

RESULTS OF THE FLEXIBILITY AND EQUALITY SURVEY 2012

A report by the Academy of Medical Royal
Colleges Flexible Careers Committee

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EXECUTIVE SUMMARY

The Academy of Medical Royal Colleges (the Academy) Flexible Careers Committee comprises representatives from Academy member organisations. It seeks to promote a good work life balance for all doctors and specifically to support flexible and less than full time (LTFT) training and working. The Committee devised an online survey to identify, and subsequently quantify, important current issues for LTFT doctors so that we can advise our members how best to support *their* members. The survey asked:

- If consultants, SAS doctors and trainees currently working less than full time are experiencing difficulties in working LTFT
- How frequent are these difficulties?
- What types of difficulties are commonly encountered?
- How (or if) they are resolved?
- Whether or not working LTFT currently restricts the ability to take on additional roles and responsibilities?

The survey was sent out in May 2012 and closed in August 2012. There were 1,287 responses. Nearly 50% of respondents were speciality trainees, and 24% were consultants.

Key findings from the survey showed that:

- 23.5% of women, 35.5% of men and 42.0% of those declaring a disability or long-term health problem had difficulties when negotiating the time commitment of their current contract
- 24.5% of women and 25.0% of men reported that they had been bullied at some point in their career
- 58.6% of 251 respondents felt they had been subjected to persistent undermining behaviour as a consequence of their LTFT working
- Only 39.7% of female respondents reported taking on additional roles compared to 86.7% of male respondents
- Only 36.8% of respondents currently have a mentor.

In response to the survey findings, we suggest the following action plan for our College and Faculty LTFT officers to take forward with their respective organisation:

- 1. Each College or Faculty includes on their LTFT webpage an example of a LTFT job plan (including how to do an annualised job plan) for their speciality**
- 2. Each College or Faculty includes on their LFTF webpage the contact details of their LTFT Officer (for both trainees and trained doctors) to provide advice**
- 3. Each College or Faculty hold contact details of current LTFT workers who are willing to be contacted by others wishing to learn from their LTFT experiences**
- 4. The Royal Colleges and Faculties, Trusts and many specialty societies are working hard to improve the availability of mentors, however, this is often mainly for new consultants. Therefore every doctor, no matter what their seniority, should be offered a mentor, and time for mentoring training and mentoring sessions is factored into future job plans (as suggested by Baroness Deech in 2009¹)**
- 5. Mentoring and careers advice be emphasised at every annual appraisal, and at the time of any significant change in job plan or role (as recommended by the GMC²). This advice should be documented as having been given or having offered**
- 6. Full Time, LTFT workers and those with disabilities should all be equally able to take up additional roles and responsibilities. Each organisation should actively review barriers to wider recruitment (such as timing of key meetings outside the normal working day) and work to overcome these issues, including allowing job sharing of key roles. Each College and Faculty should include on their LTFT webpage a section on careers advice from those who have been successful in additional roles**
- 7. The high reported rates of bullying are a cause for concern. Therefore a question on bullying should be included in the annual appraisal form for trained doctors. This is already addressed to some extent for trainees by the annual GMC survey and the NHS Staff survey³.**

1. INTRODUCTION

The Academy of Medical Royal Colleges Flexible Careers Committee was set up as a forum to combine input and expertise from all the Less than Full Time (LTFT) officers of the Medical, Surgical and Dental Royal Colleges. Our aim is to promote flexible working at all stages of training; we recognise that trained doctors and dentists at all stages of their career, as well as trainees, need support to maximise their full potential whilst maintaining a healthy work-life balance.

The Flexible Careers Committee devised an electronic survey to identify whether consultants, staff and associate specialist (SAS) doctors and trainees working less than full time (LTFT) are currently experiencing difficulties in working LTFT: if so how frequent are these difficulties, what type of difficulties are commonly encountered, and how (or if) they are resolved. We also set out to review the additional responsibilities fulfilled by doctors, both full time (FT) and LTFT, to try to establish whether or not working LTFT currently restricts the ability to take on additional roles. We set out to identify and try to quantify important current issues for LTFT doctors so that we can advise Colleges and Faculties, via their LTFT Officer how best to support their members.

We emphasize that this survey represents a snapshot of current issues obtained from those who opted to respond, and is not an exhaustive survey of all current FT and LTFT workers in the UK.

The Flexibility and Equality Survey was sent as an online survey (Refer to Appendix C for questions) by all the Royal Colleges and Faculties to their members in May 2012 and was open to all to complete, including those currently working LTFT and those now working FT who had worked LTFT in the past. We now report our findings. We hope that the results of this survey will raise awareness of the key issues identified and allow us to focus our efforts on finding solutions for barriers to flexible working. In particular, this report highlights the significant rates of bullying and worryingly low rates of mentoring reported by respondents to the survey.

We conclude with recommendations to tackle the key issues identified, which have been circulated by AOMRC Flexible Careers Committee members to each member College LTFT lead for consideration.

2. PROFILE OF RESPONSES TO SURVEY

There were a total of 1,287 responses to the survey across all the Royal Colleges and Faculties, although not all respondents answered every question.

2.1 Respondent demographics

Of the 1,110 respondents who answered these questions, 87.9% were female. The majority (40.5%) were aged 31-35 and 26.4% were aged 36-40. Only 8.5% of respondents were aged over 50. The majority (86.6%) were married or in a civil partnership. 70.2% were British, with those of Indian ethnic origin the next highest represented group (9.6%). Less than one tenth of respondents (8.6%) considered themselves to have a disability or long-term health condition.

A full breakdown of respondent demographics is given in Appendix A.

2.2 Respondent grade and parent College or Faculty

A total of 306 consultants responded (23.8%) and 55 SAS/Specialty Doctors (4.3%). Nearly 50% of respondents were trainees at Speciality trainee level.

The largest proportion of respondents were physicians (22.0%), paediatricians (12.0%), anaesthetists and surgeons (both 11.0%) and GPs (8.3%). We believe that the inclusive nature of our committee, with representatives of 24 Royal Colleges and Faculties, gives us great strength to find common solutions and share good practice. However, the response included a total of only 7 dentists (perhaps reflecting the different challenges faced by dentists), which means our comments cannot be applied to dentists.

Appendix A shows the full breakdown of respondents by grade and parent college/faculty. Out of the 1185 respondents who answered the question, the majority (91%) have NHS contracts, with 3.8% having academic and honorary NHS contracts, 1.2% pure academic/research contracts and 4% a variety of other contracts.

2.3 Current Grade and FT or LTFT

We wished to establish the current grade at which respondents are employed and whether this is full time or LTFT. The breakdown of the 1,119 valid responses to this question is shown below in Table A:

Table A: Breakdown of respondents by grade and FT/LTFT employment.

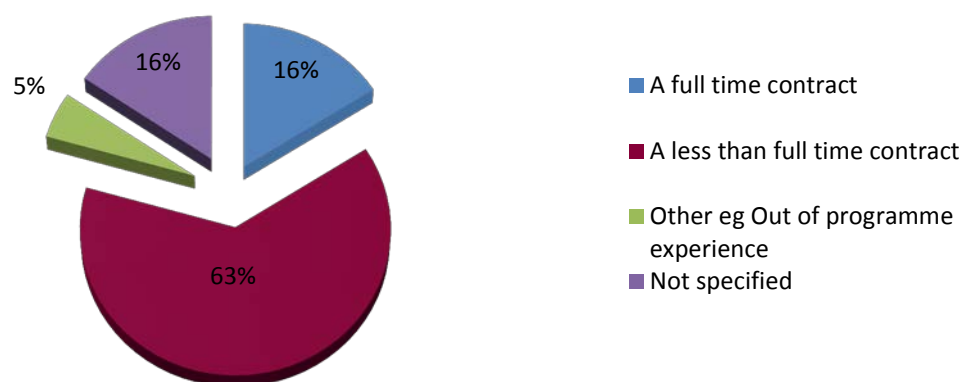
Grade at which currently employed	Number of grade (%) working LTFT		Number (%) working full-time	
	No.	%	No.	%
Trainee (FY1-ST7)	700	89.0	87	11.0
SAS/Specialty doctor	33	84.5	6	15.5
Consultant	192	73.0	70	27.0
General Practice	6	66.5	3	33.5
Other	13	59.0	9	41.0
Total	944	84.5	175	15.5
Grade at which currently employed	Working LTFT	% of which are women	Working full-time	% of which are women
	No.	%	No.	%
Trainee (FY1-ST7)	700	97.0	87	60.0
SAS/Specialty doctor	33	93.0	6	0.0
Consultant	192	82.0	70	60.0
General Practice	6	*	3	*
Other	13	*	9	*

*Unable to calculate as not all respondents indicated their gender

3. CURRENT WORKING PATTERNS, FT OR LTFT

The majority of the 1,111 respondents, who indicated their working pattern, reported they were working LTFT. Figure 1 below shows the responses to the question “Is your contract full time or LTFT?”

Figure 1: Is your contract full time or less than full time?



Of the small number of valid responses to the question regarding type of contract, the majority of respondents (29.7%) currently work less than full time with reduced on call and 11% are working full time with flexible supporting PAs. The full summary of responses is given in Table 3 in Appendix A.

With regard to out of hours work on call, 21% of respondents do no on call; 55% cover their own speciality only, and only 9.6% do unselected emergency take (Table 4 in Appendix A). Of those respondents who take part in on call rotas, 70.7% do pro rata with their full-time colleagues, 18.3% do more than pro rata and only 11% do less than pro rata on call.

3.1 Hours contracted and estimate of unpaid hours worked

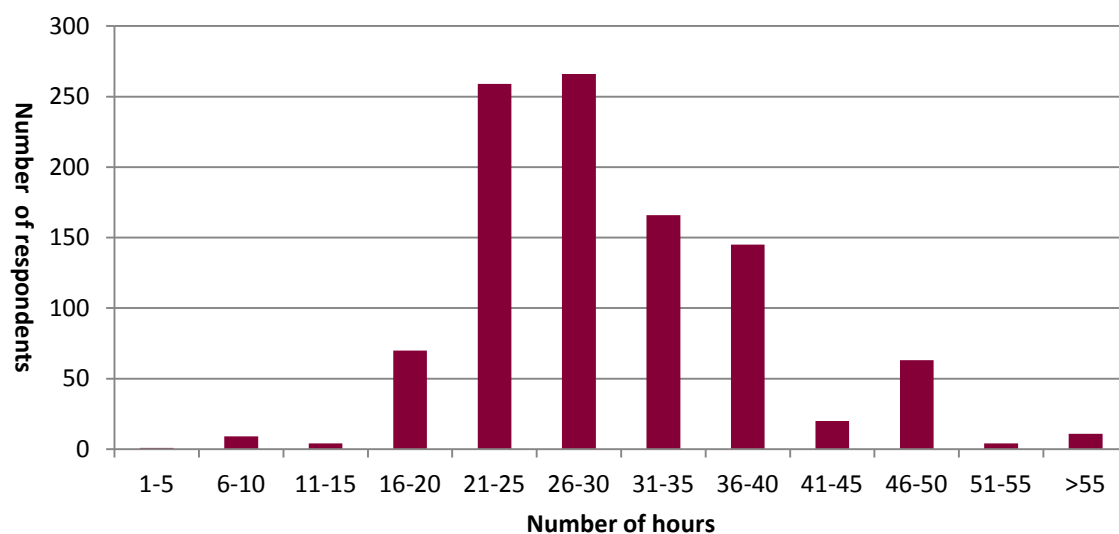
We looked at hours contracted and worked by grade (Table B below). Foundation and Core Medical trainees reported that they worked on average 3.3 hours above their contacted hours, SAS doctors 2.8 hours above, whereas consultants reported working 6 hours above their contacted hours each week and GPs reported working an astonishing average of 16.2 hours above their contracted 34.4 hours each week.

Table B: Hours contracted and worked by grade

Grade	Average contracted hours worked per week	Of which are clinical care		Average Unpaid Hours worked
		No	%	
Foundation Year (FY1, FY2)	28.7	25.6	88.9%	3.3
Core medical training (CMT)	26.9	25.5	95.0%	3.3
Higher Medical Training (ST3-7)	30.3	29.0	95.8%	3.2
SAS	28.6	23.1	80.8%	2.8
Consultant	31.7	22.8	71.9%	6.0
GP/HMT	27.1	24.0	88.5%	1.8
GP	34.4	24.3	70.7%	16.2
Dental	34.5	30.8	89.1%	10.0
Other	32.0	16.0	50.0%	5.3
Retired	8.0	6.0	75.0%	4.0

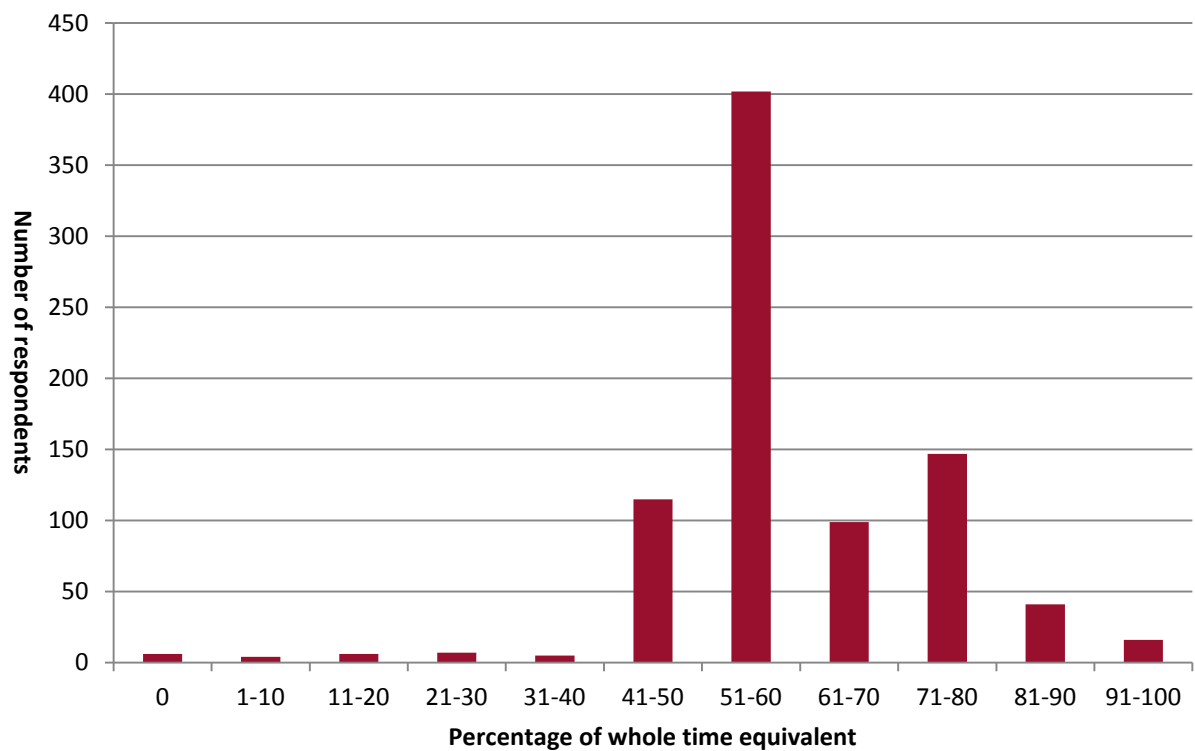
We also asked those who reported working LTFT what percentage of full time they were contracted to work; the distribution of reported contracted hours for LTFT workers was as shown in Figure 2 below:

Figure 2. Number of contracted hours worked each week by LTFT respondents



The hours worked by LTFT workers expressed as percentage of whole time equivalent (WTE), instead of as contracted hours, are shown in Figure 3 below, with the majority working 60% of WTE:

Figure 3. Percentage of Whole Time equivalent based on hours worked by LTFT respondents.



3.2 Contract negotiations

Only 79 respondents confirmed that they had had to negotiate their current contract. When asked about any difficulties encountered in negotiating their current time commitment, the responses were as shown in Table C below. 23.5% of women, 35.5% of men and 42% of those declaring a disability or long-term health problem had difficulties when negotiating the time commitment of their current contract.

Table C: Did you have any difficulty in negotiating your current contract

Did you have any difficulty in negotiating your current contract	Females		Males		Those declaring a disability or long-term health condition	
	No.	%	No.	%	No.	%
Yes	185	23.5	23	35.5	31	42.0
No	605	76.5	42	64.5	43	58.0
Total	790		65		74	
Of those working LTFT any difficulty negotiating your current contract						
	No.	%	No.	%		
Yes	173	22.5	16	30.0		
No	592	77.5	37	70.0		
Total	765		53			

4. CONSULTANT COMMITMENTS IN ADDITION TO CLINICAL ROLE

The full details of the many additional roles undertaken by respondents are given in Table 6 in Appendix A. Although the actual numbers are small, it is striking that only 39.7% of the 353 female respondents reported additional roles compared to 86.7% of the 104 male respondents.

Comparing FT with LTFT workers, there were equal percentages (26.6% and 26.7% respectively) who are Lead Clinicians but less than one percent (0.6%) LTFT Clinical Directors compared to 7.2% FT CDs. There were equal numbers of FT and LTFT Foundation and Speciality trainee educational supervisors, but twice the percentage at 8.7% FT compared to 3.4% LTFT Programme Directors.

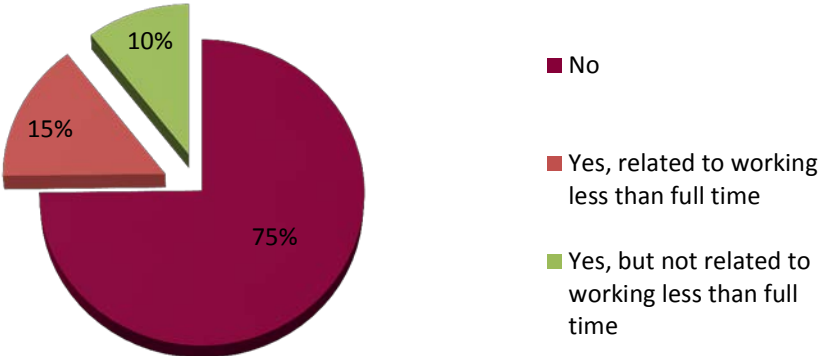
One fifth (20.3%) of FT workers reported a role within their College compared to only 14.2% of LTFT. However, both LTFT and FT workers reported equal (in percentage terms) involvement in roles within the BMA, GMC, specialist society and medical schools.

Those who reported a disability were less likely to have any of the additional roles mentioned in the survey (Table 6 in Appendix A).

5. BULLYING OR UNDERMINING

Figure 4 below shows the responses to the question “Have you been subjected to persistent/serious and sustained behaviour in your professional career that has undermined your professional confidence and self-esteem?” and shows that 25 % of all respondents said ‘Yes’; the majority of respondents, regardless of gender, considered that they had not been bullied. However, as shown in red in Figure 4 below, more than half of those respondents who said they had been subjected to persistent undermining behaviour indicated that they felt they had been subjected to such bullying or undermining behaviour as a consequence of their LTFT working.

Figure 4. Have you been subjected to bullying/undermining?



We were also concerned to find that of those with a disability or long term condition, just under half considered that they had been bullied; Table D below summarises these findings.

Table D: Have you been subjected to bullying/undermining?

Have you been bullied during your career	Female		Male	
	No.	%	No.	%
No	651	75.5	86	75.0
Yes	211	24.5	29	25.0
Total	862		115	
Have you been bullied during your career	Those without disability or long term illness		Those with disability or long term illness	
	No.	%	No.	%
No	690	78.0	46	53.5
Yes	200	22.0	40	46.5
Total	890		86	

6. MENTORING

Respondents were asked about mentoring. Only 107 of the 1,053 respondents who answered these questions are currently mentors. This is perhaps not surprising for trainees; however, only 60 (less than 25%) of the 261 consultants who responded to this question are mentors. Only 53% of current mentors have received any formal training in mentoring. Of more concern, just 36.8%% of respondents reported that they currently have a mentor themselves. The full breakdown by gender and grade is given in Table 7 in Appendix A.

Figure 5: Do you have a mentor?

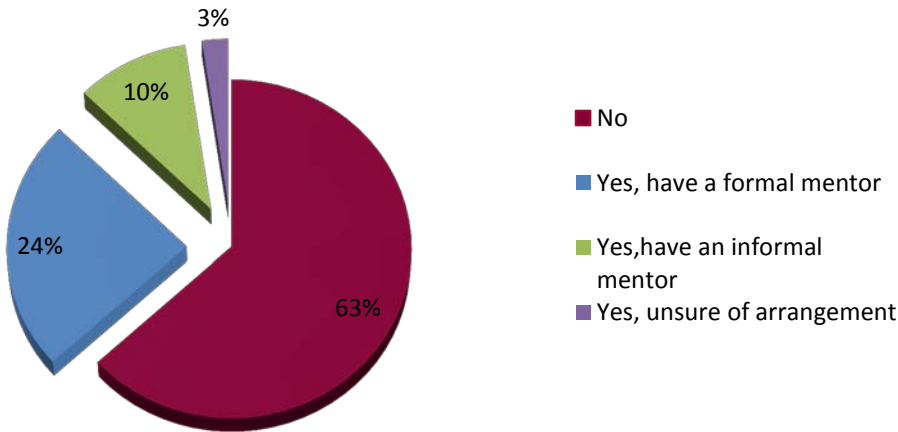
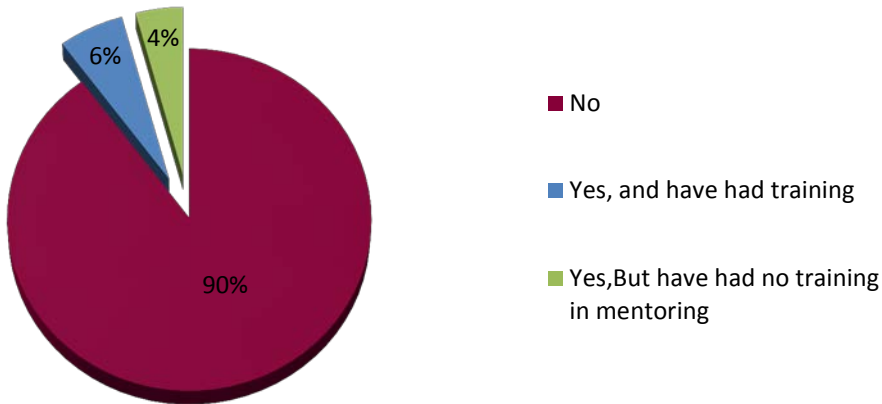


Figure 6: Are you currently a mentor?



7. SUMMARY

We set out to take a snapshot of current working practices and difficulties encountered in those who are currently working, or have previously worked, LTFT. Despite an excellent response, with over one thousand participants completing the survey, actual numbers in each category of responders are small, thus limiting the conclusions that can be drawn. We acknowledge that the numbers of participants in the survey are too few to be properly representative of all doctors but we feel that the data provide a useful insight into current areas of concern. We do not have comparable data for full time workers, and we acknowledge that many of the issues highlighted will be of equal concern to full time and LTFT workers.

A sample of typical comments is included in Appendix B, illustrating the areas of concern highlighted respondents.

Key findings from the survey showed that:

- 23.5% of women, 35.5% men and 42.0% of those declaring a disability or long-term health problem had difficulties when negotiating the time commitment of their current contract
- 24.5% of women and 25.0% of men reported that they had been bullied at some point in their career
- 58.6% of 251 respondents felt they had been subjected to persistent undermining behaviour as a consequence of their LTFT working
- Only 39.7% of the 353 female respondents reported additional roles compared to 86.7% of the 104 male respondents
- Only 386 of 1048 respondents (36.8%) currently have a mentor.

The difficulties cited in arranging flexible and LTFT working are predominantly unsupportive employers, unsupportive colleagues, lack of information and concerns about the impact on service. This clearly demonstrates that there is still a great deal to be done in progressing towards more a flexible workforce, where employers are able to individualise working contracts to address the needs of a predominantly female workforce. Sir John Temple's Report in 2010⁴ reviewed workforce issues together with the challenge of maintaining safe and effective patient care and training within the constraints of EWTD rotas. It reported that '*good rota design and management enables compliance with the EWTD and an improved work-life balance*'. The report also highlighted the need for consultants to work more flexibly to deliver high quality training and service – but it seems we still have room for progress with these laudable aims.

There are already many available resources that can be accessed for support in arranging LTFT training and working, for example <http://www.rcpe.ac.uk/support/>, <http://www.rcplondon.ac.uk/medical-careers/flexible-working-and-training>, or for advice and assistance in good practice, or setting up mentoring schemes (e.g. <http://www.medicalwomensfederation.org.uk/advice-support/mentoring>, <http://www.athenaswan.org.uk>). We would like to emphasize that our recommendations for mentoring, careers advice and equal opportunities are equally relevant to full time workers.

However, with the current move towards consultant delivered 24/7 hospital care, and the review of GP out of hours cover, we feel it is essential to ensure that all doctors are working to their full potential whilst being able to vary their working hours at different stages of their careers, if necessary. We suggest that it is now

urgent for all employers to increase their engagement with the Colleges and Faculties to address the difficulties highlighted in this report.

Proposed action plan for all College and Faculty Less than full time (LTFT) Officers

- 1. Each College or Faculty includes on their LTFT web page an example of an LTFT job plan (including how to do an annualised job plan) for their speciality.**
- 2. Each College or Faculty will have on their LTFT web page the contact details of their LTFT Officer (for both trainees and trained doctors) to provide advice.**
- 3. Each College or Faculty also has contact details of current LTFT workers who are willing to be contacted by those wishing to learn from their LTFT experiences.**
- 4. The Royal Colleges, Trusts and many specialty societies are working hard to improve the availability of mentors, however, this is often mainly for new consultants. Therefore every doctor, no matter what their seniority, should be offered a mentor, and that time for mentoring training and mentoring sessions is factored into future job plans (as suggested by Baroness Deech in 2009¹)**
- 5. Mentoring and careers advice should be emphasised at every annual appraisal, and at the time of any significant change in job plan or role (as recommended by the GMC) and documented as having taken place or having been offered.**
- 6. Full Time and LTFT and those with disabilities all being equally able to take up additional roles and responsibilities, we recommend that each organisation actively reviews barriers to wider recruitment, such as timing of key meetings out with the normal working day, and works to overcome these issues. Each College and Faculty should include on their LTFT webpage a section on careers advice from those who have been successful in additional roles.**
- 7. The high reported rates of bullying are a cause for concern. We suggest that a question on bullying should be included in the annual appraisal form for trained doctors. This is already addressed to some extent for trainees by the annual GMC survey and the NHS Staff survey.**

Alison Brown, Chair of AOMRC Flexible Careers Committee

Nina Newbery, Committee Manager AOMRC

Belinda Stanley Flexible careers officer – Royal College of Physicians London

APPENDIX A

ADDITIONAL RESPONSE TABLES

Table 1. Survey responses by grade

Grade	No.	%
Not specified	28	2.2
Acting consultant	1	0.1
American trained in private practice	1	0.1
Career break	1	0.1
Clinical Lecturer	4	0.3
Clinical Research Fellow	2	0.2
Consultant	306	23.8
Core training	30	2.3
F1-F2	28	2.2
Freelance GP	1	0.1
General Dental Practitioner	1	0.1
GP Principal	9	0.7
GP Salaried doctor	3	0.2
Locum consultant	2	0.2
Locum middle grade	1	0.1
Maternity leave	2	0.2
Medicolegal adviser	1	0.1
OOPR	2	0.2
Other	2	0.2
Overseas consultant	1	0.1
Overseas trainee	1	0.1
Post CCT Fellow	4	0.3
Post CCT registrar	4	0.3
Principal Dental Surgeon	1	0.1
Private Practice	1	0.1
Project manager	1	0.1
Research Fellow	1	0.1
Retired	2	0.2
Retired Consultant	5	0.4
Retired/Part time	1	0.1
SAS/Specialty Doctor	55	4.3
Senior Lecturer	1	0.1
Senior research physician	1	0.1
Senior Scientist	1	0.1

Table 1. Continued: Survey responses by grade

Grade	No.	%
SHO	1	0.1
SpR	135	10.5
ST1	45	3.5
ST2	59	4.6
ST3	110	8.5
ST4	107	8.3
ST5	153	11.9
ST6	123	9.6
ST7	72	5.6
St8	1	0.1
Student	1	0.1
Subspecialty trainee in SRHC	1	0.1
Technician	1	0.1
Wellcome Trust Fellow	1	0.1
Total	1,287	

Table 2. Survey responses by specialist College/Faculty

College / Faculty	No.	%
Royal College of Physicians London	231	16.4
Royal College of Paediatrics and Child Health	169	12.0
Royal College of Anaesthetists	157	11.1
Royal College of Surgeons of England	120	8.5
Royal College of General Practitioners	117	8.3
Royal College of Psychiatrists	109	7.7
Royal College of Physicians of Edinburgh	79	5.6
Royal College of Pathologists	77	5.5
College of Emergency Medicine	70	5.0
Royal College of Obstetrics and Gynaecologists	66	4.7
Royal College of Radiologists	60	4.2
Other please specify	33	2.3
Royal College of Surgeons of Edinburgh	33	2.3
Faculty of Public Health	20	1.4
Royal College of Ophthalmologists	20	1.4
Royal College of Physicians & Surgeons of Glasgow	15	1.1
Faculty of Sexual & Reproductive Healthcare	10	0.7
Faculty of Dental Surgery - London	7	0.5
Royal College of Surgeons of Ireland	7	0.5
Faculty of Occupational Medicine	6	0.4
Royal College of Physicians of Ireland	2	0.1
Faculty of Pharmaceutical Medicine	2	0.1
Faculty of Dental Surgery - Edinburgh	1	0.1
Faculty of Dental Surgery - Ireland	1	0.1
Total	1,412	

Table 3. Current working patterns

Full time / Less than full time	No.	%
Not specified	204	-
A full time contract	210	18.9
A Less than full time contract	834	75.1
Awaiting updated contract	1	0.1
Career break	2	0.2
Flexible	1	0.1
Job share	1	0.1
Locum	2	0.2
Maternity leave	3	0.3
Multiple less than full time contracts	27	2.4
None	4	0.4
None as yet	9	0.8
OOPE	1	0.1
Other please specify	6	0.5
Private	2	0.2
Retired	3	0.3
Self employed	2	0.2
Unemployed	1	0.1
Unsure	2	0.2
Total	1,315	

Table 4. On call responsibilities

Are you on call for?	No.	%
Not specified	1,017	-
Unselected emergency admissions & your specialty	39	14.4
Not on call	57	21.1
Unselected emergency admissions only	26	9.6
Your specialty only	148	54.8
Total	1,287	
Compared to your colleagues do you work...	No.	%
Not specified	1,079	-
Less than pro-rata oncall	23	11.1
More than pro-rata oncall	38	18.3
Pro-rata oncall	147	70.7
Total	1,287	

NB – percentages of those that specified duties

Table 5. Gender and diversity

5a. Gender and age

Gender		
	No.	%
No answer	5	-
Female	883	87.9
Male	119	11.8
Prefer not to say	3	0.3
Total	1,010	
Age		
	No.	%
No answer	17	-
25-30	79	8.0
31-35	402	40.5
36-40	262	26.4
41-45	97	9.8
46-50	70	7.0
51-55	38	3.8
56-60	28	2.8
61-65	10	1.0
Over 65	7	0.7
Total	1,010	

5b. Marital status and disability

Marital status			Do you consider yourself to have a disability or a long-term health condition?		
	No.	%		No.	%
No answer	5		No answer	9	
Divorced or dissolved civil partnership	19	1.9	No	915	91.4
Married or in a civil partnership	872	86.8	Yes	86	8.6
Partner	65	6.5	Total	1,010	
Single	45	4.5			
Other please specify		0.0			
Separated	2	0.2			
Widow	2	0.2			
Total	1,010				

5c. Ethnic origin, religion, sexual orientation

Ethnic origin			What is your sexual orientation		
	No.	%		No.	%
No answer	24	-	No answer	37	-
African	8	0.8	Bisexual	12	1.2
Any other Asian background,	17	1.7	Gay man / Homosexual	4	0.4
Any other Ethnic Group	9	0.9	Gay woman / Lesbian	3	0.3
Any other Mixed background,	23	2.3	Heterosexual	904	92.9
Any other White background	58	5.9	Other	7	0.7
Arabic	5	0.5	Prefer not to say	43	4.4
Bangladeshi	1	0.1	Total	1,010	
British	692	70.0			
Caribbean	1	0.1	What is your religion?		
Chinese or Chinese British	20	2.0	No answer	39	-
Indian	95	9.6	Agnostic	105	10.8
Irish	14	1.4	Atheist	130	13.4
Middle Eastern	9	0.9	Buddhist	5	0.5
Pakistani	26	2.6	Christian	472	48.6
White and African	1	0.1	Hindu	78	8.0
White and Black African	4	0.4	Jew	27	2.8
White and Black Caribbean	3	0.3	Muslim	41	4.2
Total	1,010		No religion	66	6.8
			Other religion / belief	5	0.5
			Prefer not to say	37	3.8
			Sikh	2	0.2
			Spiritualism	3	0.3
			Total	1,010	

Table 6: Additional professional roles undertaken by consultant respondents by gender

Professional Role	Female		Male		Prefer not to say
	No.	% of all females	No.	% of all males	
Lead clinician	43	4.8	13	10.8	1
Clinical Director	2	0.2	3	2.5	1
Medical / Dental Director	5	0.6	1	0.8	0
Foundation educational supervisor	32	3.6	8	6.7	1
Specialty training educational supervisor	72	8.1	15	12.5	2
Training Programme Director	13	1.5	1	0.8	0
Foundation consortium director	0	0.0	0	0.0	0
Associate postgraduate dean	0	0.0	0	0.0	1
Director of medical / dental education	1	0.1	0	0.0	0
Undergraduate dean	4	0.4	0	0.0	0
Postgraduate dean	0	0.0	0	0.0	0
Clinical Audit Lead	17	1.9	4	3.3	0
Clinical Governance Lead	14	1.6	4	3.3	0
College Tutor	15	1.7	1	0.8	0
Role within your college	29	3.3	13	10.8	0
Role within your specialist society	23	2.6	9	7.5	0
Role within BMA	1	0.1	2	1.7	0
Role within GMC	4	0.4	2	1.7	0
Role within another professional body	12	1.3	7	5.8	0
Role with university	4	0.4	0	0.0	0
Role within deanery	1	0.1	0	0.0	0
Responsible Officer	1	0.1	0	0.0	0
Research	21	2.4	10	8.3	0
Role within your medical school	30	3.4	9	7.5	0
Designated doctor for child protection	3	0.3	1	0.8	0
SAS Tutor	2	0.2	0	0.0	0
Training Lead	0	0.0	0	0.0	0
Commissioning role	4	0.4	1	0.8	0
Total	353	39.7	104	86.7	

Table 7: Mentoring

7a. Are you a mentor?				
Breakdown by grade	No answer	No	Yes	Total
Foundation	4	20	1	25
Core Medical Training	4	22	1	27
Higher Medical Training	54	588	36	678
SAS	6	34	5	45
Consultant	20	181	60	261
GP/Higher Medical Training	6	72	-	78
GP	6	3	2	11
Other	7	18	2	27
Retired	1	6		7
Total	109	946	107	1,162
Percentage	-	89.8%	10.2%	

7b. If 'Yes', have you undertaken any training in mentoring?			
Breakdown by grade	No	Yes	Total
Foundation	0	1	1
Core Medical Training	1	0	1
Higher Medical Training	20	16	36
SAS	1	4	5
Consultant	19	41	60
GP	2	0	2
Other	2	0	2
Total	45	62	107
Percentage	42.1%	57.9%	

7c. Do you have a mentor?				
Breakdown by grade	No answer	No	Yes	Total
Foundation	4	11	10	25
Core Medical Training	5	10	12	27
Higher Medical Training	55	346	277	678
SAS	6	31	8	45
Consultant	21	209	31	261
GP/Higher Medical Training	7	32	39	78
GP	6	2	3	11
Other	7	15	5	27
Retired	2	5	-	7
Total	114	662	385	1,161
Percentage		63.2	36.8	

7d. If 'Yes' what sort of arrangement do you have?

Breakdown by grade	No answer	Formal	Informal	Not sure	Total
Foundation	1	5	-	4	10
Core Medical Training	1	7	3	1	12
Higher Medical Training	-	188	74	15	277
SAS	-	5	3	-	8
Consultant	-	10	20	1	31
GP/Higher Medical Training	-	35	2	2	39
GP	-	1	2		3
Other	-	2	3		5
Total	2	253	108	23	385
Percentage		65.9%	28.1%	6.0%	

Are you a mentor?

Breakdown by gender	No answer	No	Yes	Total
No answer	101	38	10	149
Female	7	811	72	890
Male	1	95	24	120
Prefer not to say	-	2	1	3
Total	109	946	107	1,162
Percentage		89.8%	10.2%	

If 'Yes', have you undertaken any training in mentoring?

Breakdown by gender	No	Yes	Total
No answer	4	6	10
Female	32	40	72
Male	9	15	24
Prefer not to say	0	1	1
Total	45	62	107
Percentage	42.1%	57.9%	

Do you have mentor?

Breakdown by gender	No answer	No	Yes	Total
No answer	104	31	14	149
Female	8	545	337	890
Male	2	84	34	120
Prefer not to say	0	2	1	3
Total	114	662	386	1,162
Percentage		63.2%	36.8%	

APPENDIX B

SAMPLE OF FREE TEXT COMMENTS

- *As a trainee, although I am doing less than full time training, because there is no one to cover the rest of 20% work, it feels like doing full time work in 80% of time.*
- *At consultant level, LTFC led to problems in balancing clinical and managerial responsibilities. As the pressure to manage increased, there was less opportunity for satisfying clinical involvement, development of services, teaching and research.*
- *Being less than full time, always get comments like less interested and less committed as not there all the time. Get less training or special interest sessions, and less study leave. I wonder if it can lead to further delay in career progression.*
- *Constant issue of needing to maintain part-time working in context of intense pressure to do more yet be paid less*
- *Difficulties come not in negotiating a part-time contract with HR, but actually facilitating your agreed working hours within the department.*
- *I am currently working 5 fixed sessions in my 6 session week. My full time colleagues work 5 fixed sessions in a 10 session week. This was not what I negotiated, but when I started the job my timetable was given to me and I have been unable to change it.*
- *I am paid to work part time but actually work more than 10 PAs on average, my pension is therefore also affected*
- *I have never felt discriminated against as a part-time female consultant but that is because, like many in my position, I feel driven to prove my commitment is equal to that of my fulltime colleagues and in fact end up doing a full time workload in part time hours*
- *Lack of support globally for male less than full time trainees in a very female dominated arena.*
- *My experience with some colleagues has been less than positive. Medical doctors can be very fixed in their ideas about what constitutes acceptable working practices and there is an underlying culture and perception of part-time workers being less committed*
- *The main difficulty is that any potential career progression is based on activities that I cannot fit into my working hours. When already part time, even with the best line manager, it is not possible to take on roles which require days away from the days worked*
- *I have had full support from chair of STC, RCOG, deanery and all hospital staff with flexi training. I do think that flexi have to still show they are very keen in their training and be willing to make the extra effort*
- *I have had no difficulties with working less than full time, other than I cannot fit in all the things I may like to do. But then LTFTW is the compromise that facilitates my work life balance.*
- *I have had no problems arranging part-time training and have felt very well supported, although the administration, time and paperwork associated with it is considerable!*
- *My deanery & geriatrics were very good about returning to work less than full time -I think because it's a well-trodden path!! Pretty much everywhere flexible trainees are accommodated onto on call rotas.*

APPENDIX C

SURVEY QUESTIONS

About you

Please indicate your main royal medical/dental college/faculty affiliations (please state all that apply)

Please indicate your main specialty

Please indicate your grade:

Are you currently undertaking less than full time (LTFT) training?

Your post

For whom are you contracted to work? (please state all that apply)

If applicable please indicate the number of hours you work per week:

Contracted hours

Of which, how many are direct clinical care

Unpaid hours

If you are an ST grade please indicate.

What percentage whole time equivalent you are:

Your post

Do you have:

- A full time contract
- Less than full time contract
- Multiple less than full time contracts
- Other please specify _____

If you have an LTFT contract (or for your main LTFT contract if you hold more than one LTFT contract)...

What percentage of a WTE (whole time equivalent contract) do you hold?

Are you on-call for...?

- Unselected emergency admissions
- Your specialty
- Both
- Not on-call

If you are on-call...

Compared to your colleagues do you work...?

- Less than pro-rata on-call
- Pro-rata on call
- More than pro-rata on-call?

Please select the health and social care trust/health board/ strategic health authority where you are mainly based: (List)

Which of the following best describe your working pattern?

- Solely Full time
 - Job share
 - Slot share
 - Term time contract
 - Annualised hours
 - Condensed working week
 - Full time with flexible supporting PAs
 - Full time with reduced on call
 - Less than full time with flexible supporting PAs
 - Less than full time with reduced on call
 - Pro rata out of hours
 - Other please specify
-

Negotiating your contract

Did you have to negotiate your contract for your current post?

- Yes
- No

Please indicate the reasons why you negotiated your contract (please select all that apply)

- Disability (self)
 - Ill health (self)
 - Responsibility for caring for children
 - Responsibility for caring for ill/disabled partner, relative or other dependant
 - Personal/professional development
 - Religious commitment
 - Non medical professional development
 - Working towards retirement
 - Other please specify
-

Difficulties negotiating current contract

Have you encountered difficulties negotiating your time commitment for your **current** contract?

- Yes
- No

If Yes Please indicate why (please select all that apply)

- Unsupportive employer
- Unsupportive colleagues
- Lack of information
- Impact on service
- Other please specify _____

If you experienced difficulties were they resolved?

- Yes
- No
- Still under negotiation

If 'Yes' please indicated how it was resolved?(please select all that apply)

- I negotiated change in work pattern of self
- I negotiated change in work pattern of colleagues
- My Medical director arranged changes
- Support from my deanery
- Support from my educational supervisor
- Support from Human resources
- Support from my mentor
- The BMA got involved
- Another professional body got involved
- Other please specify _____

If you answered 'No' please indicate from whom you have sought help (please select all that apply)

- BMA
- My colleagues
- Deanery
- Educational supervisor
- Human Resources
- Medical director
- Mentor
- Another professional body
- Other please specify _____

Your additional roles

What other professional roles do you have? (please select all that apply)

- Lead clinician
- Clinical director
- Medical/Dental director
- Foundation educational supervisor
- Specialty trainee educational supervisor
- Training programme director
- Foundation consortium director
- Associate postgraduate dean
- Director of medical/ dental education
- Undergraduate dean
- Postgraduate dean
- Clinical audit lead
- Clinical governance lead
- College Tutor
- Role within your College
- Role within your specialist society
- Role within BMA
- Role within GMC
- Role within another professional body
- Research
- Role within your medical school
- Commissioning role
- Other please specify _____

Time off work - this question applies to your most recent post

Have you negotiated a period of absence from work in your recent post?

- Yes
- No
- No, but I would have liked to

Please indicate the reason/s why you negotiated time off work from your current post (please select all that apply)

- Statutory Maternity/Paternity leave
- Additional Maternity/Paternity leave
- Carer's leave
- Study leave
- Sabbatical
- Other please specify _____

Were you successful in your negotiation?

- Yes for all types of leave selected
- Yes but only for part of the leave I requested
- Still under consideration

Please add any further details about your negotiation below

If there was a reason why you couldn't take time off please describe briefly below:

When you returned to work, were you given:

- Formal support (e.g. altered timetable / phased return)
- Informal support
- No support
- Other please specify _____

Mentoring

Are you currently a mentor?

- Yes
- No

If 'Yes' have you undertaken any mentoring training?

- Yes
- No

Do you have a mentor?

- Yes
- No

If 'Yes' is this a

- Formal arrangement
- Informal arrangement

We would like to determine whether relationships at work may be affecting people's ability to negotiate their working conditions

Are you willing to answer a few questions about your experiences?

- Yes
- No

Working relationships

Have you been subjected to persistent / serious and sustained behaviour in your training/career that has undermined your professional confidence and/or self-esteem?

- Yes
- No

Was this at any time related to working less than full time?

- Yes
- No

Please tick at which stage(s) of your training/career this occurred

- Medical/Dental School
- Foundation training/House officer/Senior house officer
- Specialty training/registrar
- SAS / Associate specialist / Staff grade
- Consultant
- General Practice (salaried)
- General Practice (principal)
- During a locum post

Which of the following group(s) undermined/ bullied/harassed you?

- Consultants(as peers)
- Consultants (as seniors)
- Non-consultant doctors (as juniors)
- Non-consultants doctors (as peers)
- Non-consultant doctors (as seniors)
- Nurses
- Professions allied to medicine
- Managers
- Students
- Other please specify _____

Please indicate which group of colleagues caused you most problems with undermining/bullying/harassment etc.

- Consultants(as peers)
- Consultants (as seniors)
- Non-consultant doctors (as juniors)
- Non-consultants doctors (as peers)
- Non-consultant doctors (as seniors)
- Nurses
- Professions allied to medicine
- Managers
- Students
- Other please specify _____

We would like to collect some information based around the current UK equality legislation. This legislation protects people from discrimination because of: age, disability, gender, marriage and civil partnership, pregnancy/maternity, religion/belief, and sexual orientation

Are you willing to answer a few questions about yourself?

- Yes
- No

Equality and Diversity

Your gender

Your age

Are you?

- Single
- Married or in a civil partnership
- Divorced or dissolved civil partnership
- Partner
- Other please specify _____

How would you describe your ethnicity?

Do you consider yourself to have a disability or a long-term health condition?

- Yes
- No

What is your sexual orientation?

Please select what religion / beliefs best describe you

Please add any further comments below

Thank you for completing this form. The results will be published on the Academy Flexible Careers Committee webpage, and will be shared with all the Royal Colleges so may also be reported or published in some journals.

All data held by the Academy of Medical Royal Colleges will be processed in accordance with data protection legislation. These data will be used for monitoring, administration and research purposes only. Under no circumstances will individual responses be passed onto third parties.

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