices. This is a response rate of 27%.
	Full-time doctors in training (470 responses received): Issued in September 2022 via a direct online mail-out from HEE local offices. This survey was available to non-LTFT doctors in training across all postgraduate specialties.
	Educators (313 Educational Supervisors, Training Programme Directors and Heads of School responses received): This survey was issued via email in September 2022 by HEE local offices.
	Directors of Medical Education and Postgraduate Deans (66 responses received): Issued in September 2022 via email from HEE Business Managers[13].
Employer Interviews	15 interviews completed over the evaluation period. These interviews were conducted in two waves: • 11 were conducted in Year 2 • 4 were conducted in Year 3 Each interview was 30 minutes long and conducted via MS Teams using a semi-structured discussion guide (Annex 1). Employers were sampled by local office area, specialty (where appropriate) and type of role (e.g. rota co-ordinator, operations manager etc).

2.3 Limitations

A number of limitations to Year 3 (2022) of this evaluation were identified. These include:

- In Year 3 (2022), unfortunately no responses to the DME/ Deans survey or Educator survey were received from the following local offices: East Midlands, West Midlands, Thames Valley and London, Kent, Surrey and Sussex.
- Responses to the DMEs/ Deans survey in Year 3 (66) were higher than Year 1 (48) and Year 2 (35) which may have impacted on findings. The survey was

[13] In Year 2, both the Educator and DMEs/ Dean's survey were merged with the SuppoRTT surveys due to Covid-19 pressures. In Year 3 (2022) the surveys were issued as standalone LTFT surveys for the purposes of this report.

available to DMEs/ Deans within all specialties in Year 3, in line with the expansion of LTFT Cat 3.

- The Covid-19 pandemic and its impact on service provision will have undoubtedly had an impact on perceptions of all those surveyed, particularly around issues of work-life balance and wellbeing.
- Across all three years, LTFT Cat 3 doctors in training were asked to identify the impacts of LTFT. However, this question was presented in a different format in the Year 1 survey (2020) and is not comparable to findings from Year 2 (2021) and Year 3 (2022).
- Responses to the full-time doctor in training survey were low in Year 1 (2020) (n=12). As a result, comparisons cannot be made with the responses from full-time doctors in Year 3 (2022).
- Unfortunately, attrition data were unable to be sourced, therefore the evaluation has been unable to explore the impacts of LTFT Cat 3 on retention and attrition, bar self-reported data from LTFT Cat 3 doctors.

2.4 Evaluation logic model

In order to guide each of the evaluation activities and to ensure that we gathered relevant metrics to evaluate the LTFT Cat 3 initiative an evaluation logic model was devised at the outset (Year 1 2020). The logic model was then revised as appropriate at the outset of Year 2 (2021) and Year 3 (2022) to reflect programme changes (eg. expansion to all postgraduate specialties in Year 3).

There is no figure currently available for spend on LTFT Cat 3. Most of this spend is on “slot shares top up” *(these are full-time training posts already funded by HEE at DHSC national tariff salary support and clinical placement rates that two (or more) LTFT trainees are placed in*). HEE funds a ‘top-up’ to the full-time post WTE already funded. The ‘top-up’ WTE is the difference between the sum of the contracted WTE of the LTFT trainees slotted into the post less the 100% WTE already funded) and supernumerary posts *(These are additional part-time posts approved by HEE for LTFT trainees when full-time national tariff funded posts and slot shares are not possible).* There is a separate working group within HEE looking to standardise LTFT finance across HEE local offices, sponsored by HEE’s Director of Finance.

Context: The LTFT Category 3 initiative is designed to allowing doctors to apply for LTFT training for any 'well-founded' reason including (but not limited to) their own wellbeing or through personal choice. Expansion has grown from an initial pilot in EM, to include postgraduate doctors in training from all specialties. The programme offers flexibility in training to enhance Junior Doctor's working lives.

Aims/ objectives: Reduced attrition, improved morale, increased doctor satisfaction, ensuring greater recruitment into and retention across all postgraduate specialties.

Inputs	Activities	Outputs	Outcomes	Impacts
Funding: £22 million **HEE inputs:** • Project Manager • LTFT Project Board • HEE Medical Education Reform Strategic Oversight Group **Wider NHS inputs:** • Trust staff working in 3 departments • Locum staff • Training Programme Directors • Head of Schools • Educational Supervisors • Clinical Supervisors • HR/ medical staffing **Royal colleges** Inputs and oversight: • BMA Junior Doctors Committee • Royal Colleges	• Educational supervision for LTFT Category 3 doctors • Training placements for LTFT Category 3 doctors • Administrative processes within: Trust medical staffing; Deaneries; HEE; and amongst trainees • Champions of Flexible Training	For LTFT Category 3, number of: • LTFT applications • Approvals for LTFT training • % of fulltime working selected • Placements that are LTFT • Training activities attended • % of slots created by LTFT working that are filled • ARCP outcome data	For Trusts / NHS: • Enhanced recruitment • Training places filled in 'hard to recruit' specialties • Reduced attrition in 3 specialties • Rotas staffed with LTFT Category 3 doctors/ fewer gaps For LTFT doctors: • Increased morale • Increased job satisfaction • Reduced burnout (as evidenced by GMC training survey results) • Enhanced work/life balance • Progression in line with expectations • Improved patient care	• Workforce impacts – the NHS as a great place to work, and enhanced working lives for junior doctors • Training programmes which support the needs of doctors • High-quality patient care

3. Desk review

3.1 Introduction

This chapter presents a high-level overview of programme documentation, previous evaluations and surveys relating to the three specialities included in this pilot, and LTFT Cat 3 training more generally. Where relevant, this information is triangulated and presented alongside the relevant sections of the survey findings in Chapter 5.

HEE has produced guidance for the initiative[14] as detailed in the table below.

Table 3.1: HEE LTFT guidance (August 2022)

Area	Details
Training hours	Doctors in training may apply to reduce or increase their hours to 50%, 60%, 70% or 80% of a full-time post. Any changes to working hours must respect the Code of Practice requirements.[15]
Application process	• Applications are determined by Heads of School or Training Programme Directors, who ensure that applications are educationally appropriate for doctors in training and are able to be accommodated by local service provision. • Local and regional HEE offices are responsible for monitoring and supporting applications, taking into account local needs. • Nationally, HEE is responsible for the overall expansion, reporting and learning.
Visa eligibility	Skilled Worker Visa applicants[16] need to liaise with their HEE local office and UK Visas and Immigration to ensure that any proposed reduction in working pattern (and therefore reduction in pay) does not compromise their visa requirements

Further information on the initiative, produced by HEE, can be found in the table below.

[14] Health Education England (HEE) (2022) *Less Than Full Time Category 3 Training (LTFT): Guidance for all postgraduate specialties for the August 2022 start*
[15] British Medical Association (BMA) (2019) *Code of practice: available at: https://www.bma.org.uk/advice-and-support/career-progression/training/code-of-practice*
[16] Tier 2 visa (General) is a type of UK work visa issued to talented and skilled workers that belong outside of the European Economic Area and Switzerland.

Table 3.2 HEE Delivering greater flexibility[17]

Area	Details
Less Than Full Time Training	LTFT Category 3 allows doctors to opt to train on a LTFT basis for an individual, professional or lifestyle need, aiming to improve their work-life balance and to promote retention. From August 2022, all postgraduate doctors in training across England in any specialty have the right to apply to train LTFT for any well-founded reason, including for their wellbeing or through personal choice.
How To Apply	Under the new guidance, applicants must provide at least 16 weeks' notice of their wish to train less than full time to allow sufficient time for the employing Trust to be notified and to discuss with the TPD for the purposes of rotation planning. The guidance similarly mentions that acceptance of an application may be dependent upon and might be limited by service considerations as well as the capacity of the training programme itself.

3.2 Previous evaluation findings

3.2.1 Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-2018

In 2017, an evaluation (led by Dr Mike Clancy) was undertaken of the LTFT Cat 3 Emergency Medicine pilot, which involved 17 Emergency Medicine postgraduate doctors in training, based in seven Deaneries across England.[18] This evaluation highlighted:

- LTFT Cat 3 was popular with those doctors in training taking part in the pilot, who stated exhaustion as their primary motivation to apply for the pilot;
- Postgraduate doctors in training reported an improved work life balance, job satisfaction and a greater likelihood of remaining in Emergency Medicine;
- All postgraduate doctors in training in the first cohort chose to train at 80% WTE;
- One doctor in training in the pilot resigned from Emergency Medicine training, and can be understood to be in line with broader attrition rates in Emergency Medicine;
- Doctors in training reported that the majority, but not all, of the vacant workload slots created by the 17 LTFT Cat 3 postgraduate doctors in training were covered (however it was not possible to fully ascertain if this was the case via discussions with ED leads and HR departments);

[17] Health Education England (HEE) Delivering greater flexibility: Available at: https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility

[18] Dr Mike Clancy (2018) Interim Evaluation of Emergency Medicine Trainees LTFT Pilot 2017-18 https://www.hee.nhs.uk/sites/default/files/documents/Interim-Evaluation-of-EM-Trainees-LTFT-Pilot-2018-19.pdf and RCEM (2018) The Less Than Full Time (LTFT(3)) working in Emergency Medicine Pilot. Final report. https://www.rcem.ac.uk/docs/training/ltft_pilot_final_report-for_website.pdf

- The evaluation recommended that a clear description was required as to how slots created by LTFT Cat 3 would be covered, so that LTFT Cat 3 did not negatively impact upon full-time postgraduate doctors in training; and
- The evaluation also recommended that consideration needed to be given to the implications for future workforce planning, specifically the expansion of LTFT Cat 3 in training and potentially expanding to make LTFT Cat 3 available to consultants.

3.3 Surveys

3.3.1 GMC National Training Survey 2022

The 2022 National Training Survey (NTS) received over 67,000 responses from doctors in training and trainers, an increase from 63,000 doctors in training in 2021 and an increase from 38,000 received during the pandemic in 2020[19] to its shorter survey. This represents 76% of all postgraduate doctors in training and 34% of all trainers. Key findings relevant to this initiative are:

Table 3.3: GMC National Training Survey findings

Theme	Details
LTFT postgraduate doctors in training	• The percentage of postgraduate doctors in training choosing LTFT (category 1, 2, and 3) as their working pattern has increased from 10% in 2017 (when the Category 3 initiative was introduced) to 17% in 2022. • The specialties currently with the highest number of LTFT doctors are Paediatrics (44%), Public Health (35%), Emergency Medicine (33%), Obstetrics and Gynaecology (31%), Occupational Medicine and Pathology (both 29%). • Training grades with the highest percentage of doctors working LTFT are: ST6 (34%), ST7 (34%) or ST 8 (32%).
Progression	• More than four fifths of postgraduate doctors in training said they were confident they would be able to progress to the next stage of training. This is an increase on the 2021 version of this survey, in which only 'some' of the doctors were confident they could progress, demonstrated through the responses to *"So far in this training year, I am on course to gain enough experience in the practical procedures needed for my stage of training.".* In which 66% of the response were of a positive nature.
Burnout	• Concerns that the pandemic continues to impact on doctors' workload and wellbeing; and that the risk of burnout *"is in danger of becoming a trend".* • Overall, 63% of postgraduate doctors in training and 52% of trainers are at a moderate or high risk of burnout. • Negative responses to questions relating to burnout were particularly prominent amongst doctors in Emergency Medicine. For example, 32% of all postgraduate doctors in training and 26% of all trainers in Emergency Medicine were identified as being at high risk of burnout.

[19] General Medical Council (GMC) (2022) *National training survey results 2022*: National training survey 2022 results (gmc-uk.org)

Theme	Details
	• Trainers in Obstetrics & Gynaecology, Paediatrics and Ophthalmology were at increased risk of burnout when compared to 2021 results. These results show a drastic increase when compared to those found in the 2021 survey, in which 25% of trainees felt burnt out to a high/very high degree because of their work.
Experiences of clinical supervision	• Overall, nine out of ten doctors in training rated their clinical supervision as good or very good. These results are similar to that of 2021 (88%). • 55% of trainers were not able to use all the training time allocated, due to conflicting workload pressures, a slight increase from 53% in 2021.

3.3.2 The Royal College of Obstetricians and Gynaecologists LTFT Training Report 2019

The Royal College of Obstetricians and Gynaecologists run an annual Training Evaluation Survey of members.[20] In 2019, 380 LTFT doctors in training responded to the survey. Key findings from the LTFT report include:

- Obstetrics and Gynaecology (O&G) had the third highest percentage of LTFT doctors in training of any specialty (25%);
- 47% of ST7 doctors in training in Obstetrics and Gynaecology were LTFT;
- 85% cited childcare as their reason for training LTFT;
- Overall, LTFT doctors in training were more likely to have a positive ARCP outcome (outcomes one and six) than full-time doctors in training ;
- 93% either agreed or strongly agreed that staff were supportive of LTFT training;
- Those at lower training grades felt that their training had been more negatively affected by LTFT than higher training grades. The report indicated that this could be due to the significant number of skills learnt at the beginning of a procedure-based specialty; and
- 86% of LTFT doctors in training agreed or strongly agreed that they were able to meet with their educational supervisor.

3.3.3 RCOG Obstetrics and Gynaecology Workforce Report 2022

This report[21] provides an overview of the challenges facing the Obstetrics & Gynaecology workforce and steps needed to address them.

[20] This is the latest publicly available report. RCOG (2019) RCOG LTFT Training Report 2019 https://www.rcog.org.uk/globalassets/documents/careers-and-training/assessment-and-progression-through-training/training-evaluation/analysis-2019/ltft-tef-report-2019.pdf This is the latest version available

[21] Royal College of Obstetricians and Gynaecologists (2022) RCOG Workforce Report, Available at: workforce-report-july-2022-update.pdf (rcog.org.uk)

Key findings from this report include:

- Workforce planning has been affected due to slower rates of progression of postgraduate doctors in training, with one cause of this being the implementation of LTFT options.
- Out of 2,851 O&G trainees in England one fifth (21%) work LTFT, with the average WTE being 73%.
- Enabling flexible working is key to ensuring that the specialty retains female doctors who may wish to work flexibility to accommodate childcare.

3.3.4 Royal College of Physicians (RCP) 2022 survey of medical certificate of completion of training (CCT) holders' career progression.[22]

This survey reports the experiences of and outcomes for physicians within a year of gaining their CCT. Consultant physicians in all 30 medical specialties in the UK who gained their CCT during 2021 were asked about their current working situation, experience of training and transition to a consultant role. Key findings from this survey include:

- 30% of respondents had trained LTFT.
- 93% recommended training LTFT, with the main reason being a better work–life balance.
- 55% of those who had trained LTFT were aware that, when starting a consultant post, their pay threshold would need to be adjusted.
- 17% of those working full-time would have preferred an LTFT contract, citing service needs and financial reasons as the main barriers.

3.3.5 BMJ Open: Less than full-time training (LTFT), is this the new norm?[23]

Less than full-time training (LTFT), is this the new norm? report outlines findings from the RCP of doctors' views on LTFT. It received responses from 783 doctors in training across the UK, with most responses received from physician doctors in training (76%). Current LTFT Postgraduate doctors in training represented one-third of respondents and are working across Category 1, 2, and 3. The key results from this survey include:

- 80% WTE was the most common working pattern (47%) within the LTFT respondents.
- The primary reasons for choosing to work LTFT was childcare (64% of respondents). Other reasons included health reasons (15%) and lifestyle (8%).
- Most (223/257) found the process of applying for LTFT straightforward.
- 32% of respondents claimed that LTFT had negative effects, with these being reduced training opportunities, increased stigmatisation from colleagues, delays in receiving their rota, and pay often being wrong.
- 22% of the full-time postgraduate doctors in training who responded stated they were considering going LTFT in the future, with 52% of these citing an improved work life balance. Other responses included reduction in stress, pressure, or burnout.

[22] Royal College of Physicians (2022) survey of medical certificate of completion of training (CCT) holders' career progression, Available at: https://www.rcp.ac.uk/projects/outputs/2022-survey-medical-certificate-completion-training-cct-holders-career-progression

[23] Cathcart J, Mayne KJ, Hull R, et al. (2022) Less than full-time training (LTFT), is this the new norm? A cross-sectional study using a UK-wide online survey to evaluate trainees' views and intentions for LTFT. BMJ Open 2022;12:e064518. doi:10.1136/ bmjopen-2022-064518

- 47% indicated LTFT had an impact on rotas and workloads with comments surrounding rota gaps or increased workload for the full-time trainee.

3.3.6 Royal College of Psychiatrists (RCPCH) Workforce Census 2022 Report

The RCPCH Workforce Census 2022[24] provides an overview of consultants and SAS doctors working within the Paediatrics specialty in the UK. This census is compiled of 1,515 doctors with nearly a third of respondents overall working LTFT across all three categories. The key findings of this census are listed below.

- 39% of paediatric doctors in training are working LTFT.
- 30% of consultants currently work LTFT (41% female and 12% male).
- The average age of those working LTFT is three years lower than the average age of those working full time (48.2 years vs 51.3 years).
- 57% of those who consider themselves a child carer are working LTFT, compared to non-child carers (43% working full time).
- 36% of those who consider themselves to be an adult carer work LTFT, compared to 27% of those who do not.

3.3.7 Royal College of Anaesthetists (RCA) The Anaesthetic Workforce: UK State of the Nation Report 2022

This report outlines comprehensive picture of the anaesthetic workforce[25]. The 2022 version of this report displays these findings surrounding LTFT working:

- One in ten Specialty and Associate Specialist doctors (SAS) and consultant anaesthetists are currently working LTFT.
- Two in ten are considering working LTFT within the next five years.
- 30% of anaesthetists in training are considering working on a LTFT basis after they complete their training.
- 27% of all female postgraduate doctors in training within anaesthetics are working LTFT compared to 7% of all male postgraduate doctors in training.

3.3.8 Royal College of Radiologists (RCR) LTFT Radiology Trainee Survey 2019

The RCR Junior Radiologist's Forum conducted a short survey in late 2019[26]. The key findings of this survey are displayed below:

- The LTFT doctor in training cohort has grown by 45% in the last decade within this specialty.
- 90% of junior radiologists report LTFT training has helped to optimise work/life balance and facilitate exam success.
- Two thirds of doctors in training report they encountered obstacles when applying to train LTFT.

[24] Microsoft Word - Front Cover 2019 (rcpsych.ac.uk)
[25] Royal College of Anaesthetists (2022) The Anaesthetic Workforce: UK State of the Nation Report, Available at: *https://www.rcoa.ac.uk/sites/default/files/documents/2022-02/State-Nation2022.pdf*
[26] Royal College of Radiologists (2019) LTFT Radiology Trainee Survey, Available at: ltft_2019_survey_report_final.pdf (rcr.ac.uk)

- A quarter of LTFT postgraduate doctors in training continue to work non pro-rata (working on call outside of their working pattern) on call despite national guidance, causing a negative impact on their training and quality of life.
- 70% of LTFT postgraduate doctors in training would consider working full time when they become consultants.
- Compared with a previous survey in 2008, a higher proportion of doctors in training now work at 80% rather than 60% whole time equivalent.

3.3.9 The National Education and Training Survey (NETs) - November 2021

The NETs survey was first implemented in 2018 to understand the experience of students and doctors in training (learners) working and training in healthcare services across England. In November 2021, 17,058 postgraduate doctors in training responded to the survey[27]. This indicated that 89% of postgraduate doctors in training considered their supervision to be 'good or outstanding', and 70% were 'likely or very likely' to recommend their placement location to friends and colleagues to train.

3.4 Key Findings – desk review

- As reported in the GMC National Training Survey 2022, 63% of postgraduate doctors in training and 52% of trainers are at a moderate or high risk of burnout. These results show an increase when compared to those found in the 2021 survey, in which 25% of trainees felt burnt out to a high/very high degree because of their work.
- From August 2022, all postgraduate doctors in training across England in any specialty can apply to train LTFT for any well-founded reason, including for their wellbeing or through personal choice.
- In line with the RSM survey findings, 80% WTE is reported as the most common working pattern within the across multiple surveys conducted by BMJ Open: Less than full-time training (LTFT), is this the new norm? and Royal College of Radiologists (RCR) LTFT Radiology Trainee Survey 2019
- Reports by the BMJ Open and Royal College of Anaesthetists (RCA) mention that the number of postgraduate doctors intending to train LTFT in the future has increased.
- Again, surveys conducted by The Royal College of Obstetricians and Gynaecologists, BMJ Open, and Royal College of Psychiatrists indicated that the primary reasons for choosing to work LTFT were childcare, health reasons and lifestyle.

[27] Health Education England (2021) *National Education and Training Survey November 2021: Key Findings,* Available at: *https://healtheducationengland.sharepoint.com/Comms/Digital/Shared%20Documents/Forms/AllItems.aspx?id=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhs%2Euk%20documents%2FWebsite*

4. Data gathering

4.1 Introduction

This chapter presents a high-level overview of LTFT Cat 3 postgraduate doctor in training data supplied by HEE. Where relevant, this information is triangulated with and presented alongside the relevant sections of the survey findings in Chapter 5.

4.2 Profile of LTFT Cat 3 doctors in training

589 postgraduate doctors trained LTFT Cat 3 in Year 3 (2022), an increase from 145 in Year 1 (2020) and 329 in Year 2 (2021).

4.2.1 Gender

The gender profile of LTFT Cat 3 doctors has remained broadly similar across all three years, with roughly two thirds of the LTFT cohort being female:

Table 4.1 Gender profile of LTFT Cat 3 doctors

Year	Male	Female	Did not specify
Year 1 (2020)	31%	69%	0%
Year 2 (2021)	26%	73%	1%
Year 3 (2022)	34%	66%	0%

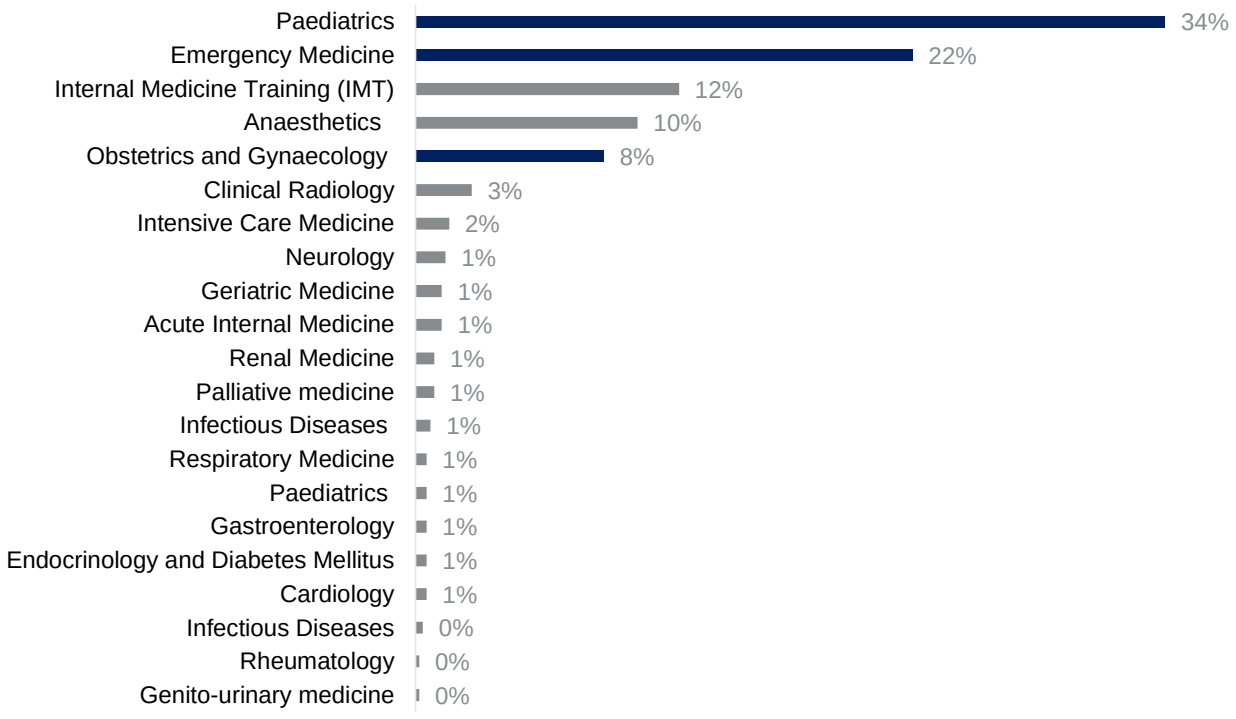
Source: HEE data

4.2.2 Specialty

The graph below illustrates the specialties of LTFT Cat 3 doctors in training in Year 3 (2022). Interestingly, since the expanded offer, IMT has become the third largest specialty (12%), however this may be due to the relative size of this specialty. In Year 3 (2022), the number of LTFT doctors from outside of the three original specialties remains relatively low.

Across all three evaluation years, Paediatrics has been the largest specialty represented within the LTFT Cat 3 initiative (Year 1 46%, Year 2 51% and, during the expansion year, Year 3 34%).

Figure 4.1: Specialty of LTFT Cat 3 doctors (Year 3)



Source: HEE data

There was a slight decrease in the proportion of Emergency Medicine LTFT Cat 3 doctors between Year 1 (43%) and Year 2 (36%). When the Year 3 (2022) figure is considered as a proportion of the original three specialties, we continue to observe a slight decrease (36% in Year 2 to 35% in Year 3).

The number of Obstetrics and Gynaecology LTFT doctors has remained similar across all three years with a slight increase in Obstetrics and Gynaecology LTFT Cat 3 doctors in Year 2 (Year 1 10%, Year 2 16% and Year 3 8%).

4.2.3 WTE training

Across all three years, the majority of the LTFT Cat 3 cohort undertook 80% WTE (Year 1 55%, Year 2 85% and Year 3 86%). The number of LTFT Cat 3 doctors training 50% WTE was consistently low, between 1% in Year 1 and 2% in Years 2 and 3. Due to the Covid-19 pandemic, 24% of Year 1 (2020) LTFT Cat 3 postgraduate doctors in training chose to undertake full-time training, and the majority reverted to 80% WTE in Year 2 (2021).

4.2.4 Local Office area

The table below outlines the number of LTFT Cat 3 doctors in training per HEE local office area. Unfortunately, the evaluation team was unable to obtain HEE data on the total number of postgraduate doctors in training per local office area, to calculate the proportion of LTFT Cat 3 doctors in training.

Table 4.2: Number of LTFT Cat 3 doctors in training per local office area

Local Office	Number of LTFT Cat 3 doctors
North West	136
West Midlands	35
Yorkshire and the Humber	75
East Midlands	33
East of England	69
London	112
Kent, Surrey and Sussex	33
North East	5
South West	48
Thames Valley	15
Wessex	28
Total	589

Source: HEE data

4.3 ARCP outcomes for LTFT Cat 3 postgraduate doctors in training

The Annual Review of Competency Progression (ARCP) process is the means by which postgraduate doctor in training performance is reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.

The table below illustrates the ARCP outcomes for the LTFT Cat 3 cohort across the three evaluation years. Key points:

- The percentage of LTFT Cat 3 doctors achieving a satisfactory outcome (Outcome 1) has decreased, from 73% in Year 2 (2021) to 67% in Year 3 (2022).
- Similarly, the numbers achieving an Outcome 2 (development of specific competences required) has increased, from 3% in Year 1 (2020) to 5% in Year 3 (2022).
- Over this period, there has also been an increase in LTFT Cat 3 doctors achieving Outcome 3 (inadequate progress) (Year 1 1%, Year 2 5% and Year 3 4%).

These changes in ARCP outcomes may be indicative of the wider challenges continuing to face the health service, including Covid-19 and influenza. Currently, there is no single repository for ARCP outcomes, so the evaluation was unable to compare these LTFT Cat 3 ARCP outcomes with full-time doctor outcomes.

Table 4.3: ARCP outcomes for LTFT Cat 3 doctors in training in the three pilot specialties

ARCP Outcome –	% of LTFT Cat 3 doctors	Year 2 % of LTFT Cat 3 doctors	Year 3 % of LTFT Cat 3 doctors
1 Satisfactory progress – Achieving progress and the development of competences at the expected rate	71%	73%	67%
2 Development of specific competences required – Additional training time not required	3%	2%	5%
3 Inadequate progress – Additional training time required	1%	5%	4%
4 Released from training programme – With or without specified competences	0%	N/A	N/A
5 Incomplete evidence presented – Additional training time may be required	6%	2%	3%
6 Gained all required competencies for the programme (clinical, academic, non-clinical)	0%	4%	4%
8 Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)	3%	5%	4%
10.1 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to Covid-19	9%	5%	4%
10.2 recognises the progress is satisfactory but the acquisition of competencies / capabilities by the trainee has been delayed by Covid-19 disruption	0%	1%	0%
Missing outcome/ not assessed	4%	4%	6%
Total number of LTFT doctors in training	145	329	589

Source: HEE data

Key Findings – Data gathering

- 589 postgraduate doctors trained LTFT Cat 3 in Year 3 (2022), this is a further increase from 145 in Year 1 (2020) and 329 in Year 2 (2021).
- The percentage of LTFT Cat 3 doctors achieving a satisfactory outcome (Outcome 1) has decreased, from 73% in Year 2 (2021) to 67% in Year 3 (2022). This may be due to external factors (such as the ongoing impacts of Covid-19 on the health service), but data availability has meant that the evaluation has been unable to make comparisons with full-time doctor outcomes.
- The ratio of the gender of LTFT Cat 3 doctors in Year 3 (34% male, 66% Female) has remained at a similar rate to both Year 1 (31% male, 69% female) and Year 2 (26% male, 73% female) of the evaluation.
- The three largest specialities working LTFT Cat 3 in Year 3 (2022) are Paediatrics (34%), Emergency Medicine (22%), and IMT (12%).
- The majority of the LTFT cohort undertook 80% WTE within Year 3 (87%) of the evaluation. This has remained consistent throughout all years of the evaluation Year 1 (55%) and Year 2 (85%).

5. Survey and interview findings

5.1 Introduction

This chapter outlines the findings of five online surveys undertaken with:

- LTFT Cat 3 doctors in training;
- Full-time doctors in training;
- Champions of Flexible Training (2020 only);
- DMEs and Postgraduate Deans; and
- Other Educators (namely Heads of Schools, Educational Supervisors and TPDs)

This chapter also outlines the findings of telephone interviews with employers.

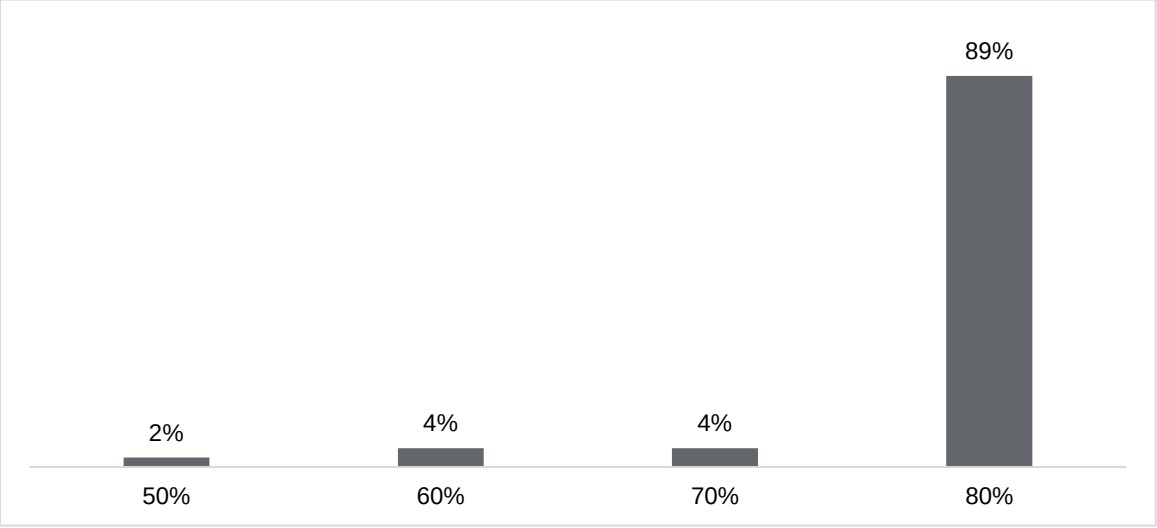
5.2 Perceptions of LTFT Cat 3 Doctors in training

140 LTFT Cat 3 doctors in training completed the survey that ran from 18 October 2022 to 18 November 2022 to gather perceptions of the LTFT Cat 3 Initiative. This represents a good response rate, given that a total of 470 LTFT doctors in training were eligible to complete the survey. The survey covered: experiences of applying for LTFT Cat 3; rationale for and concerns about electing to train LTFT. A demographic breakdown of respondents are presented in the annex.

5.2.1 LTFT Cat 3 profile

The figure below indicates that the majority of LTFT Cat 3 doctors in training (89%) applied for 80% of a full-time post, with 6% applying for 60% WTE and 70% WTE posts respectively. This is in line with Years 1 and 2 (2020 and 2021), in which 80% and 82% respectively applied for 80% WTE.

Figure 5.1: Percentage of full-time posts applied for by LTFT Cat 3 Doctors



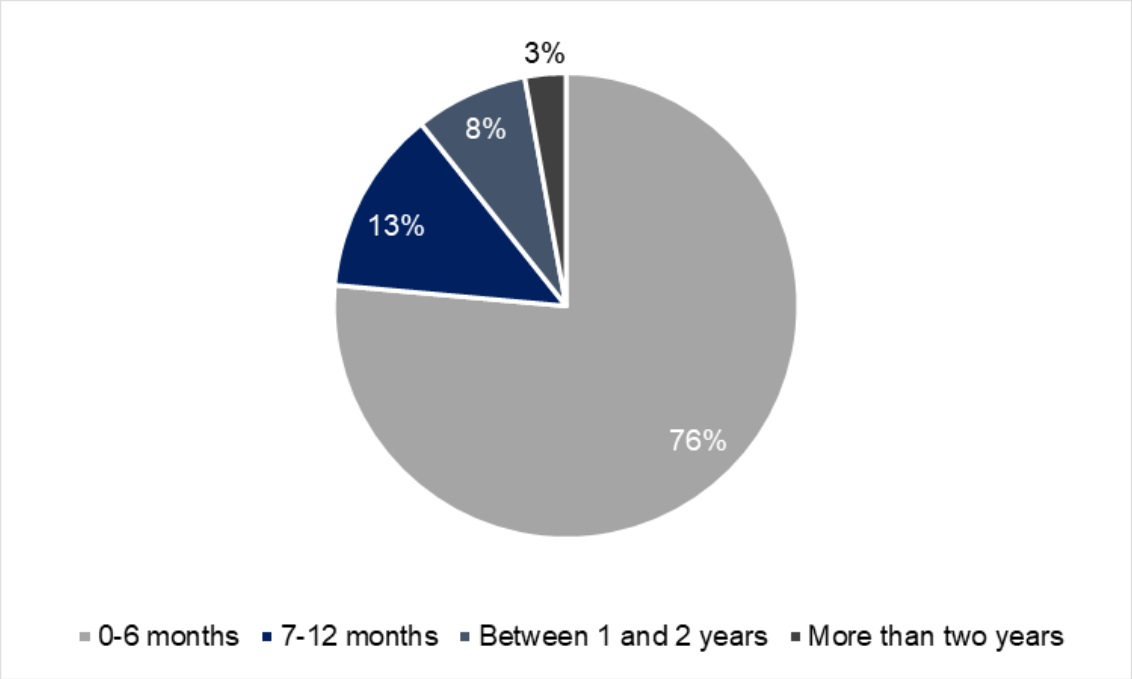
Source: LTFT Cat 3 doctors survey (n=140)

94% of LTFT Cat 3 doctors in training had not applied for any further changes to their working time since training LTFT. This is an increase from Year 1 (2020) where 85% of LTFT Cat 3 doctors in training had not applied for any further changes to their working time since training LTFT. Of the 6% who had applied for further changes, nearly half chose to increase their working time to 80% WTE. In open text comments two respondents discussed moving back to full-time working, citing reasons such as research posts as the driving force.

This year, 77% of LTFT Cat 3 doctors in training indicated that they occupied a full-time slot (compared to 62% in Year 1 and 70% in Year 2) with only 15% indicating they had a slot sharing arrangement in place. Of the 8% that indicated a different arrangement, the majority stated they were self-rostered.

The figure below indicates that the majority of LTFT Cat 3 doctors (76%) had been training LTFT for between zero and six months. This is likely to be influenced by the expansion of the LTFT Cat 3 pilot initiative beyond the initial three specialities. This represents an increase on Year 1 (2020) where 61% of LTFT Cat 3 doctors in training had been LTFT Cat 3 for between zero and six months.

Figure 5.2: Duration of LTFT Cat 3 training



Source: LTFT Cat 3 doctors in training survey (n=140)

72% of LTFT Cat 3 doctors in training indicated they had never previously taken time out of the programme. Of those 28% who had previously taken time out of the programme:

- 16% was for an Out of Programme (OOP) experience;
- 4% for OOP Research.
- 3% for a career break;
- 3% for OOP Training; and
- 2% for OOP Pause.

These figures are similar to the previous years of the evaluation where both Year 1 (2020) and Year 2 (2021) 67% of LTFT Cat 3 doctors in training had never previously taken time out of programme.

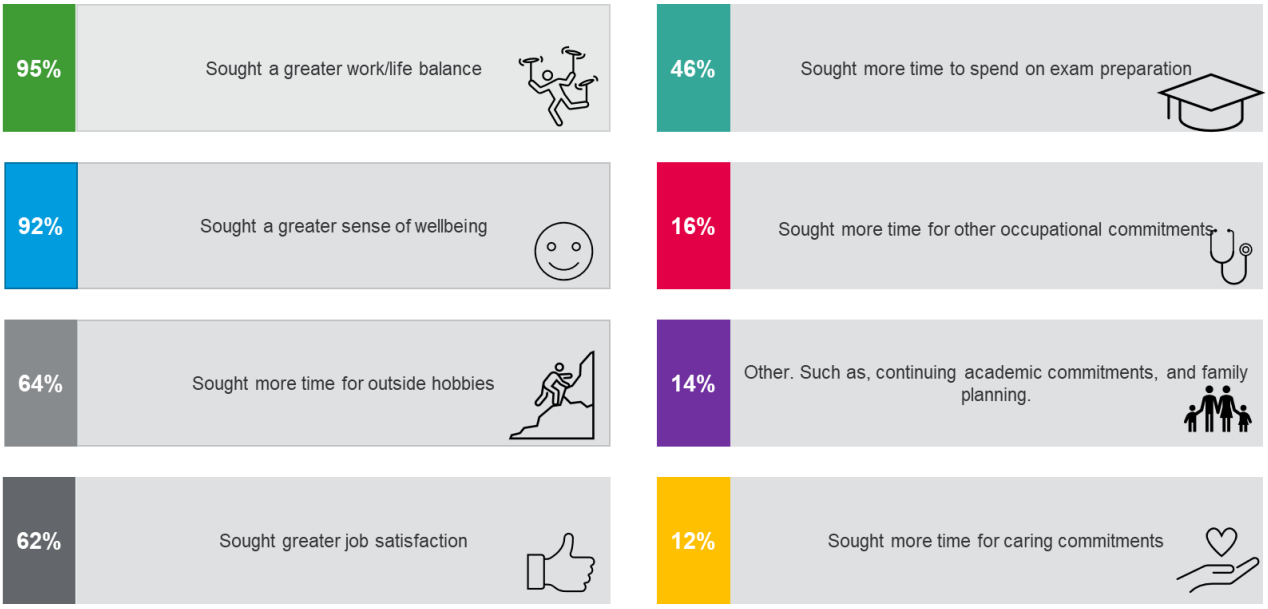
One third of those who had taken time out of the programme had done so for between seven and twelve months (33%) or one to two years (33%) respectively. This marks a slight reduction to Year 1 (2020) of the evaluation, in which 45% of those who had taken time out of programme had done so for between seven and 12 months, 21% for more than one year and 6% for more than two years.

Those who had been training LTFT within the expansion specialties were more likely to have spent time out of the programme (32%) previously than those who had been training LTFT within the three pilot specialties (26%).

5.2.2 Rationale for applying to work LTFT

LTFT Cat 3 doctors in training were asked about their rationale for applying to the initiative. Respondents' rationale remained largely consistent amongst both LTFT Cat 3 doctors in training within pilot specialities and those within the expansion specialities. The figure below illustrates the reasons provided:

Figure 5.3: LTFT Cat 3 Doctors in training rationale for applying to the initiative

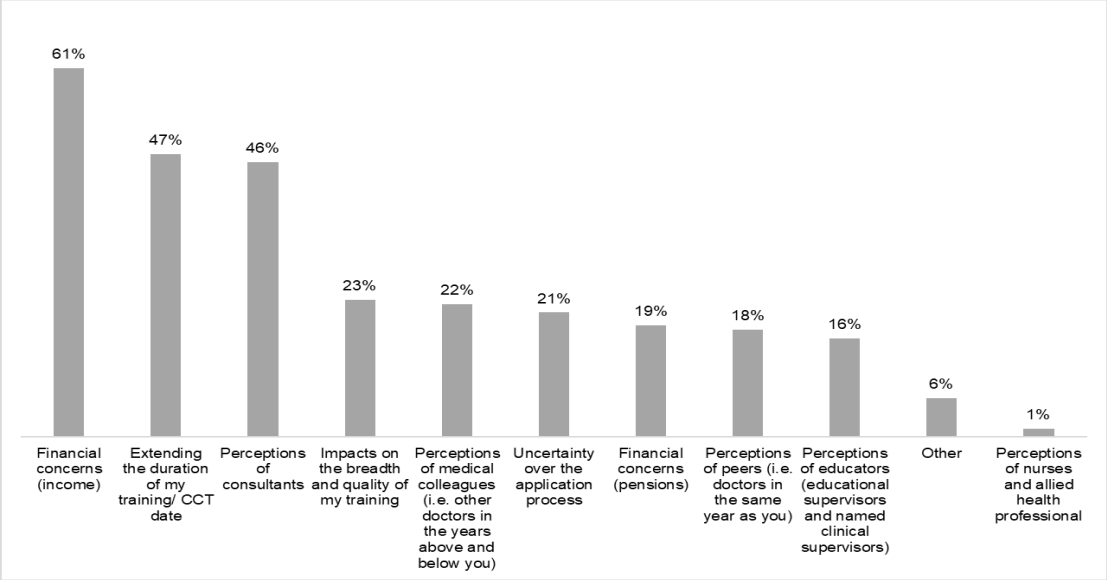


Source: LTFT Cat 3 doctors survey (n=140)

These figures are broadly similar with those from Year 1 (2020) (greater work/life balance 94%) and Year 2 (2021) (greater work/life balance 92%). This correlates with interviews with employers, who indicated that the perceived rationale of going LTFT was to gain a greater work/life balance.

LTFT Cat 3 doctors in training were asked about their concerns when deciding to train LTFT, as illustrated in the diagram below:

Figure 5.4: LTFT Cat 3 doctors in training concerns about training LTFT



Source: LTFT Cat 3 doctors in training survey N=140

- 61% of LTFT Cat 3 doctors in training reported concerns about income: a higher percentage (64%) of those from pilot specialities had concerns around income, compared to those within expansion specialities (56%). The results in Year 1 (2020) and Year 2 (2021) demonstrate similar findings with 58% and 57% of respondents respectively stating financial concerns as their largest concern when deciding to train LTFT.
- 47% were concerned about extending their CCT dates; this concern was consistent across pilot specialties (48%) and expansion specialties (46%).
- 46% were concerned about the perceptions of consultants. When broken down by specialty, 60% of LTFT Cat 3 doctors in expansion specialties reported being concerned about the perceptions of consultants, compared to 38% of LTFT doctors in pilot specialties.
- 23% reported that they were concerned about the breadth and quality of their training. A greater proportion of LTFT doctors in pilot specialties (27%) reported being concerned about the breadth and quality of their training, compared to 16% in expansion specialties.28
- 19% of LTFT Cat 3 doctors in training reported having financial concerns regarding pensions. This concern was reported consistently amongst pilot (19%) and expansion (18%) specialties.

5.2.3 Experience of the application process

79% of LTFT Cat 3 doctors in training agreed/strongly agreed that the application process was straightforward (80% pilot vs 78% expansion specialties). Additionally, 55% of LTFT Cat 3 doctors in training agreed/strongly agreed that they had received adequate information during the process, a decrease from 77% in Year 1.

In open text responses, one stated the application was *“Very easy [and] straightforward” (LTFT Cat 3 doctor in training, pilot specialty), while another*reported that their *"experience*

[28] Where the previous years of this evaluation show no change, the results have not been mentioned.

of applying for LTFT was excellent." (LTFT Cat 3 doctor in training, pilot specialty). However, other LTFT Cat 3 doctors in training stated that *"The application process was unclear, and nobody seemed to be able to tell me how to apply or what forms to fill out". (LTFT Cat 3 doctor in training, pilot specialty)*.

Where LTFT Cat 3 doctors in training had experienced challenges during the application process, these centred around delays with HR departments, concerns that the number of applications would be capped, issues finding information on HEE local office websites and a short notice period for the initiative.

5.2.4 Impacts of LTFT Cat 3 initiative

93% of LTFT Cat 3 doctors in training agreed/strongly agreed that training LTFT had met their original aims and individual expectations. These findings correlate with Year 1 (2020) of the evaluation where 92% of LTFT Cat 3 doctors in training agreed/strongly agreed that training LTFT had met their original aims.

In open text responses, LTFT Cat 3 doctors in training stated that:

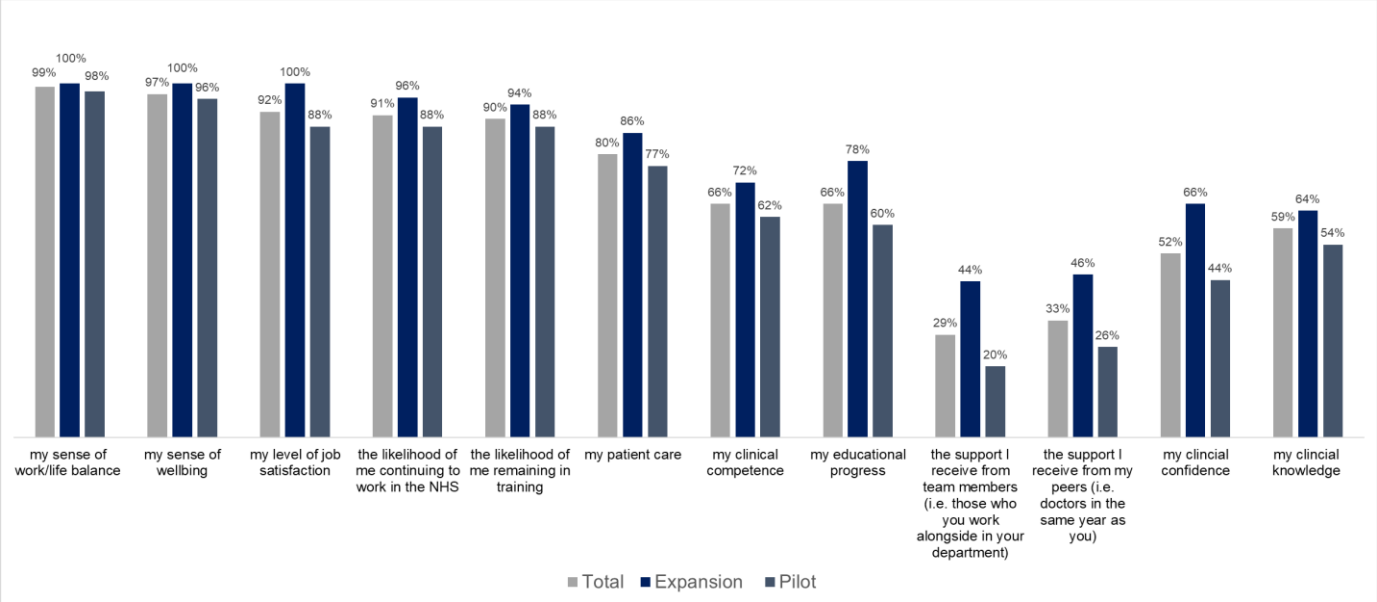
"My general wellbeing, physical health and relationships have significantly improved." (Obstetrics and Gynaecology, Pilot Specialties)

"It is better than my expectations for my quality of life. I am happy to be in work when I am working and have a more balanced life outside of work." (IMT, Expansion specialties)

"It has changed my life completely and is one of the best decisions I ever made. I feel well rested, I don't resent work, I feel more positive about it, and I have lots of time to help my grandparents and see my friends. For a change of only 20%, the difference to my work life balance has been massive." (Emergency Medicine, Pilot Specialties)

As shown in the figure below, LTFT Cat 3 doctors in training were asked to which extent they agreed or disagreed with statements relating to the impacts of the initiative.

Figure 5.5: Impacts of the initiative on LTFT Cat 3 doctors in training



Source: LTFT Cat 3 Doctors survey (n=140)

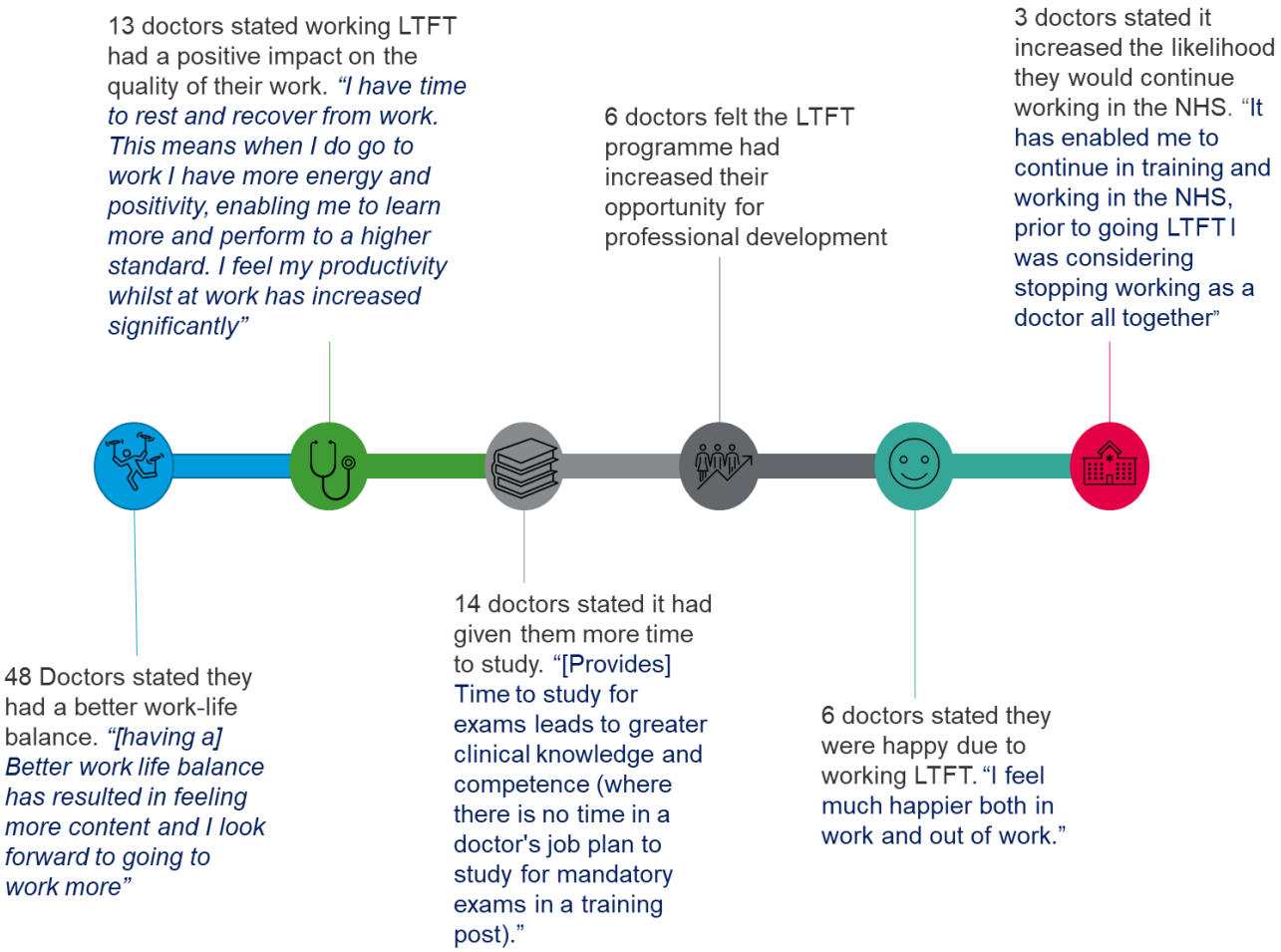
Results indicated that:

- 99% agreed/strongly agreed that LTFT Cat 3 had positively impacted upon their sense of work/life balance. This aligns with the findings from Year 2 (2021) of the evaluation (100%) and represents an increase from Year 1 (2020) (77%);
- 97% agreed/strongly agreed that the initiative had positively impacted upon their wellbeing. This is an increase from Year 2 (2021) in which 88% agreed/strongly agreed. This also represents an increase from Year 1 (2020) (78%).
- 92% agreed/strongly agreed that LTFT Cat 3 had increased their sense of job satisfaction. This is similar to Year 2 (2021) in which 89% agreed/strongly agreed and is a large increase from Year 1 (2020) (52%).
- 91% agreed/strongly agreed that LTFT Cat 3 had positively impacted upon the likelihood of them remaining within the NHS. This is in line with findings from Year 2 (2021); and
- 90% agreed/strongly agreed that LTFT had increased the likelihood of them remaining in training. This is similar to Year 2 (2021) in which 89% agreed/strongly agreed.

Fewer LTFT Cat 3 doctors in training considered the initiative to have positively impacted upon the support they received from their peers (33% strongly agreed/agreed). However, this represents a slight decrease from Year 2 (2021) (39%).

The above findings suggest that LTFT Cat 3 doctors in training in Year 3 perceived the impacts of the initiative similarly to those in Year 2. However, the positive impacts are more broadly felt since Year 1. In open text responses, 90 LTFT Cat 3 doctors in training highlighted the following positive features of LTFT Cat 3 initiative:

Figure 5.6: Positive features of the LTFT Category 3



Source: LTFT Cat 3 doctors in training survey (n=140)

In open text responses, 53 noted the following negative impacts:

- 16 respondents noted they were concerned they had lost experience: "*I worry that I am receiving less training and clinical exposure and therefore may not be as clinically competent as my peers who are full-time" (LTFT Cat 3 doctor in training, pilot specialty).*
- Some respondents also explained that they feel guilty for not being as competent as their full-time peers: *"I do occasionally have some guilt that I am not at 100% compared to my peers. I also think that for some things e.g. skills - being more regularly in work would lead to me remembering the skills more quickly" (LTFT Cat 3 doctor in training, pilot specialty).*
- 11 LTFT Cat 3 doctors in training noted a reduction in pay: *"[LTFT training had a] greater financial impact than anticipated" (LTFT Cat 3 doctor in training, expansion specialty).*
- Some respondents also mentioned that while they have reduced pay due to going LTFT they believe they are still working to the extent that should be considered as a what full-time wage*: "Working at 80%, I still work an average 39-hour week which anyone in another career would consider full time. We should not have to go LTFT (and the financial and pension implications this entails) to work what most would consider 'normal' full time" (LTFT Cat 3 doctor in training, pilot specialty).*

- Nine respondents mentioned negative perceptions of others: "*I think more traditional seniors look down upon LTFT colleagues and see it as 'lazy'. Most peers are extremely supportive, but some peers make inappropriate/judgemental comments" (LTFT Cat 3 doctor in training, expansion specialty).*
- Several LTFT Cat 3 doctors noted they feel detached from their colleagues: "*Slot sharing means I am frequently not rostered to work for periods of a week or more - not scheduled annual leave but still away from workplace. This means I have to work harder to develop trust with the consultants and also get confident in my everyday work - because the routine is slightly lost" (LTFT Cat 3 doctor in training, expansion specialty).*

64% of LTFT Cat 3 doctors in training neither agreed nor disagreed that the initiative had positively impacted upon the support they received from team members. This is a marked increase from Year 1 of the evaluation where 41% neither agreed nor disagreed that the initiative had positively impacted upon their educational/ academic experience. This is also a difference in opinion from Year 2 (2021) of the evaluation, as 37% believed their educational progress had been negatively affected.

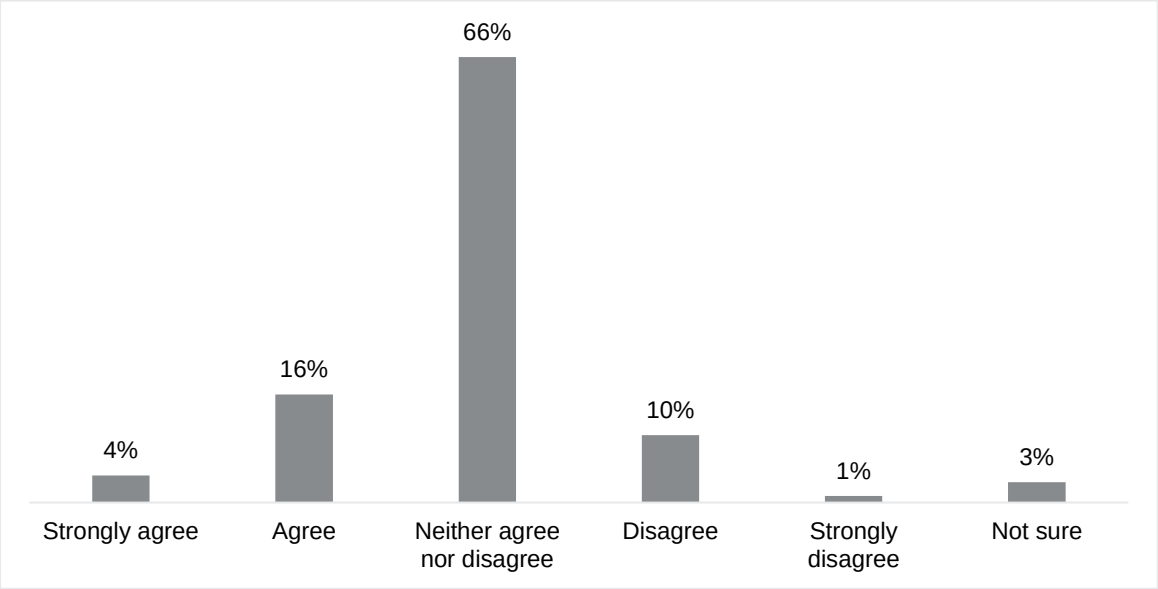
81% agreed/strongly agreed that they are achieving their learning requirements for ARCP 'to progress', broadly in line with Outcome 1 data 79% agreed/strongly agreed that they had the same access to training resources as full-time doctors in training. These findings are similar to those reported within Year 1 (2020) and Year 2 (2021) of the evaluation where LTFT Cat 3 doctors in training mentioned that the move to LTFT had allowed them to perform better during their examinations::

"LTFT has given me more time outside of work to prepare for postgraduate specialty examinations. When I was full-time, I had failed the exams multiple times, but passed soon after starting LTFT as I had sufficient time to dedicate to my studies" (LTFT Cat 3 doctor in training, pilot specialty).

5.2.5 Perceptions of others

LTFT Cat 3 doctors in training were asked how LTFT had impacted upon their sense of integration within the team. As the figure below illustrates, the majority (66%) neither agreed nor disagreed with this statement. This was consistent regardless of whether the respondent was from a pilot (64%) or expansion (68%) specialty. 27% of LTFT Cat 3 doctors in training who felt that LTFT had not positively influenced their sense of integration within the team worked 70% or less of a full-time slot.

Figure 5.7: LTFT Cat 3 doctors' in training perceptions of the sense of team integration



Source: LTFT Cat 3 doctors in training survey (n=140)

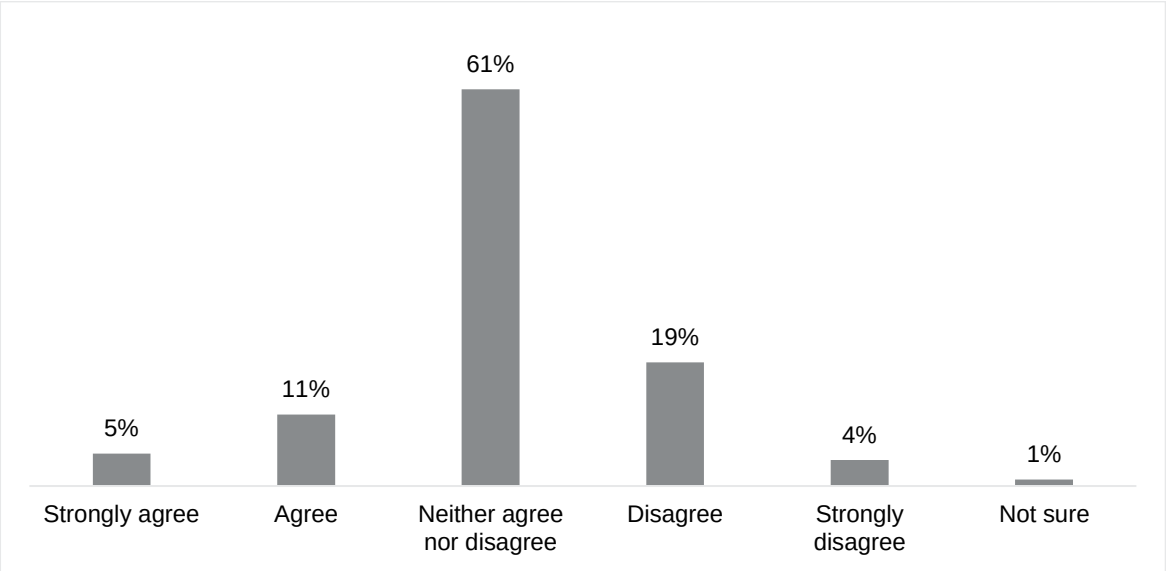
5.2.6 Experiences of the supervisory encounter

85% of LTFT Cat 3 doctors in training agreed/strongly agreed that their educational supervisor was accessible. This is similar to the results found in Year 1 (2020) and Year 2 (2021) of the evaluation (87% and 89% respectively). This was consistent regardless of whether the respondent was within a pilot or an expansion specialty. In open text responses LTFT doctors in training suggested that their educational supervisors were supportive and approachable; "*My supervisor is aware that LTFT is exactly what I need to stay working in the NHS" (LTFT Cat 3 doctor in training, expansion specialty).* Some also argued that their experience was similar to the experience they had when working full-time; *"No different to my experience with my supervisor when I was full time" (LTFT Cat 3 doctor in training, pilot specialty).*

59% suggested that meetings with their educational supervisor took place during scheduled hours (an increase from 52% in Year 1 and 49% in Year 2), while 31% suggested these took place during a combination of scheduled and unscheduled hours.

As the figure below indicates, 61% of LTFT Cat 3 doctors in training neither agreed nor disagreed that access to their supervisor had increased, similar to the 65% reported in Year 1 (2020). The majority suggested that access to their supervisor had not changed since the beginning of the Covid-19 pandemic, with 59% neither agreeing nor disagreeing with the question. However, this is a marked decrease from the 71% reported in Year 2 (2021).

Figure 2.8: The extent to which LTFT Cat 3 doctors in training perceived that access to their supervisor had increased since beginning to train LTFT



Source: LTFT Cat 3 Doctors in training survey (n=140)

5.2.7 Future training and career plans

61% of LTFT Cat 3 doctors in training had not undertaken any clinical work in addition to their training since starting to train LTFT. Out of these responses 45% stated they did not want to take on additional clinical work due to work/ life balance.

Of those who did undertake additional clinical work, 37% completed locum shifts in their specialty and 17% completed other clinical work. Of the 37% that completed locum shifts within their specialty, 56% completed these once monthly (higher than in Year 1). In comparison, 29% of full time doctors in training undertake locum shifts.

In open text comments, an increasing number of full-time doctors in training and educators expressed concerns that LTFT Cat 3 doctors in training were using their days off to undertake locum shifts for additional income and experience .However, as indicated above, the LTFT Cat 3 survey suggests that these concerns may be more of a perception than reality.

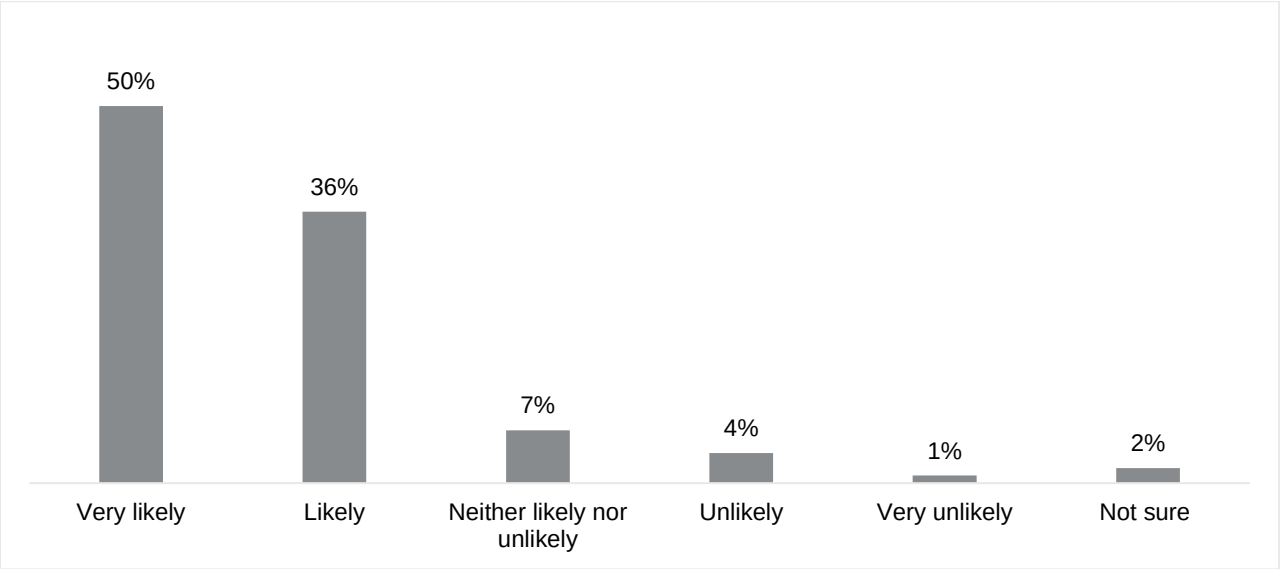
Of the LTFT doctors who completed locum shifts, 31% were from expansion specialties and 69% were from the pilot specialties. Open text responses show that the majority of respondents took on locum shifts as a way to increase their pay; *"The need to maintain financial stability and just get by to 'pay the bills'" (LTFT Cat 3 doctor, pilot specialty).*

Of the LTFT Cat 3 doctors in training who completed locum shifts, the majority came from Emergency Medicine (30%), Paediatrics (28%) and Obstetrics and Gynaecology (13%). A number of LTFT Cat 3 doctors in training responded to the open text question about the impacts of this additional work on their training. Of these, 25 noted that the additional work had a positive impact on their training; "*Supplemented my clinical experience and fostered collegiality in my workplace as I'm able to assist when the ward are stretched"* (*LTFT Cat 3*

doctor in training, expansion specialty). Others suggested that working extra shifts had not had any impact on their training.

As the figure below shows, 86% of LTFT Cat 3 doctors in training suggested that they were likely/very likely to continue towards the completion of their training programme. 82% also reported that they were likely to continue training LTFT after this year. This is a decrease of 12% when compared with Year 1 (2020) (94%), and a decrease of 8% from 90% in Year 2 (2021).

Figure 5.9: Likelihood of LTFT Cat 3 doctors in training continuing towards the completion of their training programme



Source: LTFT Cat 3 Doctors in training survey (n=140)

In terms of future career plans, respondents provided a range of responses:

- 80% indicate an intention to become a consultant within the NHS. This is a marginal decrease from 86% in Year 1 (2020) and 87% Year 2 (2021). However, these are similar to the findings of the full-time doctor survey (82%);
- 90% intend to take a non-training role such as specialty doctor within the NHS, this is the same as within Year 1 (2020) of the evaluation; but is much lower than the results of the full-time doctors in training (21%);
- 14% of LTFT Cat 3 doctors in training intend to take a medical position overseas, compared to 23% of full-time doctors in training;
- 11% intend to become a clinical academic, similar to 15% of full-time doctors in training;
- 37% intend to take a medical education position, this is identical to full-time respondents; and
- 15% of LTFT Cat 3 doctors in training intend to take a medical leadership and management position, lower than 25% of full-time doctors in training.

5.2.8 Impact on service provision

49% of LTFT Cat 3 doctors in training did not feel that LTFT had impacted upon service provision, 29% did feel that it had an impact and 23% were unsure. These figures are

similar the results found in both Year 1 (2020) and Year 2 (2021) of the evaluation (52% and 45% respectively). A higher percentage of the respondents from pilot specialities indicated they believed LTFT had impacted upon service provision (32%) than expansion specialities (20%). This is evident in open text responses; "*Because the shifts that I come out of are known well in advance so alternative arrangements/locums can be organised. However, I do work in Paediatrics, lots of paediatric Doctors are LTFT so I feel my rota coordinator is very used to it and very accommodating".* While still relatively new, LTFT Cat 3 doctors in training in expansion specialties noted; "*I feel that there has been benefit in the service provision due to better morale" (LTFT Cat 3 doctor in training, expansion specialty).*

Key findings – LTFT Cat 3 doctors in training

- The majority of LTFT Cat 3 doctors in training (89%) applied for 80% of a full-time post, with 6% applying for 60% WTE and 70% WTE posts.
- The rationale for wanting to train LTFT has not changed throughout the evaluation. The figures in relation to 'greater work/life balance in Year 3 (2022) are broadly similar with those from Year 1 (2020) and Year 2 (2021), (95%, 94% and 92% respectively. The highest reported factor for choosing LTFT throughout the years of this evaluation was always reported as 'greater work/life balance'.
- The majority of LTFT Cat 3 doctors in training (79%) agreed/strongly agreed that the application process was straightforward.
- The majority (93%) agreed that LTFT Cat 3 training helped to meet their original aims and expectations.
- The majority of LTFT Cat 3 doctors in training (85%) agreed/strongly agreed that their educational supervisor was available. However, this represents a reduction compared to the results found in Year 1 (2020) and Year 2 (2021), 87% and 89%.
- Half of LTFT Cat 3 doctors in training (51%) felt that LTFT had impacted upon service provision. This represents an increase when compared with Year 1 (2020) 48%, but a decrease when compared with Year 2 (2021) 55%.

5.3 Perceptions of full-time postgraduate doctors in training

In total, 470 non-LTFT Cat 3 doctors in training completed the Year 3 (2022) survey to explore their perceptions of the LTFT Cat 3 initiative. Of these respondents, 181 were from pilot specialties and 289 from expansion specialties.[29]

All three surveys covered:

- full-time doctors' in training experiences of working with LTFT Cat 3 doctors in training;
- future training; and
- career plans and appetite for LTFT training going forward.

Demographic information relating to respondents is presented in the annex.

5.3.1 Awareness of the LTFT Cat 3 initiative

In Year 3, 81% of full-time doctors in training had heard of LTFT Cat 3 (in line with Year 2 – 80%). Awareness of the initiative was consistent across both pilot (81%) and expansion specialties (82%). Overall, 13% of full-time doctors in training had not heard of LTFT Cat 3, marking a decrease from Year 2 (20%).

When asked how they heard about LTFT Cat 3, the majority (57%) of full-time doctors in training reported that they became aware of the initiative through someone in their organisation (e.g. a colleague or peer). Other common ways in which doctors in training were made aware of LTFT Cat 3 included: through their HEE Local Office (15%), through their own research (10%) and social media campaigns (9%).

This varied according to whether respondents were from a pilot or an expansion specialty. Respondents from pilot specialties (62%) were more likely to become aware of LTFT Cat 3 via someone in their organisation, in comparison to those in expansion specialties (54%). Additionally, those in expansion specialties (14%) reported they were more likely to have become aware of the initiative via their own research than those in pilot specialties (5%).

5.3.2 Perceptions of LTFT Cat 3 training

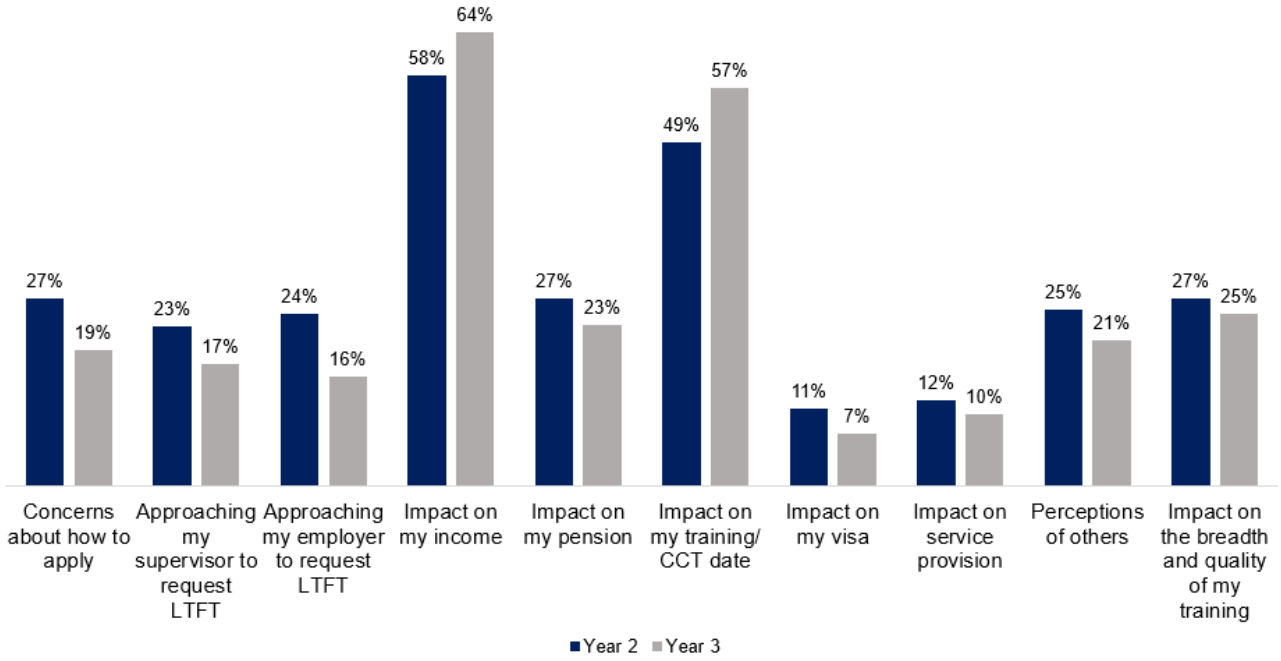
In Year 3 (2022), 85% of all full-time doctors in training reported that they would consider training LTFT, consistent between pilot and expansion specialties. This is in line with Year 2 (86%). Similar to Year 2, the majority of respondents (83%) in Year 3 indicated that they would consider applying for 80% of a full-time post, with a smaller proportion considering applying for 60% (8%) or 70% (6%) of a full-time post. Increased well-being and greater work-life balance were the most common motivators for considering LTFT training across all three years of the evaluation.

When asked to identify any concerns about LTFT training, concerns about how it may impact on the income (64%) and completion of training date/ CCT (56%) were most commonly reported. This remained consistent with findings from Year 2 (58% and 49%

[29] This response rate is lower than Year 2 (n=1,110) but higher than Year 1 (n=12).

respectively). A breakdown of concerns across Year 2 (2021) and Year 3 (2022) are provided in the graph below.

Figure **Error! No text of specified style in document.**5.10: Concerns of full-time doctors



Source: full-time doctors in training survey (n=470)

Note: full-time doctors in training were not asked if they would be concerned about the impact on service provision in Year 1

Interestingly, in Year 3, those within expansion specialties (24%) were more likely to be concerned about the perceptions of others than those in pilot specialties (15%). In particular, the majority (53%) of full-time doctors in training within Cardiology (who responded to the survey) reported being concerned about the perceptions of others. A proportion of full-time doctors in training in Respiratory Medicine (47%) and Palliative Medicine (44%) also reported being concerned about the perceptions of others. Those in expansion specialties were also more likely to express concerns around the impact of LTFT on:

- Their training completion date/ CCT (60% expansion vs 45% pilot); and
- Their pension (25% expansion vs 16% pilot).

However, full-time doctors in training within pilot specialties (29%) were more likely to report concerns about the impact of LTFT on the breadth and quality of their training in comparison to those from expansion specialties (22%).

5.3.3 Experience of others working LTFT Cat 3

Survey responses from full-time doctors in training suggest that awareness of LTFT had increased since Year 2. In Year 3, 89% of full-time doctors were aware of fellow doctors within their department working LTFT, compared to 52% in Year 2. Almost all doctors in

training in pilot specialties (97%) were aware of fellow doctors working LTFT, in comparison to 84% in expansion specialties.

When asked if LTFT had an impact on their own training, full-time doctors in training were largely neutral; 45% neither agreed nor disagreed that LTFT had a positive impact whilst 38% neither agreed nor disagreed that LTFT had a negative impact. However, 28% agreed/ strongly agreed that LTFT had a positive impact on their training (a decrease from 37% in Year 2). Of those who agreed that LTFT had positively impacted their own training it was suggested that their colleagues were "*happier and more driven at work" (full-time doctor in training, expansion specialty),* others suggested that LTFT contributed to a "*healthier work environment*" *(full-time doctor in training, pilot specialty).* One doctor in training summarised:

"LTFT members describe getting more of a [work/ life] balance, feeling energised for shifts, [and are more] enjoyable to work with. [LTFT] inspires an inclusive culture which makes it a positive place to work." (full-time doctor in training, expansion specialty)

The proportion of full-time doctors in training reporting that LTFT had impacted negatively on their own training increased slightly from 19% in Year 2 to 23% in Year 3. Additionally, a greater proportion of full-time doctors in training within pilot specialties (28%) agreed/ strongly agreed that LTFT had negatively impacted their own training compared to those from expansion specialties (18%). Full-time doctors in training described how they were often expected to fill rota gaps caused by others in their department training LTFT; *"Those who work less than full time do less on calls. The gaps in the rota from this appear to be plugged by increasing the on-call commitments of full-time trainees rather than increasing the numbers on the rota" (full-time doctor in training, pilot specialty).*

It was suggested that this could lead to burnout amongst full-time doctors in training and less opportunity to engage in training opportunities. One explained:

"Several colleagues work LTFT. This has caused mayhem with significant rota gaps. This has led to full-time trainees covering the gaps on the rota of LTFT trainees on the days they are not in. This has meant we have missed out on valuable training experiences e.g. outpatient clinics, procedure-based training in order to cover inpatient ward work or on calls on days that a LTFT trainee has been away. I think this is unfair and impacts on the training of those in full-time training as well as increasing their workload and increases risk of burnout" (full-time doctor in training, pilot specialty).

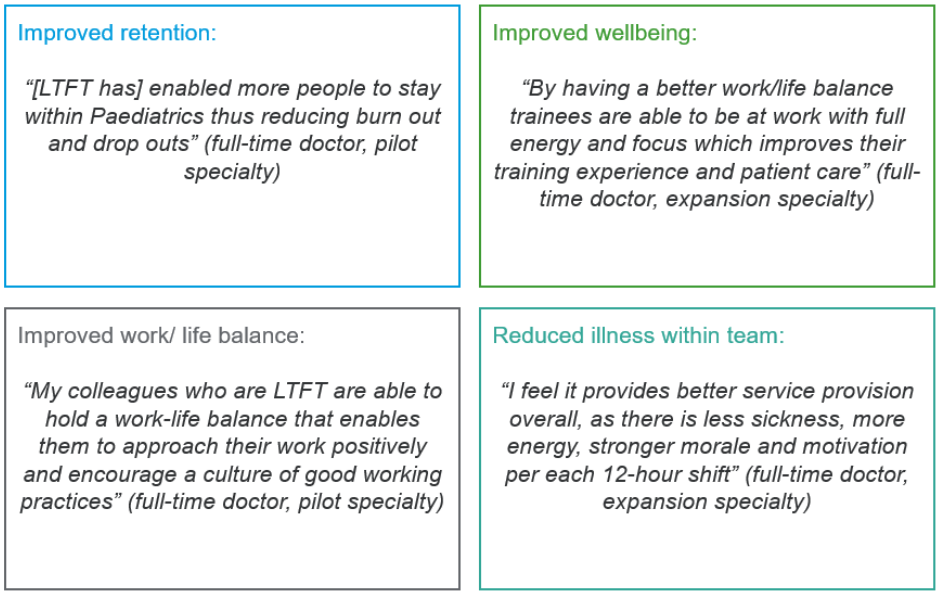
Linked to this, during interviews with employers, participants reinforced that their workload also increased as filling rota gaps is a "*daily battle" (rota co-ordinator).* Employers also recognised that the need to fill rota gaps can often negatively impact upon full-time postgraduate doctors in training; "*LTFT impacts on the rest of the team...full-time trainees don't think it's fair" (medical workforce manager).* Additionally, full-time postgraduate doctors in training referenced a general sense of *"unfairness*" as they perceive LTFT doctors in training to have particular advantages including:

- More time to focus on professional development; *"sometimes we will get compared to LTFT trainees who actually end up having a lot more time to build up their CV/ portfolio with non-clinical activities" (full-time doctor in training, expansion specialty)* and,
- The ability to undertake more locum shifts; *"Those who work say 80% on Category 3 and share a rota slot with another part time trainee have more flexibility, yet can still pick up some extra locum [shifts], at times they want. This means they can end up getting more training opportunities, and even be paid more (thanks to excessive locum rates) than full time trainees. There are no counter incentives to work full time" (full-time doctor in training, expansion specialty).*

However, in line with findings from Year 2 (91%), the majority (88%) of full-time doctors in training agreed/ strongly agreed that LTFT Cat 3 doctors are perceived as part of the team. Full-time doctors in training noted that *"being part time doesn't make them less valuable" (full-time doctor in training, expansion specialty)* and suggested *"they still come to work and do the job they are expected to do" (full-time doctor, expansion specialty).* One full-time doctor in training highlighted how perceptions of LTFT postgraduate doctors in training have changed over time; *"negative comments about LTFT trainees seem much less now than when I started training" (full-time doctor, pilot specialty).* This was particularly true in pilot specialties where 89% of full-time doctors in training agreed/ strongly agreed in comparison to 71% in expansion specialties. Those in pilot specialties commented; *"in O&G [Obstetrics & Gynaecology] the norm is less than full time so everyone is viewed as equals and we are a team" (full-time doctor in training, pilot specialty).*

When asked about the impact LTFT has had on service provision, perceptions of full-time doctors in training were varied. Marking an increase from 29% in Year 2, 39% agreed/ strongly agreed that LTFT had impacted positively on service provision in Year 3. The impact on service provision was perceived more positively in pilot specialties (38%) in comparison to expansion specialties (22%). Full-time doctors in training described a number of factors which contribute to improved service provision, as shown in the diagram below.

Figure 5.11: Positive impacts on service provision



Source: full-time doctors in training survey

Consistent with Year 2, 29% of full-time doctors in training in Year 3 agreed/ strongly agreed that LTFT had negatively impacted on service provision. Full-time doctors in training suggested that negative impacts on service provision arise from rota gaps. Respondents highlighted that rota gaps can contribute to:

- Unfilled slots; *"Frequent rota gaps due to LTFT trainees, which may be filled by locum/reallocated staff (who may be unfamiliar* with the team and processes) or may be left unfilled, results in short-staffing" *(full-time doctor* in training *, pilot specialty).*
- Cancelled clinics/ electives; *"Rota gaps will only negatively impact service provision, consultants have to step down to cover gaps, meaning cancelled clinics/ elective work" (full-time doctor* in training *, pilot specialty).*
- Reduced continuity of care; *"Rota gaps [are] covered by colleagues (often locums) on an ad hoc basis leading to reduced continuity [of care]" (full-time doctor* in training*, expansion specialty).*
- Longer waiting times; *"There's more likely to be minimal staffing rather than having flex[ibility] in the rota's so in busy periods there can be longer waits for patients" (full-time doctor* in training *, expansion specialty).*

Overall, full-time postgraduate doctors in training recognised co-ordination issues cause negative impacts rather than individual team members choosing to train LTFT; *"they are still part of our registrar body, I don't begrudge any trainee for doing it, I would love to! The problem lies with the numbers on the rota and the lack of training opportunities" (full-time doctor in training, expansion specialty).* Additionally, full-time doctors in training suggested that negative impacts also resulted from a lack of recruitment to sustain the workforce; *"The problem is with the managerial responsibility of bringing additional work force to compensate rather than on the trainees. Sometimes even if notice about LTFT has been*

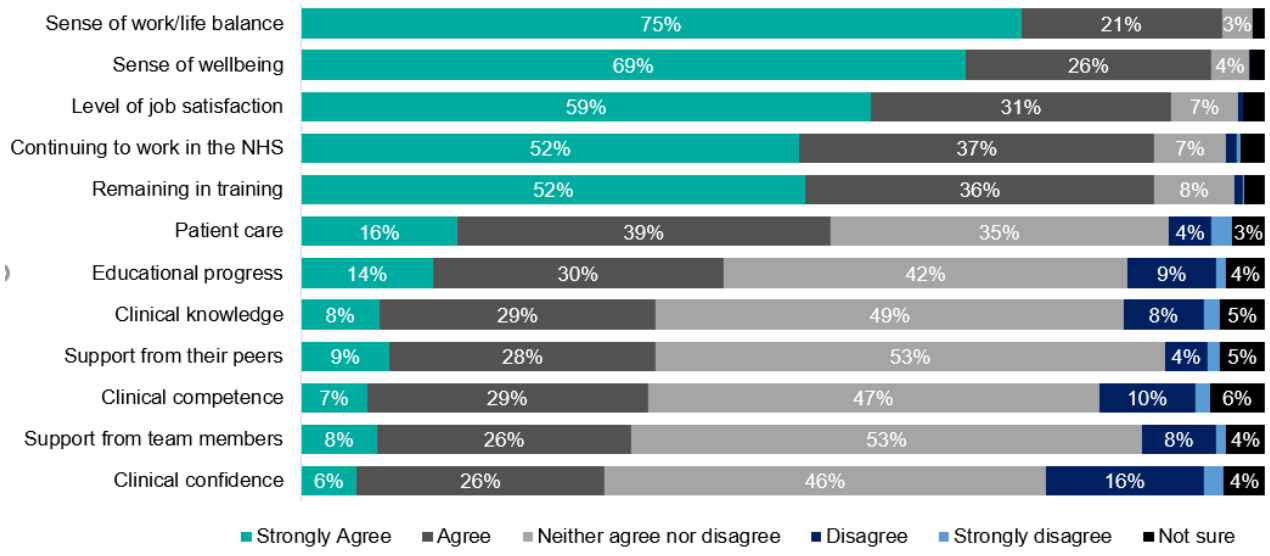
given in advance trusts drag their feet to make the necessary recruitments" (full-time doctor in training, pilot specialty).

Full-time doctors in training were asked to which extent LTFT training is likely to have a positive impact on a variety of factors for LTFT Cat 3 doctors in training . As shown by the graph below, the majority of full-time doctors in training agreed/ strongly agreed that LTFT would have a positive impact upon LTFT Cat 3 doctors' in training :

- Sense of work/ life balance: 96% (vs 98% in Year 2);
- Sense of wellbeing: 95% (vs 97% in Year 2);
- Level of job satisfaction: 90% (vs 92% in Year 2);
- Likelihood of continuing to work in the NHS: 89% (vs 91% in Year 2); and
- Likelihood of remaining in training: 88% (vs 90% in Year 2).

The perceptions of full-time doctors in training on the impacts on LTFT postgraduate doctors in training did not vary according to whether they were from a pilot or expansion specialty.

Figure 5.12: Positive impacts on LTFT Cat 3 doctors in training



Source: Full-time doctor survey (n=470)

5.3.4 Future training and career plans

In addition to training, 29% of full-time doctors in training in Year 3 reported that they are also undertaking locum shifts (an increase from 24% in Year 2), 16% are undertaking voluntary roles (compared to 13% in Year 2) and 6% are undertaking other NHS roles (compared to 4% in Year 2). Over half (53%) of full-time doctors in training reported that they are not currently taking part in any activities other than training (a decrease from 60% in Year 2). Of those who reported taking locum shifts, the majority indicated undertaking shifts every month (30%) or every 2-3 months (44%). Full-time doctors in training are taking locum shifts less often in comparison to Year 2 where 37% reported undertaking a locum shift once a month and 30% every 2-3 months.

The proportion of full-time doctors in training indicating they were likely or very likely to continue towards the completion of their training programme has decreased from 95% in Year 2 to 87% in Year 3. Following this year, 53% of full-time doctors in training are intending to continue training full-time while a further 25% are unsure. Doctors in training within expansion specialties (58%) were more willing to continue training full-time than those in pilot specialties (46%).

The future career intentions of those training full-time are broadly in line with Year 2 findings; 82% of respondents in Year 3 intend to become an NHS consultant post-training, compared to 85% in Year 2. Post-training 42% (Year 3) of current full-time doctors in training intend to work LTFT (42% in Year 2). These findings remain unchanged since Year 2 where 42% reported intending to work LTFT going forward. Respondents highlighted that the following factors would impact on their decision to train LTFT in future:

- Work/ life balance: *"current pressures working full-time are having a negative impact on work/life balance and sense of wellbeing, and working 80% might improve both those aspects" (full-time doctor in training, pilot specialty);*
- Job opportunities: *"the availability of part-time work" (full-time doctor, pilot specialty);*
- Impact on income: *"would consider 60% depending on impact on income" (full-time doctor in training, expansion specialty);*
- Impact on pension: *"pensions being fixed is extremely important as I don't want to work hard only to be taxed on my income" (full-time doctor in training, pilot specialty);*
- Job satisfaction: *"I will perform better at work and get more job satisfaction" (full-time doctor in training, expansion specialty);* and,
- Life circumstances (eg. family/ partner, illness): *"I'd want more time to be able to focus on my health and children" (full-time doctor in training, pilot specialty).*

Key findings – Full-time postgraduate doctors in training

- In Year 3 (2022), 85% of all full-time doctors in training reported that they would consider training LTFT. This is in line with Year 2 (86%) but did not vary according to pilot or expansion specialties.
- 89% of full-time doctors in training were aware of fellow doctors within their department working LTFT, an increase from 52% in Year 2. Almost all (97%) doctors in training in pilot specialties were aware of fellow doctors working LTFT, in comparison to 84% in expansion specialties.
- In line with findings from Year 2 (86%), the majority (88%) of full-time doctors in training agreed/ strongly agreed that LTFT postgraduate doctors in training are perceived as part of the team. 89% of full-time doctors in training within pilot specialties agreed/ strongly agreed in comparison to 71% in expansion specialties.
- In addition to training, 29% of full-time doctors in training in Year 3 reported that they are also undertaking locum shifts (an increase from 24% in Year 2). This did not vary according to whether doctors in training were part of a pilot or expansion specialty.
- The future career intentions of full-time doctors in training are broadly in line with Year 2 findings; 82% (Year 3) intend to become an NHS consultant post-training, compared to 85% in Year 2.
- Post-training 42% (Year 3) of current full-time doctors in training intend to work LTFT (42% in Year 2).

5.4 Survey of Champions of Flexible Training

In 2020, an additional survey of Champions of Flexible Training was undertaken, to explore their roles and perceptions of LTFT Cat 3. The Champion of Flexible Training role was introduced as part of the ACAS agreement around the 2016 doctors in training contract. Champions of Flexible Training play a strategic role in promoting and improving existing support for LTFT trainees, and those on other models of flexible training.

Key findings of the 2020 survey included:

- Champions were involved in identifying LTFT doctors in training or those about to return to training within the organization (87%); identifying themselves to doctors in training, employers and educational supervisors (84%); and communicating with doctors in training (71%).
- Champions agreed with the findings of the LTFT Cat 3 survey that the activities undertaken as part of their role contribute to job retention.
- They considered their role to be important in changing perceptions of educators and employers.

Full results from this survey are presented in the Year 1 (2020) report, available here.

5.5 Perceptions of educators

In Year 2 (2021), after discussion with the MERP team about reducing the burden on educators during the Covid-19 pandemic, two HEE flexibility initiative surveys were conducted, which combined questions on LTFT Cat 3 and the Supported Return to Training (SuppoRTT) programme. The first survey with Educational Supervisors (ES), Training Programme Directors (TPD) and Heads of School (HoS) and the second survey with Directors of Medical Education (DMEs) and Postgraduate Deans.

These were issued as stand-alone LTFT surveys in Year 3 (2022) and were available to Educators and DMEs/ Deans within all postgraduate specialties in line with the expansion of LTFT Category 3. In Year 3 (2022) response rates were as follows:

Table 5.1: Year 3 (2022) response rates for the Educators and DMEs/ Deans surveys

	Educators (ES, TPD & HoS)	DMEs/ Deans
Pilot specialties	54	18
Expansion specialties	259	46
Total	**313**	**66**

This represents a higher response rate than Year 2 (2021) in which 238 educators and 35 DMEs and Deans completed the survey. The response rate for the DMEs/ Deans survey was higher in comparison to Year 1 (48 responses). However, the response rate for the Educator survey was lower in comparison to Year 1 (518 responses). Demographic information are presented in the annex.

5.5.1 Awareness amongst educators

In Year 3 (2022), 69% of educators were aware of the LTFT Cat 3 initiative, marking an increase from 52% in Year 2. Awareness of LTFT Cat 3 amongst DMEs/ Deans decreased slightly from 95% in Year 2 (2021) to 91% in Year 3 (2022). When broken down by specialty, in Year 3 levels of awareness were higher in pilot specialties:

Table 5.2: Levels of awareness of the LTFT Cat 3 initiative by specialty

	Pilot specialties	Expansion specialties
Educators	93%	64%
DMEs/ Deans	100%	87%

DMEs and Deans also had higher levels of awareness of the Champion of Flexible Training role than educators, with 77% and 51% respectively indicating that they had previously heard of the role. However, whilst awareness of the Champion of Flexible Training role

amongst educators was consistent with findings from Year 1 (50%) and 2 (51%), awareness amongst DMEs had decreased from 88% in Year 1 and 92% in Year 2.

5.5.2 Impact on educators

The majority of educators (80%) felt that LTFT Cat 3 had negatively/ strongly negatively impacted the creation/ amendment of rotas in comparison to previous years:

- Year 1 (79%) – broadly in line; and
- Year 2 (72%) – increase in Year 3.

A greater proportion of educators in pilot specialties (95%) considered the impact of LTFT Cat 3 on the creation/ amendment of rotas to be negative/ strongly negative than educators in expansion specialties (76%). Additionally, 85% of DMEs/ Deans reported that the impact of LTFT Cat 3 on rota creation/ amendment was negative/ strongly negative.

In open text comments, educators described how ensuring rota gaps (arising from increasing numbers of LTFT doctors in training) are filled is *"extremely challenging" (TPD, pilot specialty).* Educators highlighted how *"rotas are constantly changing causing a huge amount of additional workload" (TPD, expansion specialty).*

One educator further explained that lack of recruitment to ensure adequate staffing exacerbates challenges:

"HEE did not increase recruitment to match the shortfall in staffing levels as doctors reduced their working hours. This meant that our department was very short staffed and my colleague's ability to manage the rota and ensure that our department was safely staffed was tested greatly. This greatly increased his workload and stress levels" (Educational Supervisor, pilot specialty).

Overall, 76% of educators and 52% of DMEs/ Deans perceived LTFT Cat 3 to have negatively/ strongly negatively impacted upon the workload of educators. Educators in pilot specialties (71%) were more likely to perceive the impact on workload to be negative/ strongly negative in comparison to those in expansion specialties (63%). Educators perceived workload to have increased due to the following factors associated with LTFT Cat 3:

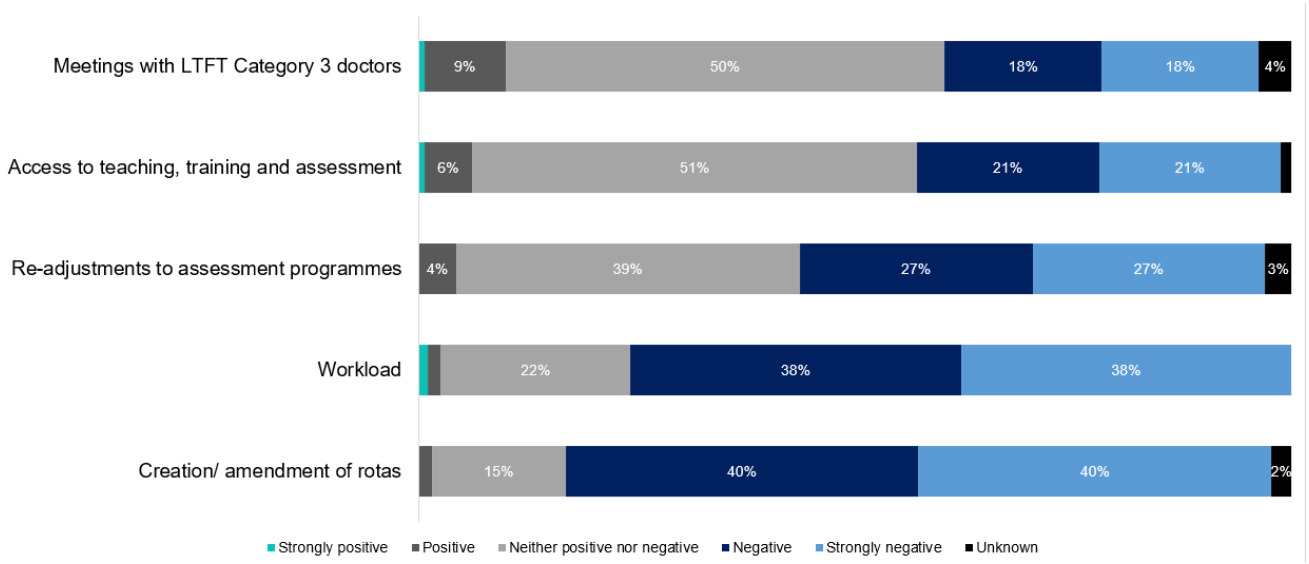
- More doctors in training requiring Educational Supervision;
- Increased Educational Supervision required to support LTFT Cat 3 doctors in training;
- Increased complexity in rota co-ordination;
- Increased administration and meeting time; and
- Greater number of assessments to co-ordinate (eg. ESR and ARCP).
- More adjustments needed to training programmes (particularly for 'out of sync' doctors).

The majority of educators (53%) also felt that the impact on re-adjustments required to assessment programmes was either negative or strongly negative. However, the majority (70%) of DMEs/ Deans were neutral about the impact of LTFT Cat 3 on the re-adjustments

required to assessment programmes. Through open text comments, educators highlighted challenges arranging assessments; *"It is also difficult to find appropriate times for feedback and assessment, as some LTFT trainees do not wish to be contacted when not at work" (Head of School, pilot specialty).*

When asked about the impacts on educators, the majority of respondents indicated that the impacts on educators' access to teaching, training and assessment and meetings with LTFT Cat 3 doctors in training were neither positive nor negative.

Figure 5.13: Impact of LTFT Cat 3 on Educators



Source: Educator survey (n= 313)

Through free text comments educators provided examples of how they have been impacted by the LTFT Cat 3 initiative:

"As a supervisor it has become harder to schedule supervision meetings with junior doctors who have chosen to work at LTFT…both I and the junior doctors have sometimes had to arrange supervision meetings on our days off, particular for those doctors who require extra support" (Educational Supervisor, pilot specialty).

"As an educator, I have had to increase the number of times I deliver certain teaching sessions since more and more of our doctors have chosen to work at LTFT. This is because fewer doctors are available in individual shifts, meaning that I have to repeat the number of times I deliver teaching on a particular topic in order to ensure that they all receive that teaching. This increases my workload" (Educational Supervisor, pilot specialty).

"Increased numbers of trainees (whilst the WTE number remains the same) causes increased demand on the fixed number of educators in the system. LTFT trainees also need increased educator support to ensure they are getting the right training opportunities and are not losing out on this" (TPD, expansion specialty).

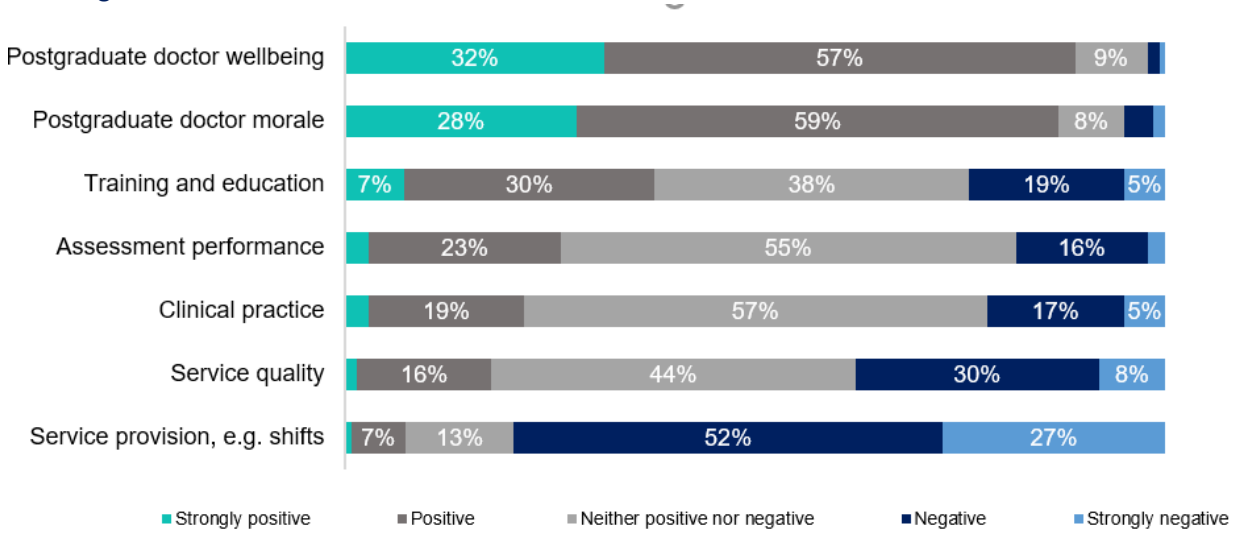
5.5.3 Impact on LTFT Cat 3 doctors in training

58% of educators in Year 3 reported that some postgraduate doctors in training who they are responsible for have taken part in the LTFT Cat 3 initiative. Educators in pilot specialties (78%) were more likely to have been responsible for a postgraduate doctor training under LTFT Cat 3 than educators in expansion specialties (37%). In Years 1 and 2, educators reported to have had less hands-on experience of LTFT. Only 13% educators in Year 2 and 32% in Year 1 had experience of supervising LTFT Cat 3 doctors in training who had participated in the programme.

Additionally, 70% of DMEs/ Deans reported being aware of doctors in training who had taken part in the LTFT Cat 3 initiative. Almost all (94%) DMEs/ Deans in pilot specialties were aware of postgraduate doctors in training who had taken part in the initiative, compared to 78% of DMEs/ Deans in expansion specialties.

As shown by the figure below, the majority of educators perceived LTFT to have had a positive or strongly positive impact on LTFT Cat 3 doctor in training wellbeing (89%) and morale (87%). This was also endorsed by DMEs and Deans, with 93% indicating LTFT had a positive or strongly positive impact on the wellbeing and morale (89%) of LTFT Cat 3 doctors in training . However, this marks a decrease from Years 1 and 2 where 94% and 96% of educators respectively reported that LTFT had a positive/ strongly impact on wellbeing and 97% and 93% respectively agreed that LTFT had a positive/ strongly positive impact on morale. In Year 3 (2022) a greater proportion of educators from pilot specialties perceived that LTFT had a positive/ strongly positive impact on postgraduate doctor in training wellbeing and morale, than those in expansion specialties.

Figure 5.14: Educators perceptions of the impacts of LTFT Cat 3 on LTFT Cat 3 doctors in training



Source: Educator survey (n=313)

In Year 3, educators perceived the impact of LTFT on clinical practice (57%), assessment performance (55%) and service quality (44%) to be neither positive nor negative. This is broadly in line with findings from both Year 1 and Year 2. An equal proportion of educators perceived the impact on the training and education of LTFT Cat 3 doctors in training to be neither positive nor negative (38%) or strongly positive/ positive (38%) indicating that views were mixed. These findings were reinforced by DMEs/ Deans. However, they also represent a decrease from Year 2 where 67% of educators perceived the impact on training and education to be positive or strongly positive.

Educators provided examples of how they felt the initiative had impacted upon LTFT Cat 3 doctors in training :

"I've had multiple trainees with burnout/work related stress especially reduce to 80% [WTE] with reported significant improvement" (TPD, expansion specialty).

"I've had trainees who were finding exams really hard whilst training 100% move to a lower percentage and find that had time to commit to exam revision and felt it helped them pass" (TPD, expansion specialty).

"the number of people working LTFT hasn't hit a critical figure to make it 'normal' and thus accounted for easily yet, I feel this is more than offset by the retention of staff we'd probably have lost. [It is also offset] particularly by the improved clinical and assessment performance and reported improved wellbeing" (TPD, pilot specialty).

"The fact that more and more of the doctors I work with and supervise have taken up the opportunity to work LTFT indicates that it must be a positive experience for them" (Educational Supervisor, pilot specialty).

Educators also provided an example of how the initiative has negatively impacted upon some LTFT Cat 3 doctors in training :

"Regarding clinical practice and assessment performance, a few doctors whom I have supervised or worked with recently chose to work LTFT but this affected their abilities to attend certain departmental teaching sessions and to acquire some of the knowledge and skills that my very technical specialty demands" (Educational Supervisor, expansion specialty).

All educators felt they were able to maintain a positive relationship with the postgraduate doctors they supervise who are working LTFT Cat 3 to at least some extent. The majority educators (72%) indicated they were able to maintain a positive relationship with their LTFT Cat 3 doctors in training to a great or very great extent, an increase from Year 1 (65%) and Year 2 (65%).

When asked if it was possible to arrange mutually convenient times for educational supervision/one-to-one meetings with doctors training LTFT Cat 3, 69% of educators either agreed or strongly agreed, representing an increase from 64% in Year 2 and a decrease from 76% in Year 1. Educators acknowledged *"access to virtual environments" (Head of School, pilot specialty)* and greater flexibility in the LTFT Cat 3 doctors' in training time as enablers to arranging convenient times for supervisory meetings. However, one educator

described how arranging a mutually convenient time for educational supervision/ one-to-one meetings may be challenging for doctors in certain departments:

"Some found it difficult to schedule in supervision meetings during their working hours because the rota was so short-staffed (because most of them were working at LTFT) meaning that it was difficult for them to have any non-clinical time… several doctors ended up having to do audit work and supervision meetings on their days off" (Clinical Supervisor, pilot specialty).

Similarly, educators identified barriers to supervising doctors who were undertaking LTFT Cat 3 training:

- Increased workload to manage logistics (e.g. rotas, timetables, rotations);
- Availability and calendar co-ordination;
- Managing the attitudes of consultants; *"attitudes of some consultants - calling it a 'shopping day'" (Clinical Supervisor, expansion specialty);*
- Managing the attitudes of LTFT doctors in training; *"entitlement - attitudes of trainee" (Associate Dean, expansion specialty);*
- Time constraints due to clinical pressures; *"I can only look after one trainee at a time due to work pressure, whether that be a LTFT trainee or a FT trainee. They all still need six monthly ESRs and ARCPs" (Educational Supervisor, expansion specialty);* and,
- Ensuring that the doctors in training had adequate weighting of shifts.

5.5.4 Impact on full-time doctors in training

When asked about the impacts of LTFT Cat 3 on wider postgraduate doctors in training the majority of educators reported mixed views of the impact on full-time doctor in training morale, wellbeing and service quality. For example in open text comments, some educators suggested that improved morale amongst LTFT Cat 3 doctors in training has a knock-on impact for the entire team; *"[there is] better morale within the whole cohort of doctors in training if LTFT Cat 3 are happy in workplace" (Head of School, pilot specialty).*

However, other educators reported concerns around LTFT Cat 3 doctors in training *"cherry picking"* (TPD, expansion specialty) sessions/ working days which often leads to poor morale amongst full-time doctors in training who feel that they *"constantly pick up all the bits that the cherry picking LTFT trainees chose not to do" (Educational Supervisor, pilot specialty)*. Another educator reinforced that this may lead to increased pressure on full-time doctors in training to ensure adequate service provision; *"[there is] unhappiness around being asked to do extra on call shifts and a perception of cherry-picking educational aspects of job by LTFT trainees leaving full-time trainees with higher proportion of service provision" (TPD, expansion specialty).*

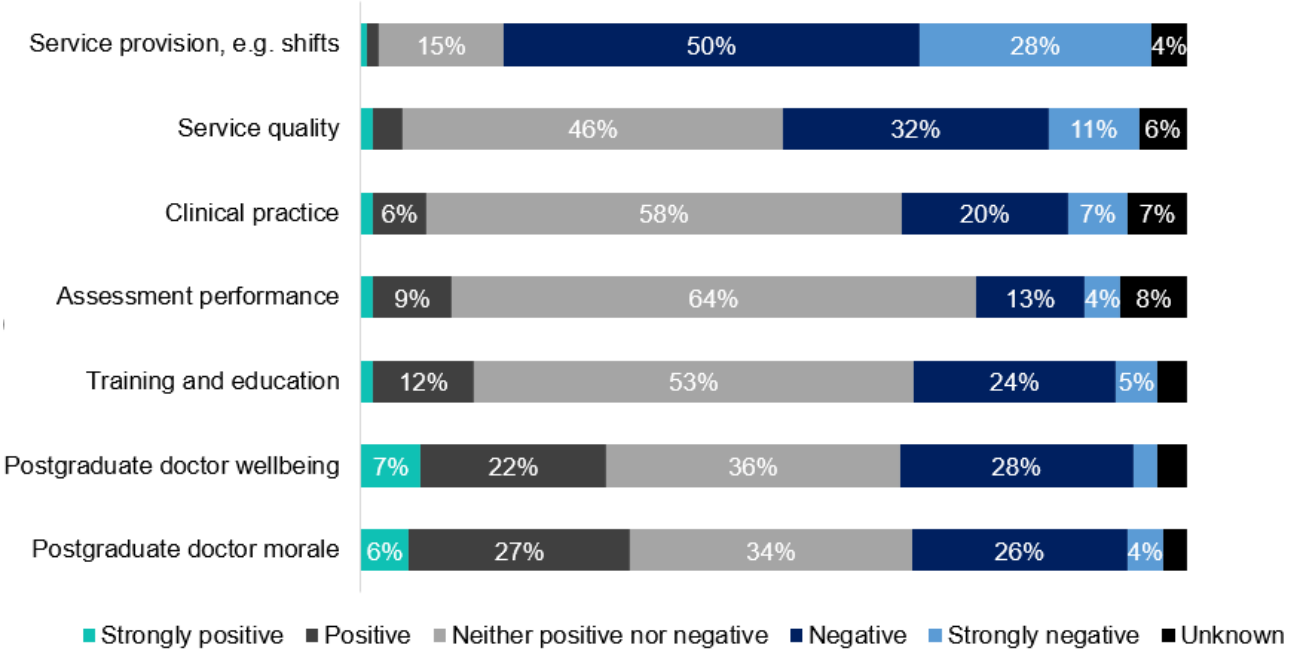
Educators indicated that the impact on training and education, clinical practice and assessment performance was neither positive nor negative, as shown by the figure below. However, the majority (78%) of educators and DMEs/ Deans (92%) perceived the impact on service provision to be either negative or strongly negative. In open text comments educators explained; *"rota gaps are increasingly common with the number of LTFT trainees. Because they are not (usually) at 60%, there is no opportunity to slot share and*

therefore this usually leaves a significant shortfall in workforce" (Head of School, expansion specialty).

Often, educators suggested that this leaves full-time doctors in training with a higher workload and less flexibility to access training opportunities; *"others don't have the same flexibility to grasp learning opportunities and [full-time training] can feel more service driven" (Head of School, expansion specialty).* DMEs/ Deans reinforced:

"There are insufficient numbers of doctors and other medical staff which increases workload [for full-time doctors in training] and puts stress on the service…consequently it has resulted in adverse effects usually affecting training/ learning opportunities" (DME, pilot specialty).

Figure 5.15: Educators perceptions of the impacts of LTFT Cat 3 on full-time doctors in training



Source: Educators Survey (n=313)

Educators provided further examples of the impacts of the LTFT Cat 3 initiative on full-time doctors in training:

- *"For other doctors I think they can feel undervalued. They feel that they are carrying most of the ongoing day to day care of the patients…there can be jealousy and resentment. They also feel that they have to be the ones to pick up locum shifts to cover rota gaps because they don't want to put on the LTFT doctors who are doing LTFT for wellbeing" (TPD, pilot specialty).*
- *"If your colleagues are picking and choosing what some might perceive to be less challenging days (often they do not want to work Mondays or Fridays) this is likely to impact on those working full sessions negatively" (Educational Supervisor, expansion specialty).*

- *"It is probably reassuring for other doctors to know that provision is there for LTFT for non-statutory categories should they ever feel the need for it. However there is a backlash effect when there are greater gaps in the rota due to more doctors being LTFT as other doctors may be expected to cover" (TPD, expansion specialty).*

However, educators commented that the impact of LTFT on full-time doctors in training is dependent on circumstances (eg. the number of LTFT doctors in training within their specialty/ department). For example, where there is only one LTFT Cat 3 doctor in training within a department educators' described the impact as *"minimal" (TPD, expansion specialty)*.

Key findings – Educators

- The majority (80%) of educators and DMEs/ Deans (85%) felt that LTFT Cat 3 negatively/ strongly negatively impacted upon the creation/ amendment of rotas, marking an increase from 72% in Year 2. In pilot specialties this increased to 95%, compared to 76% in expansion specialties.
- Overall, 76% of educators and 52% of DMEs/ Deans perceived LTFT Cat 3 to have negatively/ strongly negatively impacted upon the workload of educators. Educators in pilot specialties (71%) were more likely to perceive the impact on workload to be negative/ strongly negative in comparison to those in expansion specialties (63%).
- The majority of educators perceived that LTFT had a positive or strongly positive impact on LTFT Cat 3 doctors' in training wellbeing (89%) and morale (87%). This was endorsed by DMEs and Deans. However, this also marks a decrease from Years 1 and 2 (wellbeing - 94% and 96% respectively, morale - 97% and 93% respectively).
- The majority (72%) of educators felt they were able to maintain a positive relationship with LTFT Cat 3 doctors in training either to a great or very great extent, an increase from Year 1 (65%) and Year 2 (65%).
- Educators reported concerns around LTFT Cat 3 doctors in training *"cherry picking"* sessions/ working days which often leads to poor morale amongst full-time doctors.
- The majority (78%) of educators and DMEs/ Deans (92%) perceived the impact of LTFT on service provision to be either negative or strongly negative. 93% of educators in pilot specialties perceived LTFT to have a negative impact on service provision, compared to 72% in expansion specialties.

5.6 Perceptions of employers

In light of the pressures of Covid-19 on the system, employer interviews were not conducted in Year 1. Instead, interviews were conducted in two waves, across Year 2 and Year 3 of the evaluation. In the period October – December 2021 (Year 2), 11 interviews were completed followed by a further four interviews in the period October – November 2022 (Year 3).

- **Rationale behind LTFT Cat 3:** All employers interviewed across Year 2 and Year 3 understood the rationale for the introduction of LTFT Cat 3. Employers recognised that *“being a doctor is heavy going” (employer, medical staffing)* and the rationale behind LTFT training includes the ability to achieve better work/ life balance. However, employers noted that reasons for applying are dependent on personal circumstances. Employers recognised the circumstances leading doctors to choose to train LTFT have evolved over time; *"2-3 years ago, LTFT was almost exclusively mums coming back from maternity leave. There are now more people working 80% than before. For example, we have had one doctor who was doing a masters and another who was supporting their elderly mum" (employer, medical staffing).*

- **Application process and administration:** Employers noted that the LTFT application process is straightforward for doctors in training, however, doctors in training can apply at any stage in the year which creates challenges in organising rotations. This was consistent across interviews conducted in both Year 2 and Year 3. Employers noted that organising *"out of sync"* doctors in training results in increased workload. For example, one educator described the increased administration required for an LTFT Cat 3 doctor in training; *"When you have a LTFT trainee, you have to change LTFT placement date on the portal, you have to calculate the length of training in each year and change their placement dates. If doctors are LTFT or out of sync it greatly effects for end date and CCT. There is a lot of work in doing the calculations" (employer, education and quality co-ordinator).* However, employers also recognised that this is not exclusive to LTFT training and can also be the case for doctors in training returning from parental leave.

  The majority of employers felt that they were not informed in sufficient time to organise rotas for LTFT Cat 3 doctors in training. In Year 2, one employer commented; *“the timescales between trainees gaining approval [for LTFT] and getting their rota is cutting it fine. If there's a big influx, there’s a risk we don’t get the details right” (employer, medical staffing).* In particular, employers across both Year 2 and Year 3 expressed frustrations that *"the application process and approval being put through faster than it should have been" (employer, medical staffing)* in some cases to prevent doctors in training from going off sick or reaching *"breaking point"*, despite the LTFT policy requiring four months notice approval. As a result, some employers in Year 3 called for a protocol to be developed for emergency LTFT application and approval and suggested two different application routes: the traditional application route and the emergency route.

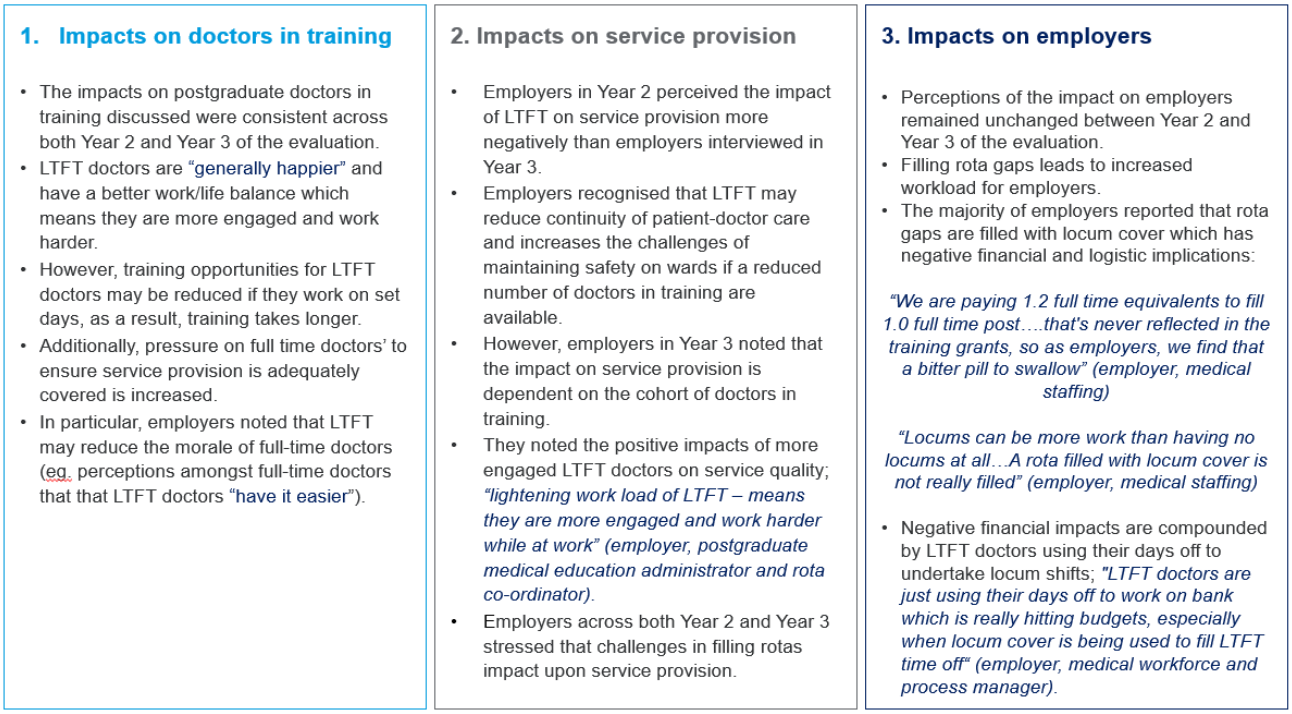
  Employers also expressed that rota co-ordination is further complicated by LTFT Cat 3 doctors in training choosing particular shift patterns; *"Fridays become difficult most as pick Friday as their non-working day" (employer, medical staffing).* However, this differs between specialties. For example, one employer in Year 3 recognised that designing a rota for doctors in training within General Practice is perceived to be easier as *"General Practice tend to be quite good, their 60% people slot share to cover one slot between*

them" (employer, GP scheme co-ordinator). In comparison, employers suggested that other specialties such as Haematology have less flexibility to accommodate LTFT Cat 3 doctors in training safely.

- **Retention of LTFT doctors in training:** Most employers in Year 3 suggested that doctors rarely leave their training programme once they have commenced LTFT, suggesting LTFT Cat 3 is having a positive impact on retention. However, other employers highlighted that the likelihood of an LTFT Cat 3 doctor in training continuing to work within the NHS also *"comes down to personal preference"* (*employer, education and quality co-ordinator)*, and is highly dependent on the personal circumstances of that individual at the time. As a result, it can be difficult to fully evidence the impact of LTFT on retention.

Employers recognised a number of impacts associated with LTFT, these are presented in the figure below. Overall, employer perceptions of the impacts on all doctors in training and on employers were consistent across Year 2 and Year 3 of the evaluation. However, employers in Year 2 perceived the impacts on service provision to be more negative than those interviewed in Year 3.

Figure 5.16: Employer perceptions of impacts of LTFT



In comparison to other HEE flexibility initiatives (e.g., OOP Pause, Supported Return to Training) the majority of employers perceived LTFT Cat 3 positively across both Year 2 and Year 3. One employer commented; *"I'm all for LTFT training, especially for women and people with personal circumstances. It doesn't stop your career and allows you to go on. I perceive it as better option than out of programme pause etc" (employer, medical staffing).* One employer noted that all flexibility initiatives are *"attractive in their own way, depending on what the doctor wants to do" (employer, medical staffing)* indicating that some initiatives may be more appropriate for certain postgraduate doctors in training, depending on their

personal circumstances. However, some employers suggested that specific rules and guidelines are required for LTFT training to set expectations amongst doctors in training, in line with other flexibility initiatives; *"Pause and return give you specific rules and guidelines. People know exactly what is happening straight away but with LTFT you don't necessarily know when [the trainee is moving to LTFT]. The trainee also comes in with [an] attitude that they have to have certain day off which is difficult to accommodate" (employer, education and quality co-ordinator).*

Key findings – Employer interviews

- Employers recognised that the rationale behind LTFT Cat 3 training includes the ability to achieve better work/ life balance.
- Employers also recognised that the circumstances which lead to postgraduate doctors in training choosing to train LTFT have evolved over time.
- The LTFT application process is straightforward for doctors in training, however, doctors in training can apply at any stage in the year which creates challenges in organising rotations and increased employer workload.
- The majority of employers felt that they were not informed in sufficient time to organise rotas for LTFT Cat 3 doctors in training, rota co-ordination is further complicated by LTFT Cat 3 doctors in training choosing particular shift patterns.
- Employers suggested two different application routes: the traditional application route and the emergency route.
- Locum cover to fill rota gaps has negative financial and logistic implications for employers.

6. Analysis and recommendations

Based on the findings from our mixed methods approach across all three years of this evaluation, we have collated our key findings under the five areas HEE requested we explore and analyse within the original research specification:

- Area 1: Assessment of doctor in training satisfaction & wider perception of LTFT Category Three
- Area 2: Evaluation of the supervisory encounter
- Area 3: Evaluation of the impact of LTFT on doctors progressing to CCT
- Area 4: Evaluation of the impact on service provision
- Area 5: Evaluation of the administration of the expansion

Area 1: Assessment of doctor in training satisfaction & wider perception of LTFT Category 3

LTFT Cat 3 doctors in training continue to be satisfied with training LTFT through personal choice, whilst educators and full-time doctors were less certain of its positive impacts.

Overall, an increasing number of LTFT Cat 3 doctors in training agreed/strongly agreed that LTFT Cat 3 had positively impacted upon their sense of work-life balance (Year 1 – 77%, Year 2 -100% and Year - 99%). Similarly, they reported feeling less exhausted and/or burnt out, as well as more able to provide quality patient care. These benefits correspond with the intended outcomes outlined in the evaluation logic model. Correspondingly, an increased number of full-time doctors in training would consider training LTFT (Year 1- 75%, Year 2 – 86%, Year 3 – 85%) for work-life balance and wellbeing reasons, suggesting that postgraduate doctors in training themselves perceive LTFT through personal choice to be beneficial. However, full-time doctors in training expressed concerns about potential impacts LTFT training may have on their salaries, CCT dates and pensions.

In Year 3 (2022), an increasing number of full-time doctors in training and educators expressed concerns in open text comments that LTFT Cat 3 doctors in training were 'gaming the system' by using additional time to pick up locum shifts: *"Often the LTFT doctors make up their hours by picking up locum shifts. This makes me feel like a fool for working the same hours for less money."* This may be more of a perception than reality, as surveys indicated that less than half (37%) of LTFT Cat 3 doctors in training undertook locum shifts, compared to 33% of full-time doctors in training. However, this should continue to be monitored as increasing numbers of doctors in training chose to train LTFT.

Interestingly, LTFT Cat 3 doctors in training were increasingly concerned about the perceptions of consultants: in Year 3, 46% expressed concerns, compared to 37% in Year 2 and 43% in Year 1. This figure was higher amongst respondents from the expansion specialties (60%), indicating that it may take further time to embed LTFT through personal choice in the expansion specialties.

Area 2: Evaluation of the Supervisory encounter

LTFT Cat 3 doctors in training remained positive about their relationship with their supervisors, however educators consider LTFT Cat 3 to have increased their workloads

Across all three evaluation years, LTFT Cat 3 doctors in training agreed/strongly agreed that their educational supervisor was available (Year 1 - 87%, Year 2 - 89% and Year 3 - 85%), with this relationship strengthened by virtual meetings. In contrast, 36% of educators indicated that Cat 3 had had a negative/strongly negative impact on their ability to meet LTFT Cat 3 doctors in training.

Overall, 76% of educators and 52% of DMEs/ Deans perceived LTFT Cat 3 to have negatively/ strongly negatively impacted upon the workload of educators, including increased time scheduling meetings and co-ordinating assessments. In open text comments, educators suggested that greater resources should be allocated to educators with LTFT Cat 3 doctors in training.

Area 3: Evaluation of LTFT on postgraduate doctors progressing to CCT

The number of LTFT Cat 3 postgraduate doctors in training achieving a satisfactory outcome (outcome 1) has decreased, whilst concerns around extending CCT dates still remain amongst LTFT Cat 3 doctors.

In Year 1 (2020), 71% of LTFT Cat 3 doctors achieved a satisfactory outcome; this has decreased to 67% in Year 3 (2022). However, this is still above the average for all postgraduate doctors in training achieving an ARCP Outcome 1 (47%). Whilst still low, the numbers of LTFT Cat 3 doctors receiving an outcome 2 (development of specific competences required) or an outcome 3 (inadequate progress) also increased over this period. This is likely to have been impacted by the ongoing challenges of Covid-19 on the health system.

81% of LTFT Cat 3 doctors in training agreed/strongly agreed that they are achieving their learning requirements for ARCP ‘to progress’, however in open text comments, 16 doctors in training expressed concerns that they were missing out on clinical experience. Unfortunately, the evaluation has been unable to compare these ARCP outcomes with full-time doctor outcomes, to explore if this is a wider post-Covid 19 trend[30]. Going forward there may be merit in HEE collecting this data centrally and reviewing ARCP outcomes on an annual basis to ensure attainment is monitored.

Concerns about extending CCT dates still remain: in Year 3 (2022), 47% of LTFT Cat 3 doctors in training had concerns (both in pilot and expansion specialties). LTFT Cat 3 doctors in training are more likely to intend to stay within the NHS post-completion than full-time doctors in training; 91% of LTFT Cat 3 doctors in training indicated an intention to become an NHS consultant, compared to 82% of full-time doctors in training . This intention to remain within the NHS is an increase on Years 1 & 2 (Year 1 – 87% and Year 2 – 86%), and could indicate that LTFT through personal choice has been beneficial for longer term retention of postgraduate doctors in training. However, the unavailability of attrition data, as

[30] This is due to there being no current central repository of ARCP outcomes.

well as external factors (such as the covid-19 pandemic), makes it challenging to determine the impacts of LTFT Cat 3 on retention.

Area 4: Evaluation of the impact on service provision

Perceptions of the impact on service provision continue to differ significantly between LTFT Cat 3 doctors in training, educators and employers.

In Year 3 (2022), 49% of LTFT Cat 3 doctors in training did not consider LTFT to have negatively impacted upon service provision, in line with findings from Years 1 and 2. In contrast, 29% of full-time doctors in training and 78% of educators did consider LTFT to be detrimental to service provision, while the majority (80%) of educators felt that it negatively/ strongly negatively impacted upon the creation/ amendment of rotas. Full-time doctors in training and educators suggested that LTFT Cat 3 perpetuated existing issues with rota gaps, cancelled clinics, and continuity of patient care. In both Years 2 and 3, the majority of employers felt that they were not informed in sufficient time to organise rotas, and expressed concerns that rota co-ordination was further complicated by LTFT Cat 3 doctors in training choosing particular shift patterns (i.e. not Mondays or Fridays).

An increasing number and proportion of LTFT Cat 3 doctors in training are opting to train 80% WTE – in Year 3 (2022), 89%, a rise from 82% in Year 2 (2021). Both educators and full-time doctors in training raised concerns regarding the impact this may have on service provision, citing issues with rota gaps and sourcing locum coverage. In addition, those in General Practice highlighted the challenges associated with ensuring physical space for 80% WTE doctors within practices.

Area 5: Evaluation of the administration of the expansion

Overall, satisfaction with the application process remains high.

However, there has been a decrease in satisfaction between Year 1 and Year 3 - in Year 3 (2022), 79% of LTFT Cat 3 postgraduate doctors in training agreed/strongly agreed that the application process was straightforward, compared to 90% in Year 1 (2020). Applicants from expansion specialities were less satisfied than those from pilot specialties, hence the reduced satisfaction levels in Year 3. Those dissatisfied with the application process suggested that greater support/information is required around capping application numbers, navigating the HEE website and notice periods for applications. Employers considered the application process to be straightforward for doctors in training, but logistically challenging for them in terms of administration and organising rotations.

Recommendations

The Year 3 (2022) report sets out eight recommendations, based on the feedback provided within surveys of postgraduate doctors in training (LTFT Cat 3 and full-time), Educators, Champions of Flexible Training (Year 1 only) and DMEs and Deans, as well as interview discussions with employers across all three years. These recommendations related to LTFT through personal choice, and are as follows:

Area	Recommendation
Area 1: Doctor in training satisfaction	1. Given that the majority of LTFT Cat 3 doctors were very positive about LTFT and its impacts on their wellbeing, job satisfaction and future career intentions, continue to promote LTFT training though choice through a series of case studies of doctors in training across different specialties. Linked to the programme aim of increased retention, there may be merit in focusing initially on the benefits of LTFT through choice in 'hard to fill' specialties.
Area 2: Wider perceptions	2. Given the increased intensity of full-time doctor objections to doctors training LTFT through personal choice undertaking locum shifts, consider raising awareness of existing locum guidance. There may also be merit in continuing to explore the perceptions of full-time doctors in training as increasing numbers of doctors in training chose to train LTFT through personal choice.
Area 3: Administration of the expansion	3. The majority of LTFT Cat 3 doctors considered the application process to be straightforward, so consider retaining the current process as LTFT through personal choice continues. 4. To support educators and employers as LTFT through personal choice expands, consider organising a Q&A panel webinar with current educators and employers in the original pilot specialties. This would provide an opportunity for real-life guidance and support on issues such as scheduling supervisor meetings and organising rotas. 5. Ensure that local offices issue periodic information to educators about the role of the Champion of Flexibility. In Year 1, the evaluation indicated that Champions had played a significant role in addressing issues within pilot specialties, which would continue as LTFT through personal choice expands.
Area 4: Impact on service provision	6. Earlier awareness amongst employers of LTFT through personal choice doctors in training is key in ensuring that rota coordinators have sufficient advance notice to adequately plan rotas and training activities 7. As the programme has now expanded to all specialities, there may be merit in HEE continuing to monitor potential impacts on service provision. This information could be collected locally by Champions and collated nationally by the HEE team.
Area 5: Progression to CCT	8. Continue to monitor the ARCP outcomes of LTFT through personal choice and full time postgraduate doctors in training, to explore any differential attainment between the two cohorts.