

LTFT matters 2016

A joint meeting between the AAGBI and RCoA



Thursday 26 May 2016

Organiser: Dr Emma Plunkett, Birmingham



Summary notes of the day

These notes were written by the GAT Committee team involved in arranging the seminar. The idea is that they will help to give an overview of the presentation and can be used in conjunction with pdfs of the presentations.

LTFT state of play

Dr Emma Plunkett presented the latest GMC survey figures about numbers of LTFT doctors and the results from the LTFT network survey (see poster summary).

Dr Yvonne Price presented results from a regional survey in the Bart's and London School

- LTFT doctors self report low levels of confidence which is consistent with other studies (a RTW study from London).

The following points were raised in the discussion:

- There is no evidence from ARCP outcomes that LTFT doctors underperform compared with FT doctors.
- Under-confidence may actually be less concerning that the alternative of being inappropriately confident and actually usually means that the trainee is functioning well.
- There was general support for extending the work from London nationally. It may be worth linking with ARCP outcomes and also comparing with full time doctors.

LTFT in ICM

This session was split into 2 parts:

- Dr Jacqueline McCarthy presented baseline figures about numbers of LTFT ICM doctors and the results of a survey into the attitudes towards LTFT training in ICM
- Dr Victoria McCormack gave a personal account of dual training in ICM with consideration of pros and cons of ICM training as a LTFT doctor.

LTFT as a Consultant

Dr Rebecca Micklewright gave a personal account of working LTFT as a consultant with a description of a LTFT job plan. She also gave a wider perspective using results of a local survey about working LTFT as a consultant. General benefits and challenges were also discussed.

The discussion that followed covered application for consultant posts and whether to declare an intention to work LTFT from the outset.

LTFT for research

Dr Annemarie Docherty explained the positives of taking time out to do research.

- She had done some wider enquiring and there were no known examples of people doing research LTFT
- She explained that there may be less need to work LTFT in order to achieve work-life balance in research.
- One explanation may be that non-basic science research may be more flexible – no rats!

The discussion covered why people don't work LTFT in research. There is no reason why they should not be allowed to and it was made clear that everyone is entitled to request LTFT working. The suggestion remained that perhaps the degree of flexibility offered by research means that there is less need.

LTFT for health reasons

"It's not LTFT for ill health, it's to maintain good health."

- Dr Roopa McCrossan covered the logistics of applying and working LTFT with information about "reasonable adjustments": what this means and how important it is to be sure to get this right.
- This led well onto the next session.

Supporting ourselves and each other

"Everyone encounters challenges; it's how you deal with them and face up to them that's important"

Drs Nancy Redfern and Kathryn Bell explained the Northern region model with a TPD for trainees with differing needs and extensive experience of supporting junior doctors generally as well as those working LTFT.

- 20% of NE trainees see the TPD at any one time and this varies over time, so more have seen during the course of their training.
- This reflects a high need and may be something we can spread to other regions...

The session included an interactive session to demonstrate the qualities that help people to open up and discuss issues.

Making the most of LTFT training

Dr Emma Plunkett covered some of the logistics of LTFT working for example application and types of rota. How to make the most of LTFT training was based around the Stephen Covey book "The Seven Habits of Highly Effective People", and related each habit to how to make LTFT training work.

Returning to work

Wales

Dr Elizabeth Boucher presented their experience of setting up a RTW course and supporting the RTW process in Wales.

- They have an exit (pre-leave) and RTW interview.
- They have expanded their course to ACCS and EM.
- Flexible timing of course is important
- They aim to keep the course low cost and have successfully applied to the Wales deanery for funding from a deanery initiative for trainees for a worthwhile project/course/training – is this available elsewhere?
- May be missing consultants returning from leave.

Bradford / GASagain

Dr Jill Horn presented information about how College Tutors and Educational Supervisors can support a trainee return to work.

- Important points covered were:

- A pre-absence form and the exit process.
- What is the plan for communication when off and the timescale?
- A phased return is important to build stamina – in whatever form.
- As a GASagain co-lead, she also covered learning points from GASagain – highlighting consultant RTW issues and the following points:
 - GAS Again forms one part of a strategy.
 - It's not a resus course and not a test.
 - It doesn't need to be high tech.
 - A team brief at the beginning of day is important.

BMA contract update

Drs Lucy-Jane Davis and David Rouse answered multiple questions, many related to transition

- More information was awaited.
- Concerns were expressed about how accelerated training will work
- Email enquiries Ldavis@bma.org.uk (Dr Lucy-Jane Davis LTFT BMA JDC rep).

Work-life balance

We need to learn to be able to "let it go!" sometimes.

Danny Bryden gave an incredibly inspiring and personal talk, that a summary could not do justice to.

General discussion

- An example of a trainee told not to come to interview for a fellowship role as LTFT. The RCoA will support 2/7 working – contact training@rcoa.ac.uk and liaise with Dr Underwood about a letter of support.
- Really variable experience of OOPE opportunities – some very supported, some really put off. This is something we could take forward to make more equitable – some examples of where it works well.
- A guide for TPDs on how to manage LTFT trainees would be useful. Lots of unknowns. Can we liaise with TPDs to find out what they would like included?

Reading list

The following books / resources were mentioned during the day:

- Amy Cuddy – TED talk
- Stephen Covey – The Seven Habits of Highly Effective People
- Susan Jeffers – Feel the fear and do it anyway
- Sheryl Sandberg – Lean In
- Anne-Marie Slaughter – Unfinished Business