

LTFT matters 2016

A joint meeting between the AAGBI and RCoA



Thursday 26 May 2016

Organiser: Dr Emma Plunkett, Birmingham

Programme

09:30 Registration & refreshments

10:15 Introduction
Dr Susan Underwood, Bristol

10:20 LTFT training: the state of play
Dr Emma Plunkett, Birmingham

Potential challenges

10:30 ICM training
Dr Jacqueline McCarthy, Glasgow & Dr Victoria McCormack, Manchester

10:50 LTFT as a consultant
Dr Rebecca Micklewright, Wolverhampton

11:10 LTFT and research
Dr Annemarie Docherty, Edinburgh

11:30 LTFT for health reasons
Dr Roopa McCrossan, Newcastle upon Tyne

11:50 Supporting ourselves and each other
Drs Nancy Redfern & Kathryn Bell, Newcastle upon Tyne

12:50 Lunch

Possible solutions

13:40 Contracts
Dr Lucy-Jane Davis, Deputy Chair and LTFT Lead, BMA JDC

14:20 Making the most of LTFT training
Drs Surrah Leifer, Victoria McCormack & Emma Plunkett, GAT LTFT team

14:40 Returning to work
Dr Eleanor Lewis & Dr Elizabeth Boucher, Wales
Dr Jill Horn & Dr Maria Garside, Bradford

Food for thought

15:10 Work life balance: My story
Dr Danny Bryden, Sheffield

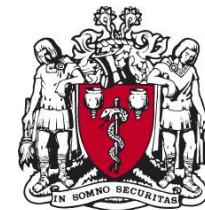
15:45 Discussion

LTFT training: the state of play 2016

Emma Plunkett

@emmaplunkett

#LTFTmatters



GAT
AAGBI

GROUP OF ANAESTHETISTS IN TRAINING

Why is LTFT important?

- Organisational benefits
 - Retention of workforce
 - Ensure continuation of training
- Individual benefits
 - Promote career development and work-life balance, health and wellbeing
- LTFT significant minority, but increasing



Who can train LTFT?



Category 1

Ill health / disability

Caring responsibility

- Children
- Partner
- Parent
- Other relative

Category 2

Personal or professional
development

- Medical
- Non medical

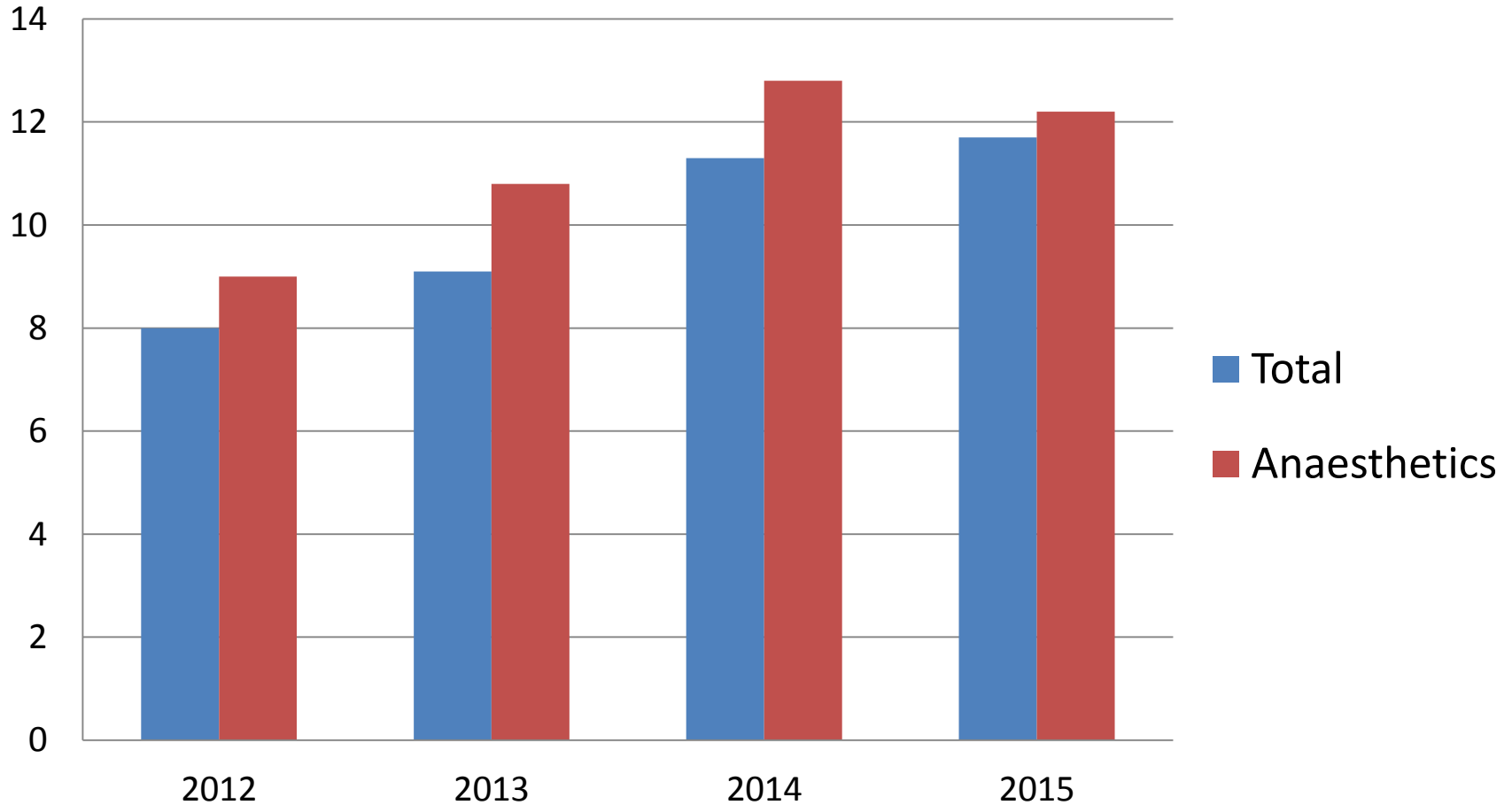
Religious commitment

NOT clinical research

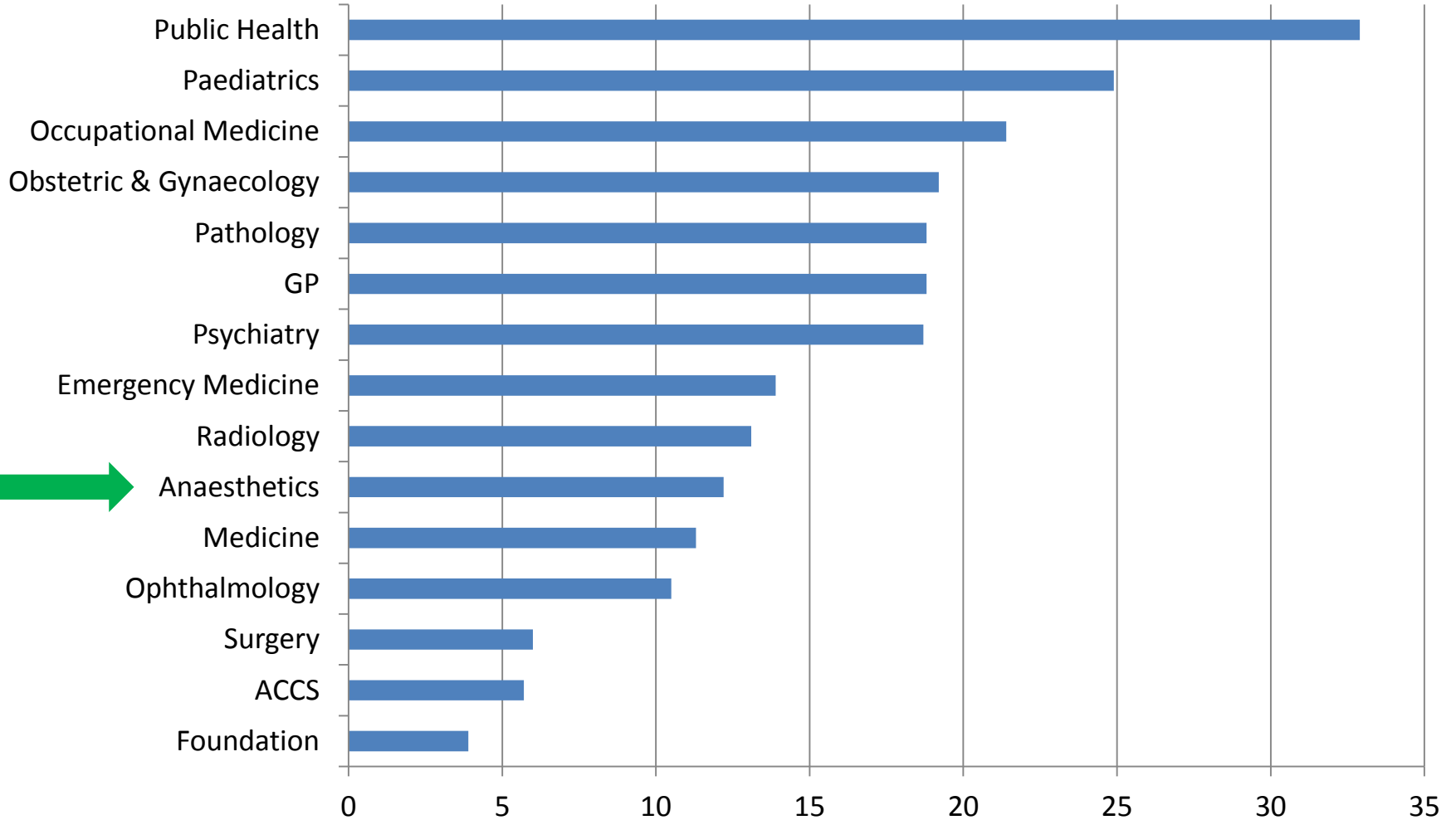
How many anaesthetists work LTFT?

- Junior doctors:
- SAS doctors:
- Consultants:
 - 16.7% of female and 4.5% of male consultants

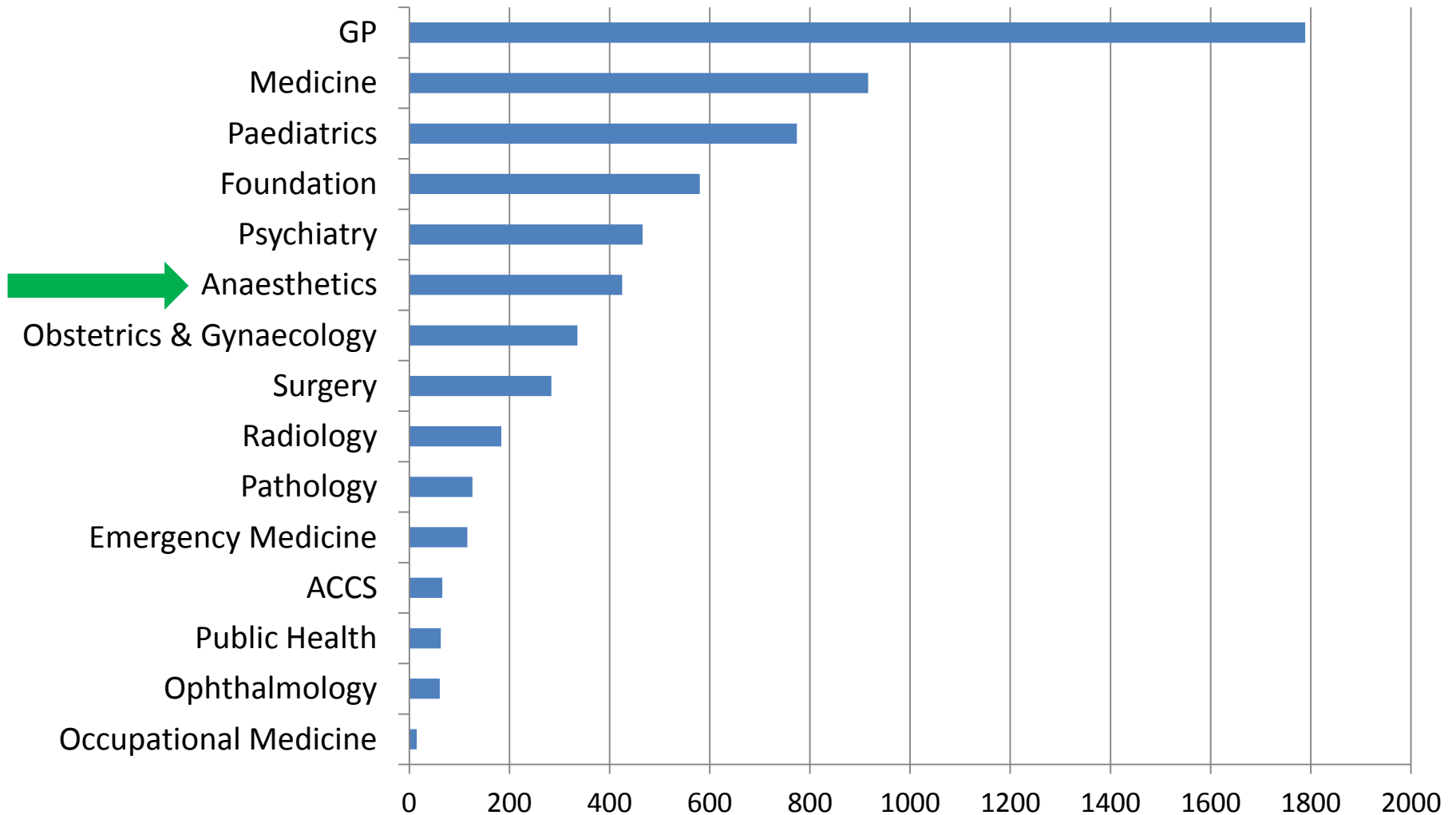
GMC NTS: % trainees working LTFT



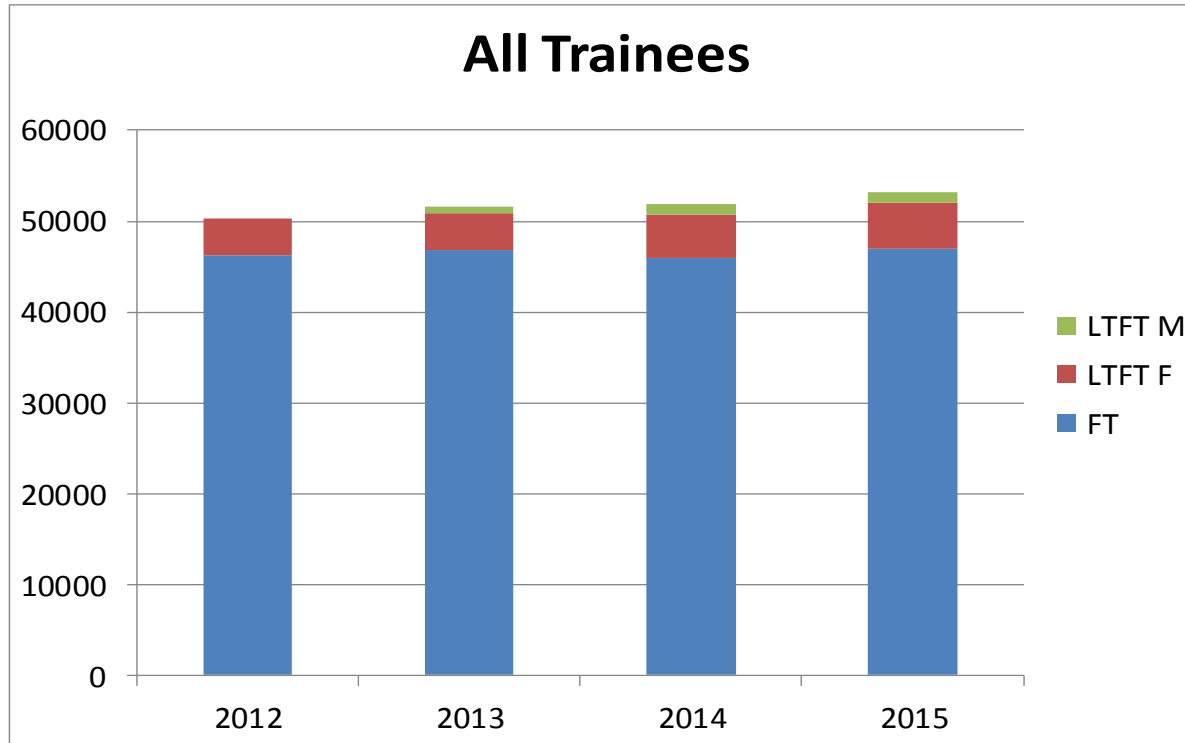
GMC NTS: % LTFT by specialty



GMC NTS: Number LTFT by specialty



Gender & LTFT



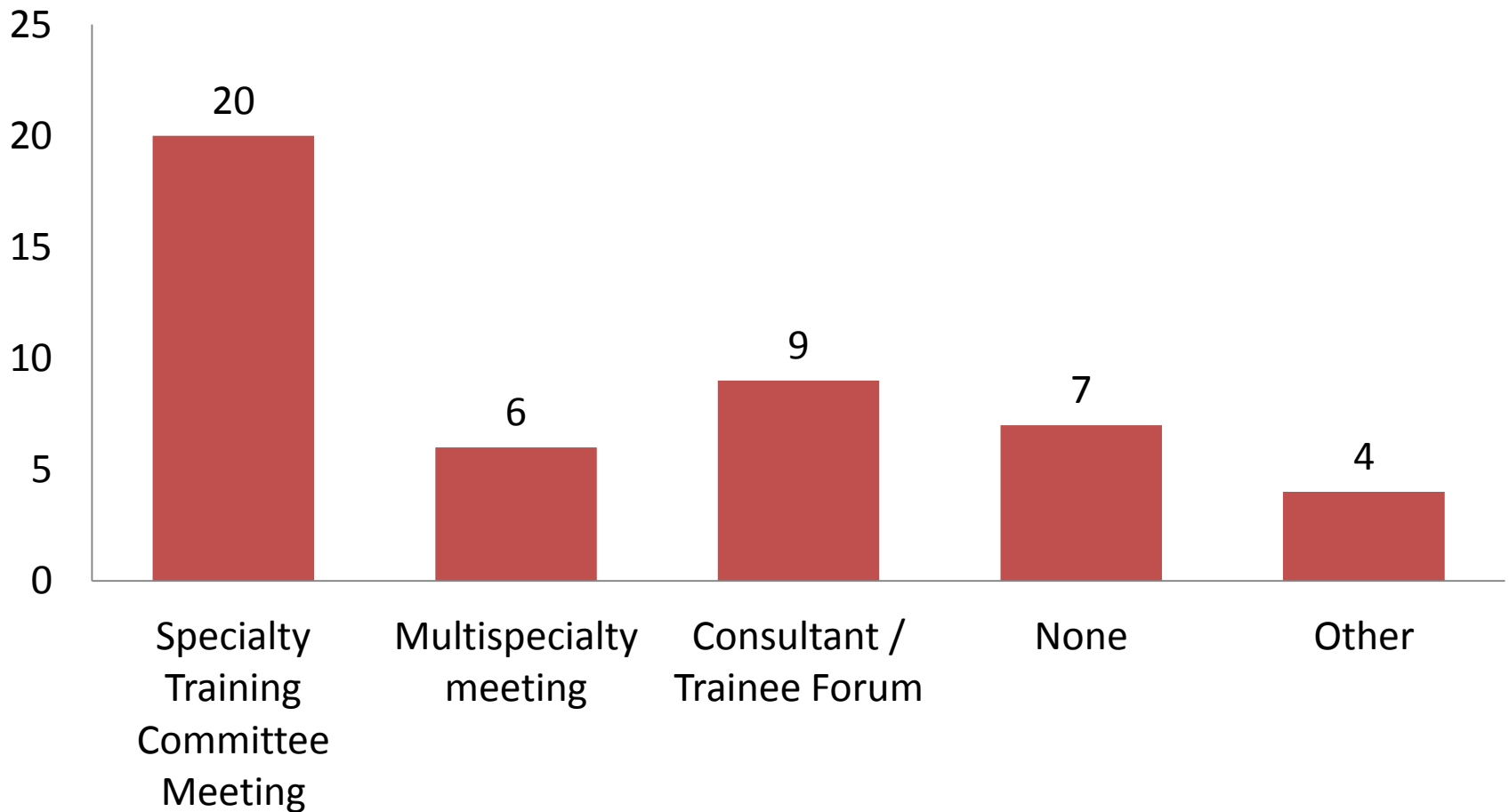
Consultants

63% of LTFT consultants are female
(Overall 32% female)

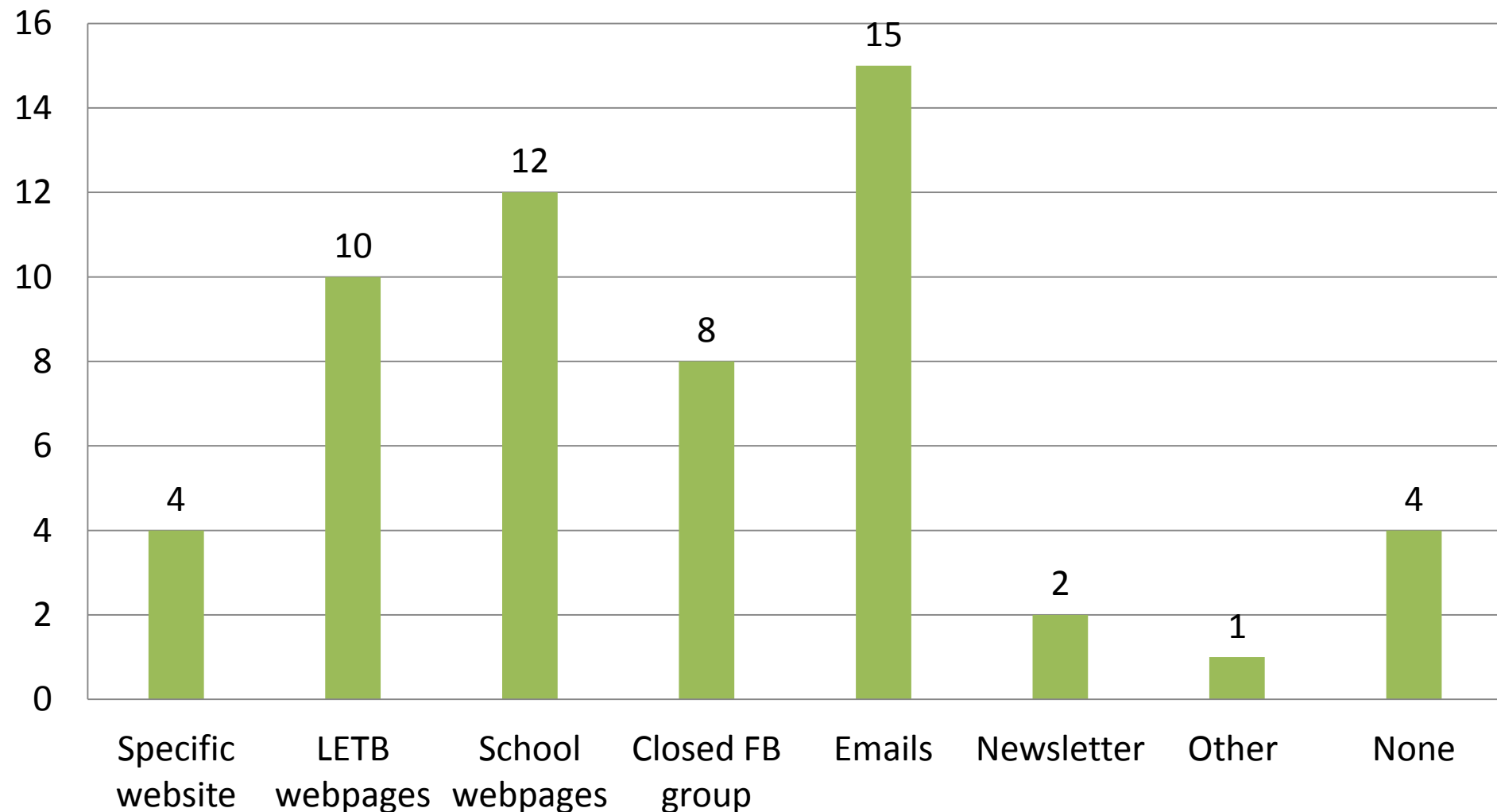
Recent developments

- National LTFT meetings
- AAGBI LTFT network
- LTFT trainees in the military

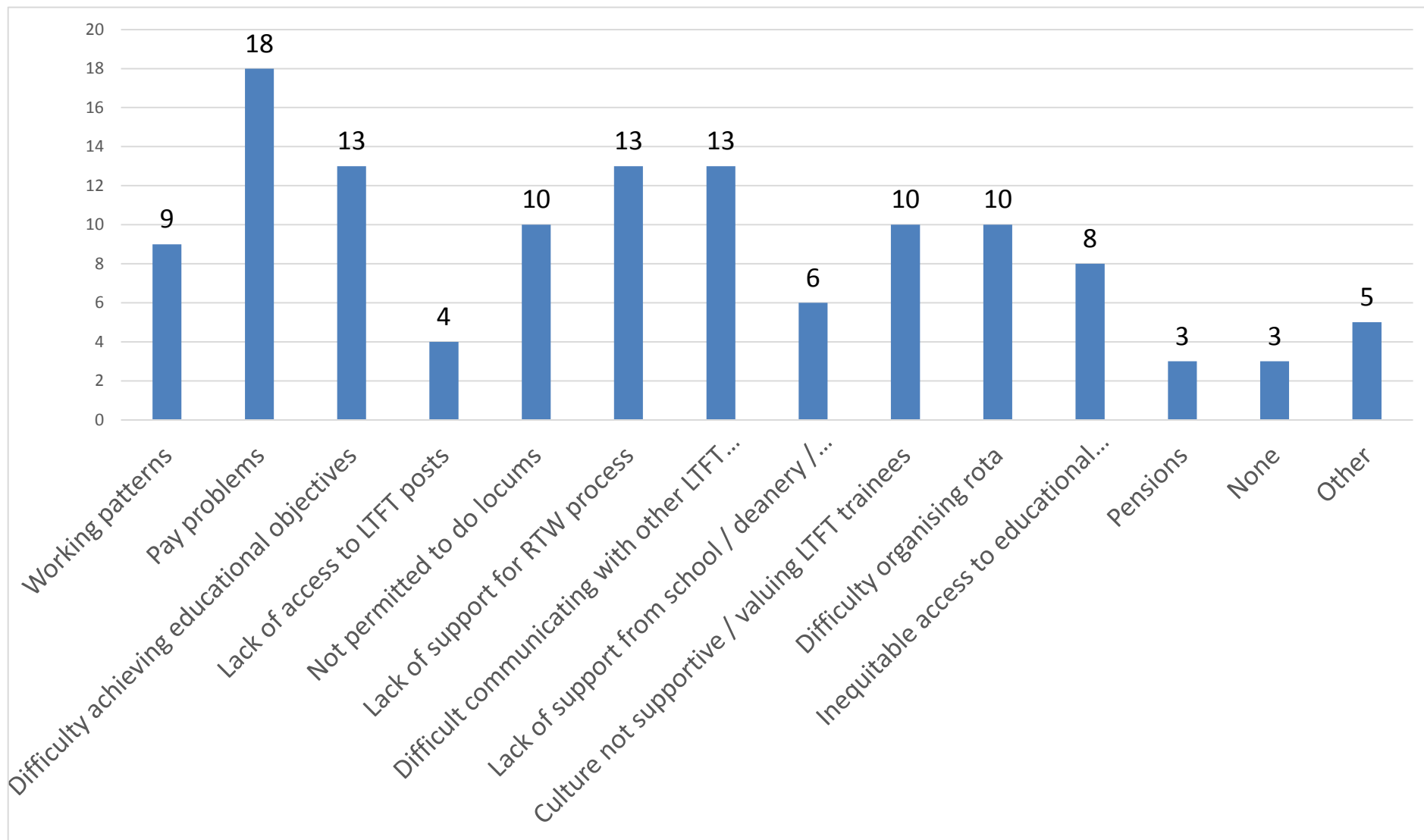
What regional meetings do you have to raise LTFT issues?



What on-line platforms do you use for sharing LTFT information?



Issues affecting LTFT trainees



Positive comments about LTFT working

- *In general we are **supported** by our TPDs and School.*
- *Overall **good support** by specific LTFT TPDs and **extremely good support** by Head of School*
- ***Good support** for fixed day off*
- *I think we are fairly **well looked after** here. Recurrent issues of low confidence on returning after maternity leave but this is now recognised with official return to training process*
- *The school are **very supportive***
- *We have **support** from a LTFT regional adviser, which is **very useful***
- *We are **well looked after***
- ***Well organised & supported***

Negative comments about LTFT working

- *LTFT training has **little support** from within the LETB.*
- *Mistakes are made with pay and currently we are up against moves to increase our hours within our pay band without formally increasing our percentage - this has left us with a feeling that we **aren't valued** as a resource, should be increasing our service provision and provide more "value for money".*
- ***Difficulty accessing study leave funds.***
- *There is **lack of parity** in terms of % we can work as LTFT across our region.*
- ***We are still perceived as pretty inconvenient!***
- *I would like there to be more two way dialogue between trainees & the school board. I also think there is a gap between what the school think happens & the reality for individual trainees within hospitals.*
- *Some administrative staff **vocal about the difficulties that LTFT trainees** present to planning processes creating **bad feelings**.*
- *There is **no cultural acceptance of LTFT trainees in the fellowship posts** in our region - they are not set up for LTFT trainees and are **difficult for us to access**.*

The future

- Potentially increased demand
 - Will there be increased funding?
 - Already limited access in some places...
- How can we support LTFT working?
 - More role models
 - Discussion of issues
 - Collaboration
- Implications of the new contract...
 - More part time consultants

A survey of attitudes towards LTFT Training in Anaesthesia

LTFT Matters

Joint AAGBI & RCoA meeting

25th May 2016

Dr Yvonne Price_{1,2}

Dr Elly Ferreira_{1,2}

Dr Emilie Martinoni Hoogenboom_{1,3}

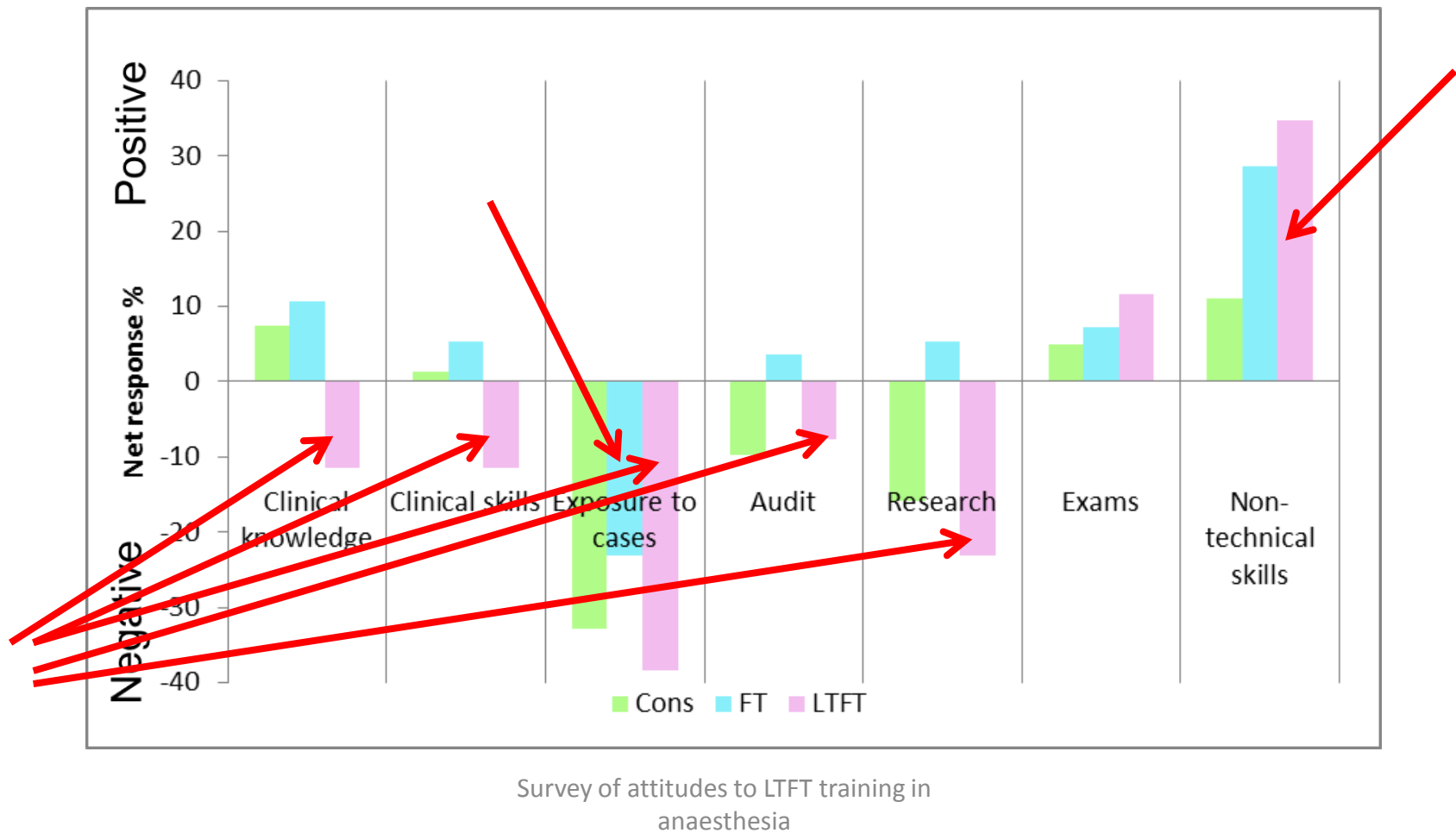
Dr Helen Drewery_{2,4}

₁LTFT trainee reps, ₂ Barts & The London School of Anaesthesia, ₃ North Central London School of Anaesthesia, ₄ Regional Advisor

How does LTFT training affect everyone else?

- 2 schools of anaesthesia
 - 3 Internet based surveys
 - One for each group of
 - LTFT trainees (LTFTT)
 - Full Time (FTT)
 - Consultants
- 184 responses

Rate performance of LTFT trainees in the following areas



Consultants and FTT asked about affect of LTFT on their work

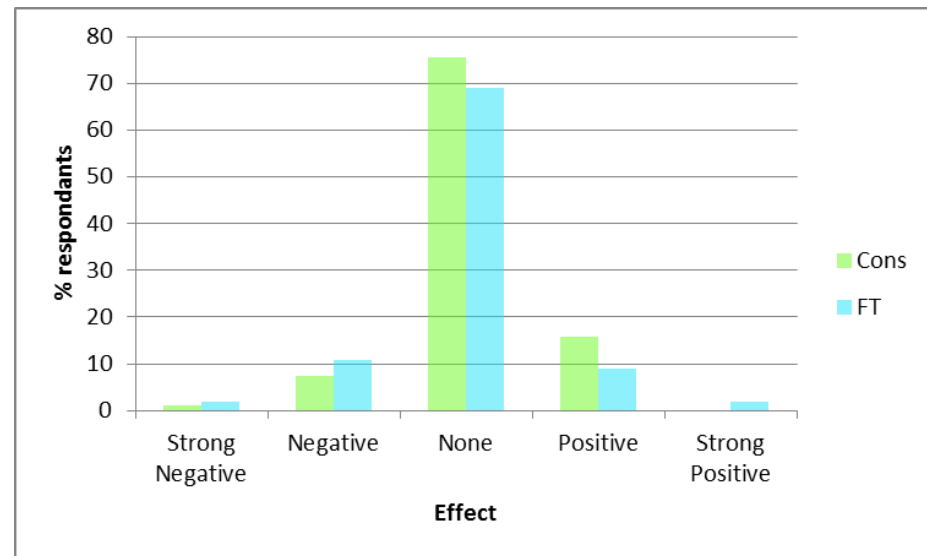
Writing the rota is more complicated

Some are highly inflexible

Can be difficult to accommodate LTFT requests

Tends to make swaps more difficult

We all made to do extra on calls



What now?

- **Making the most of LTFT training session**
 - Discussion of possible solutions
- **Poster** about the survey on display
- We would love to take survey nationwide
- Please feel free to talk to us
- Drinks after meeting at
The Queen & Artichoke
Albany Street
Near Euston Station