

## **Trainee Knowledge and Perceptions of Less Than Full Time Training**

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### **Abstract**

#### **Background**

Less than full-time (LTFT) training in Ireland is still unusual. Our aim was to identify perceived barriers to LTFT training amongst paediatric trainees and make recommendations to improve knowledge, uptake, and experience of LTFT training.

#### **Methods**

An email questionnaire was disseminated to RCPI paediatric trainees to assess current awareness of and perceptions of barriers to LTFT training.

#### **Results**

218 questionnaires were distributed, 59 (29%) responded of whom 50 (85%) were female. 17 planned to apply for LTFT training. Seven had no knowledge of LTFT training. The perceived barriers with the highest rankings (% respondents deeming highest possible relevance) were: LTFT post availability (49%), potential impact on career progression (51%), and availability of only 0.5 whole time equivalency (WTE) – i.e. 19.5 hours/week (54%). Trainees noted lack of flexibility, including availability of the scheme only from July to July, restriction to maximum 2 years. Trainees felt applications would be rejected if they were not a parent. Some reported perceptions from teams that LTFT trainees are less committed and that trainees can find it difficult to integrate.

#### **Discussion**

Training options including >0.5WTE posts should be made available to all trainees, and a cultural shift within training bodies and with trainers should be encouraged to recognise LTFT training as an acceptable pathway for all trainees.

## **Introduction**

Less than full time (LTFT) training has been recognised as an important tool for the creation of better work-life balance and avoidance of burnout in the medical workforce<sup>1</sup>. The 2019 Royal College of Physicians of Ireland (RCPI) National Study of Wellbeing of Hospital Doctors in Ireland identified that 80% of doctors reported not having enough time for family or personal commitments due to working hours, and that one in three doctors were suffering from burnout<sup>2</sup>. The 2014 MacCraith Report stated that “more flexible and differentiated approaches and options during training that take account of family, research or other constraints should be explored by HSE-MET and the Forum of Irish Postgraduate Medical Training Bodies<sup>3</sup>.” In the 9<sup>th</sup> review of recommendations made by the MacCraith report, published in January 2019, trainee feedback continued to include issues around flexible training and working hours<sup>4</sup>.

Currently the Irish medical training system allows for two types of less than full time training. The first option is the HSE National Supernumerary Flexible Training Scheme, managed and funded by the HSE National Doctors Training & Planning (NDTP)<sup>5</sup>. This scheme offers 1-year 0.5 whole time equivalent (WTE) posts to 32 trainees per annum across all specialities. This has been open to all trainees excluding 1st year BST since July 2017. There are currently 13 postgraduate training bodies in Ireland, with a total of 1752 trainees in higher specialist training or streamlined training in 2018-2019<sup>6</sup>. If successful in their application, a trainee is offered a post which is supernumerary to the usual requirements for a given medical team, which usually allows the candidate some freedom to choose a position that they wish to work in. The second option is job sharing, which works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours for up to 12 months<sup>7</sup>. This necessitates that two trainees be eligible to fill one existing post rather than be supernumerary to requirements. Current training policies in some training bodies have limited the length of time within which a training scheme must be completed, which may preclude a trainee from availing of an extended period of LTFT training, and the National Supernumerary Flexible Training Scheme restricts trainee participation in the scheme to a maximum of two years<sup>5,7</sup>.

The aim of this study was to identify the barriers to trainees engaging with less than full time training as it is currently structured and to make recommendations based on the data gathered to improve trainee awareness, access and experiences.

## **Methods**

All RCPI paediatric trainees were invited to respond to a questionnaire regarding LTFT training. Data gathered included the trainee’s awareness of the process, whether they intended to apply for LTFT training, and what their perceptions of potential barriers to LTFT training were.

The questionnaire was administered via Survey Monkey, an online survey tool. The Programme Coordinator for Paediatrics in the RCPI was contacted with the request to distribute the survey and they arranged for the survey to be distributed via an email link to all paediatric trainees on their mailing list.

A participant information sheet was included with the email to provide paediatric trainees with information on the purpose of the survey. The survey was open for a two month period between June and July 2019, in order to capture trainees returning to work and new entrants to paediatric training after the NCHD “changeover” date in July.

Following closure of the survey, the anonymised data was exported and analysed.

## Results

The survey was distributed to 218 RCPI paediatric trainees. There were a total of 64 responses (29%) to the questionnaire, 59 of which were complete. Nine of the responses were from male trainees (15%). Three of the responses were from current or former LTFT trainees and 17 respondents were planning to apply for the scheme at some point in their training. Seven trainees were not previously aware of the option of LTFT training.

Trainees were asked to rank different potential barriers to LTFT training, on a Likert scale of 1-7 (with 1 equating to not relevant and 7 extremely relevant). When looked at as a whole group, trainees rated the potential impact on career progression, available number of posts, and availability of only 0.5WTE posts as the biggest barriers to LTFT training when the cumulative highest total is used, i.e. relevance 6 and 7 (Table 1). For female trainees who had children, the key concerns were salary (i.e. loss of earnings), delay in CSCST date, impact on career progression and childcare costs. Male trainees were most concerned about impact on career progression and availability of LTFT posts.

	1- Not at all relevant	2	3	4	5	6	7- Extremely relevant	Cumulative highest relevance (%)
Salary	1	2	1	10	18	10	17	27 (46)
Delay in CSCST date	5	3	8	8	11	10	14	24 (41)
Logistics of childcare arrangements	6	4	6	9	7	10	17	27 (46)
Cost of childcare	7	3	2	3	16	13	15	28 (47)
Availability of LTFT posts	2	1	3	13	10	9	20	29 (49)
Availability of only 0.5WTE	1	4	3	10	9	11	21	32 (54)
Impact on career progression	0	5	4	7	13	8	22	30 (51)
Culture	7	2	3	10	14	8	14	22 (37)

**Table 1:** Barriers to LTFT training, ranked by trainees according to relevance on Likert scale.

Trainees were asked to elaborate on additional potential barriers to LTFT training in a free text field. They identified inflexibility of LTFT training options, with specific limitations including: restricted availability of the NDTP’s flexible training scheme to a July to July basis (i.e. lack of availability to someone looking to take up a post from January); restriction of LTFT training to a maximum of 2 years, and that the LTFT posts were limited to 0.5WTE (Table 2). This is seen as a key issue – respondents referred to the availability of 0.6 and 0.8WTE posts in the UK and that trainees are able to continue this until completion of their training if they so choose.

Multiple trainees also discussed perceived negatives in applying for the National Supernumerary Flexible Training scheme. Two issues were highlighted. Firstly, the belief that their application may be rejected by the scheme if they were not a parent. The second concern cited the perception from teams and consultants that participation in flexible training is a sign of lack of commitment on the trainee’s part and that trainees can find it difficult to integrate into the team.

Finally, trainees mentioned salary difference as an issue, and in particular noted that the policy of overtime pay at single time extra rate until WTE hours are reached i.e. 39 hours per week, puts LTFT trainees who contribute to a 24-hour call rota at a significant disadvantage in their salaries compared to full time colleagues.

<b>Trainee A</b>	“LTFT is culturally frowned upon. It is seen only as "for mums". Single women and men are not expected to apply.”
<b>Trainee B</b>	“I have met people (male and female) working in the UK on 0.8 time (4 days/week) and 0.6time (3 days/week) who continue this for any number of years and this is accepted as a reasonable lifestyle choice, whereas here I would fear being seen as "less able" for full-time work or "less committed" to [my] career”
<b>Trainee C</b>	“On call is only paid at basic rate for staff on less than 39hrs. This is very unfair on call that I was paid significantly less given I had worked my contracted hours regardless that they were less than 39hrs. I was told this was a HSE policy but feel this should be adjusted for NCHDs who have to work 24hr shifts and nights”
<b>Trainee D</b>	“I wanted to apply for this and was told I couldn't because I was coming back to work in January and the post had to start in July. This seemed to be counterintuitive and ironically very inflexible.”

**Table 2:** Opinions of individual trainees on barriers to less than full time training and system changes that could be addressed.

## Discussion

Working conditions for many Irish trainees has led to an exodus to other countries where working conditions are perceived to be superior. The Irish Medical Council's 2018 Workforce Intelligence Report showed 1,453 voluntary withdrawals from the medical register, representing a 37.9% increase on the previous year. Seventy percent of these doctors left Ireland to work in another country<sup>8</sup>. Reasons cited included long hours, lack of flexibility, personal and family issues and poor staffing.

These findings were echoed in Humphries' 2018 work on factors responsible for emigration of Irish doctors and reasons for failure to retain Irish trainees within the workforce<sup>9</sup>. Much of the dissatisfaction with working conditions in the Irish healthcare system was related to generationally held views on medical practice – working long hours with a heavy workload to “prove” oneself, and prioritising career above all else. While attitudes to this long-held cultural norm in medicine are changing, it may take time to change the system to one that is more accepting of the importance of work-life balance. Our survey highlights the concerns of paediatric trainees that these attitudes persist and are perceived as a barrier to pursuing LTFT training. Interestingly, a recent study of consultant attitudes to LTFT trainees (which was undertaken in an Irish paediatric hospital) found that most of the surveyed consultants approved of LTFT training as a pathway for training, but disadvantages of training in this way to both the NCHD and clinical team were noted<sup>10</sup>. This suggests that a culture shift may already be underway in paediatrics, but it is not yet clear if these findings can be extrapolated to other medical and surgical specialities.

The current structure of LTFT training in Ireland needs to be revisited and reorganised. Many respondents were concerned about the lack of flexibility of the available options, given the strict application criteria, limited number of places and availability of only 0.5 WTE. The application criteria currently requires trainees to “have well founded individual reasons for flexible training”, and goes on to list the most common reason for this to be “responsibility for caring for others (e.g. children or elderly relatives)”<sup>5</sup>. Generally, this is interpreted as meaning an application will be rejected unless you are a parent, and more specifically, a mother. Because of this, some respondents believed their applications would be rejected if they were to apply. Regarding the availability of different WTE posts, the National Supernumerary Flexible Training Scheme has been reviewed in 2020 and now states “provisions can be made to facilitate arrangements outside of 50% of full time, depending on circumstances.” The specific circumstances in which this may be offered has not been elaborated upon.

The HSE and training bodies could look to the NHS for guidance. In 2005, the NHS, in collaboration with the British Medical Association Junior Doctors Committee (JDC), the Department of Health and other UK Health Departments, and the Conference of Postgraduate Medical Deans published clear principles for the development of more comprehensive LTFT training options for all doctors within the NHS<sup>11</sup>. This includes clear guidance that all trainees can apply for less than full time training and allows for a variety of training options from 0.5 WTE up to 0.8 WTE.

More engagement is needed between the HSE, postgraduate medical training bodies and representative organisations such as the Irish Medical Organisation to discuss a more comprehensive approach to LTFT training in Ireland, to encourage trainee retention and ensure a better quality of life for medical trainees. While LTFT training undoubtedly presents logistical challenges for the HSE and training bodies, LTFT training improves trainee's quality of life<sup>1</sup> and work life balance and is likely to reduce trainee burnout and improve staff retention, which constitute major challenges for the Irish health service<sup>2</sup>.

A limitation of the current study is the low response rate of 29%. This may partially reflect the inclusion of the trainees from basic specialist training (BST) in the distribution of the survey. Currently 1<sup>st</sup> year BST trainees are not eligible to apply for the National Supernumerary Flexible Training Scheme<sup>5</sup>. In the year that this survey was conducted, there were 40 1<sup>st</sup> year BST trainees (out of 218 total trainees)<sup>6</sup>, and as they are not eligible, they were unlikely to respond. There is clear interest in flexible training in paediatrics based on the number of trainees that are awarded flexible training posts since the creation of the scheme – paediatrics ranks 3<sup>rd</sup> of all specialities in number of flexible trainees since 2002 and in 2020 had the second highest number of trainees enrolled in the flexible training scheme (7 out of 32 trainees)<sup>12</sup>. There were additional trainees who availed of job-sharing posts outside of the National Supernumerary Flexible Training Scheme in addition to these posts as the demand for the scheme exceeded the number of posts available<sup>12</sup>. Engagement with the questionnaire may have been improved by the use of reminder emails or the use of an in-person questionnaire at a Faculty of Paediatrics study day.

Suggested recommendations from this study are as follows: 1. Training bodies and the HSE/NDTP should issue strong statements of support for LTFT training. 2. LTFT training options should be expanded. 3. Time limits on the duration of LTFT training should be removed. 4. LTFT training should be open to all trainees. 5. There should be better engagement with trainees at all levels. 6. Awareness campaigns should be conducted to highlight positive experiences of LTFT trainees and to give accurate information on potential impact on salary, pension etc. 7. Teams should receive education on working with LTFT trainees. 8. A central hub for the coordination of LTFT training options should be considered (possibly through the NDTP).

**Declaration of Conflicts of Interest:**

The authors have no conflicts of interest to declare.

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## References:

1. Royal College of Physicians of Edinburgh. Survey results: a survey by the Royal College of Physicians of Edinburgh's Trainees and Members' Committee on less than full-time training. 2019. Accessed 27 November 2020. Available from: [rcpe.ac.uk/sites/default/files/ltft\\_report\\_final.pdf](https://rcpe.ac.uk/sites/default/files/ltft_report_final.pdf).
2. Hayes B, Prihodova L, Walsh G, Doyle F, Doherty S. Doctors don't Do-little: a national cross-sectional study of workplace well-being of hospital doctors in Ireland. *BMJ Open*. 2019;9(3):e025433.
3. Department of Health. Strategic Review of Medical Training and Career Structure: Final Report. 2014.
4. Department of Health. Strategic Review of Medical Training and Career Structure: Ninth Progress Report. 2019.
5. HSE National Doctors Training & Planning. Guide to HSE National Supernumerary Flexible Training Scheme (version 6). 2019.
6. HSE National Doctors Training & Planning. Ninth Annual Assessment of NCHD Posts 2018-2019. 2019.
7. Royal College of Physicians of Ireland. RCPI Job Sharing Policy. 2020. Accessed 14<sup>th</sup> October 2020. Available from: <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2020/08/RCPI-Policy-Job-Sharing-July-2020.pdf>.
8. Medical Council of Ireland. Medical Workforce Intelligence Report: A Report on the 2018 Annual Retention & Voluntary Registration Withdrawal Surveys. 2019. Accessed 14<sup>th</sup> October 2020. Available from: <https://www.medicalcouncil.ie/news-and-publications/publications/medical-workforce-intelligence-report-2018-annual-retention.pdf>.
9. Humphries, N., Crowe, S., and Brugha, R. Failing to retain a new generation of doctors: qualitative insights from a high income country. *BMC Health Services Research* 2018;18, 144.
10. Pereira D, Quirke S. A Study of Consultant Attitudes to NCHD Less-Than-Full-Time Training. *Ir Med J* 2021; 114(8), 432.
11. NHS. Doctors in flexible training – Principles underpinning the new arrangements for flexible training. 2005. Accessed 28<sup>th</sup> October 2020. Available from: [https://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/doct orstraining\\_flexible\\_principles\\_cd\\_080405.pdf](https://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/doct orstraining_flexible_principles_cd_080405.pdf).
12. HSE National Doctors Training & Planning. Medical Workforce Report 2020-21. 2021.