Trainee Matters

SECTION EDITORS

Natasha Amiraraghi MBChB, DOHNs, FRCSEd (ORL-HNS),

AMTF in Cochlear Implant and Skull Base Surgery, Crosshouse Hospital, Kilmarnock, UK.

E: natasha.amiraraghi@nhs.net

Lizanne Steenkamp,

Lecturer in Audiology and Programme Leader for MSc/PgDip in Audiology (pre reg)

BAA Board Director for Accreditation, Speech and Hearing Sciences, Queen Margaret University, Musselburgh, UK.

T: +44 (0)131 474 0000
E: lsteenkamp@qmu.ac.uk

Less than full time training: the best of both worlds!

Every one of us can feel the pressures of competing interests of everyday life and commitment to our careers. This can be even more difficult when bringing up a young family, especially when we have had to move away from our own support networks to pursue our desired careers. **Catriona Douglas** and **Alexander Evans** outline less than full time training (LTFT) and summarise their own experiences, inclusive of top tips for those considering it.

What is it?

LTFT is working less than full time hours, expressed as a percentage of the full-time equivalent, leading to a pro-rata increase in the length of training. Part-time medical training was first introduced in 1966 for married women within the Oxford training region [1]! When the specialist registrar grade was introduced under Calman reforms, LTFT training became more readily available. It has increased in popularity in recent years, with 11.3% of UK trainees now being LTFT. This is replicated in many countries, including North America and Australia, with the aim of attracting and retaining doctors. Despite its popularity, in 2011 only 2% of surgical trainees were LTFT. Demand is however increasing. A recent ASIT survey (2015) demonstrated that 18.3% of respondents had either previously undertaken or were currently taking LTFT during surgical training [2]. ENT is the second most popular surgical specialty for trainees working part-time after general surgery and it is more common amongst higher surgical trainees compared to core trainees.

How do you do it?

All doctors in training can apply for LTFT; however, there are specific requirements stipulated in the Gold Guide. To be eligible, there must be a 'well founded reason' for not being able to work full time:

- Disability or ill health, or being a carer for children or ill or disabled partner, relative or dependant, or
- Unique opportunities for personal or professional development (e.g. sporting commitments, academia, quality improvement or leadership roles).

LTFT is a gender neutral concept and should be equally open to both females and males. It is usually not possible to work less than 50%, but this can be possible in exceptional circumstances (to a minimum of 20% for up to one year) if there is agreement from all interested parties. Applications must be made to both your postgraduate Local Education and Training Board (LETB)/ Deanery and your local hospital. Funding for flexible training is held by the LETB/Deanery

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and therefore it is not ring-fenced. As such, it can be difficult to access and you may have to join a waiting list. Within the UK there is evidence of variation in LTFT across regions and specialties, with concerns being raised about access to this [3]. If you are interested, it is important to start the application process as early as possible, as it can take several months to organise. It is often useful to discuss with someone who has been through the application process and is currently working as a LTFT. Advice can also be obtained from the British Medical Association and Royal Colleges. In addition, the JCST has recently published a policy statement concerning the issues of working LTFT during surgical training (www.JCST.org).

What are the benefits?

There are many positive aspects of LTFT: it allows for some individuals to continue surgical training who may not have been able to otherwise. Most importantly, it allows for a great work/life balance and provides opportunity for individuals to pursue interests and challenges outside of medicine, such as sport. If you are training LTFT to care for children, it gives you a unique and incredibly valuable opportunity to spend more time with your children while they are young and become more involved in school life or your local community. As training time is extended, you can often rotate through more units or repeat placements at different stages. This allows you to work in numerous teams at different stages, often providing greater diversity of training. Additionally, it allows LTF trainees to gain more clinical experience and maturity on completion of training, which markedly helps when sitting for part two of the fellowship exam. Individuals are still required to complete the appropriate pro rata theatre and clinic requirements and this can lead to being able to tailor the timetable to specific training needs. Non-surgical skills of time management and organisation are maximised as you have to manage your timetable and ensure that you are still obtaining your competencies. Working in this way often leads to opportunities to manage rotas in order to accommodate LTFT working requirements with those of other trainees in the department.

Are there any negatives or challenges?

There are several challenges to overcome. It is imperative that your timetable fulfils the specific training requirements and this can be difficult to negotiate. There can be long periods where you are not exposed to a particular subspecialty, which can make it challenging to ensure that your surgical skills are maintained within that subspecialty. Participating in an on-call rota part-time can be difficult to organise. It may be possible to do LTFT with full-time on-calls, although this can provide an additional challenge. Attendance at study days and courses on your days off may require some negotiation with your training programme director and local department in order to claim lieu days.

It is important to remember that your training will be increased considerably, and you will often become 'junior' to people that you were initially 'senior' to. There is of course a financial implication to LTFT, although the ISCP will reduce your yearly fee in accordance with your part-time percentage.

Unfortunately, there are still negative attitudes towards LTFT. A recent ASiT trainee survey reported that 53.8% of people had experienced undermining behaviour from staff at work as a direct result of being part-time [2]. Qualitative analysis has revealed bullying behaviour from consultants and colleagues towards LTFT trainees, which is unacceptable [4]. It is not just hospital staff that can have these negative attitudes: politicians have also voiced their thoughts. In a Commons debate in June, Anne McIntosh, a Tory MP, said that women doctors who had received expensive medical training but went part-time after starting a family were a huge burden on the NHS.

In reply, Anna Soubry, then a health minister, agreed that they were a drain on resources [5].

Testimonials

Catriona Douglas

I am currently an ST7 in otolaryngology in the West of Scotland. I work at 60% and have done for the past five years, having previously worked at 100% for two years. I have three young children, aged seven, five and two years, so decided to go part-time after having my second child. I work three full days, and do 100% on call.

I have really enjoyed training part-time. It really gives you the best of both worlds.

From a family point of view, I have been able to spend valuable time with my children while they are young, family life has been a little less rushed and I could attend many school events.

From a training perspective, time is increased, which gives you invaluable clinical experience and allows you to build up great relationships with colleagues. Every department that I have rotated through has been very supportive of me working less than full time. The main

"The West of Scotland deanery, training programme director and all my consultant supervisors have been incredibly supportive."

Catriona and the kids enjoy a sunny day on the West coast of Scotland.

Catriona snaps a quick shot of the kids whilst out for a family cycle.

drawback is difficulty with continuity of care, particularly post operatively. However, it is possible to work around this with good communication and arranging appropriate follow-up clinics. I have been very fortunate that my consultants have allowed for patients that I operate on to be followed up at a clinic I will be attending, ensuring I don't miss out on this essential clinical experience.

I have thoroughly enjoyed LTFT and have not experienced any of the negative comments or problems reported earlier in this article. The West of Scotland Deanery, Training Programme Director and all my consultant supervisors have been incredibly supportive. I would really recommend LTFT training to anybody that is considering it.

Alexander Evans

I am an ST8 working in South Yorkshire. I currently work at 60% but previously worked at 50% for nearly seven years of my higher surgical training, having completed two years whilst working full time.

My wife is a GP also working LTFT, enabling us to share the childcare of our three children. This has been particularly important as our middle son was diagnosed with Type 1 Diabetes. With no family locally, our working arrangement has meant that one of us is available to provide the necessary additional care and support that he has required.

In addition to spending more time with my young family and benefitting from the longer training time in terms of acquiring the knowledge and skills required for consultant practice, I am of the opinion that the European Working Time Directive has had less of an impact on my training than my full time colleagues. I agree with Catriona that providing continuity of care to patients can be challenging but careful scheduling of theatre lists and follow-up addresses this.

The local Health Education Authority have always been accommodating and supportive of my LTFT needs, as have all my programme directors and trainers. Despite being initially apprehensive about how training in a surgical specialty on a part-time basis would be perceived by my senior colleagues, I have never experienced any negative or discriminatory treatment and would strongly recommend other surgical trainees to consider it.

Conclusion

Part-time training in otolaryngology is increasingly popular and open to all trainees with well-founded reasons who wish to consider it. Whilst there are challenges in working in this manner, it can be essential to allow some trainees to continue training and provides a valuable opportunity to achieve work-life balance. Despite the challenges and negative attitudes to overcome, both of the authors have had a positive experience and strongly recommend other trainees to consider it.

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"Working LTFT has given me an opportunity to spend more time with my young family than I would have done otherwise."

Alex and his kids have found the Gruffalo!

Alex and his kids pose for a photo on the stepping stones.

AUTHORS

Alex Evans, FRCS (ORL-HNS),

Rotherham General Hospital, UK.

E: Alex.Evans@rothgen.nhs.uk

Catriona Douglas, MD, FRCS (ORL-HNS),

Queen Elizabeth University Hospital, Glasgow, UK.

E: catriona.douglas2@nhs.net