



Working less than full-time as a doctor; insights and realities

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Introduction

In 2012, a survey of more than 190 doctors working less-than full-time (LTFT) revealed levels of career satisfaction, working patterns, childcare arrangements and support needed. Male (2.6%) and female (97.4%) respondents originated from 12 deaneries in England and Wales. Doctors ranged from foundation years to consultant level and represented 33 different specialties.

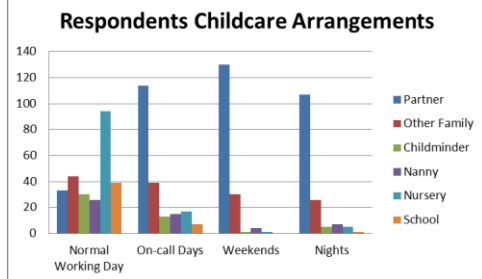
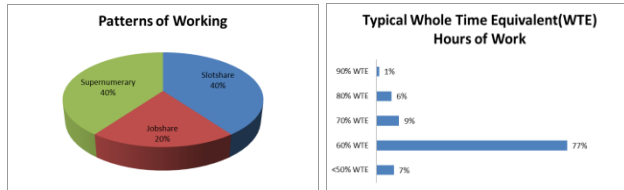
Methodology

An online survey was conducted between May and July 2012. Every deanery in England and Wales was asked to forward the survey to their current or former LTFT doctors. Respondents were also recruited via social media and doctor networking sites. There were 32 questions, including open ended questions. 88% of respondents completed the entire survey.

Results & Analysis

Working Patterns

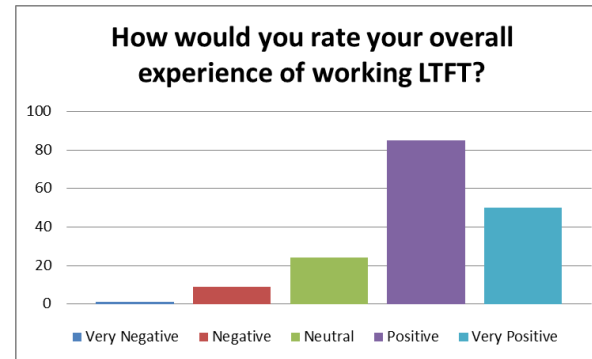
The vast majority of respondents (97.3%) worked LTFT due to children, care-giving, ill-health or disability grounds (Category 1). All male respondents were Category 1. Category 2 includes LTFT for personal/professional development, non-medical professional development or religious commitment.



Length of time spent in LTFT ranged from zero to 180 months, with the average being 30 months. Patterns of childcare arrangements revealed a strong reliance on partners and nurseries, rather than nannies. This leads to pressures to leave on time.

Satisfaction & Impact on Career

Overall satisfaction levels with working LTFT were good: 29.7% stating it was a very positive and 50% stating positive experience. However, nearly 1 in 3 stated that their experience lead them to change their career goals.



The survey revealed that nearly 60% of trainees completed the same number of work-place based assessments as their full time colleagues. The majority were also able to participate fully in audit, presentations and teaching. However, many had no involvement in service improvement projects, research or publications. 19% felt that their LTFT experience was viewed positively at interview and only 8% negatively.

Support

Respondents most often sought support from partner or spouse. Most felt supported by peers or senior colleagues but reported lower levels of support from junior colleagues or NHS trusts.

Recommendations

1. Support networks (online and in-person) and Mentors
2. National and regional LTFT meetings
3. Greater clarity of the role of LTFT with Human Resources, rota staff, deaneries and supervisors
4. Support with the application process and a simplification of administration involved
5. Information pack before starting LTFT role
6. Clarification of training requirements at trust and supervisor level

Advantages to LTFT

Better work-life balance

More varied experience than colleagues

Feel in control of life

Better focus when at work

Spend time with family

Effective communicator

Longer training - more time to boost CV

Disadvantages to LTFT

Confidence issues

Less continuity with patients/handover issues

Longer training/lower pay

Being seen as less committed

Difficulty feeling team member

Attending meetings on 'days off'

Lack of understanding/empathy from others about LTFT working



Pros by Emergency Med ST5+ "I love working part time and find the work life balance great. I really enjoy my days at work, and then really enjoy days off with my son."

Cons by an Obs/Gynae ST3-5 "attitude that you are less than committed ... Told I was "hardly here" or to be careful not to come across as being unenthusiastic..."

Conclusion

The term LTFT may include the phrase '**less-than**', but these doctors are **more-than** providing an important contribution to the NHS while achieving satisfaction with work-life balance. LTFT doctors need greater support during training and understanding for their role in providing patient care. This survey demonstrates to foundation doctors that LTFT is available at all stages of career and is a positive experience for most LTFT doctors.

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