

The problem				
Data subject	The intensity of work	Burnout EMTA survey using Oldenberg tool 2016	Rota problems	Recruitment and retention
Type and source	GMC survey results LTFT (3) interviews	EMTA survey	GMC survey results	RCEM survey
Analysis and result	<p>1.High intensity reported by EM in comparison with other groups. The GMC training environments 2017 report that just over 40% of trainees (from all specialities) rated the intensity of their work by day as heavy or very heavy yet 73% of doctors in training EM report the intensity of their work during the day as heavy or very heavy, compared to 36.6% in General Practice and 45% of those in Obstetrics and Gynaecology</p> <p>2.All 13 in the pilot who were interviewed reported exhaustion as a reason for joining the pilot.</p>	Trainees ST4-ST6+ 96 of 136 respondents graded as high to very high risk of burnout in 2016	GMC 2018 survey sub analysis of higher EM trainees response to the question “Is there enough staff to ensure patients are always treated by someone with appropriate level of experience?” 27% disagree/strongly disagreed	RCEM (2016-17) Recruitment to ACCS 100% Attrition (resignation) Ct2/ST2 =6% Ct3/ ST3= 10.5% DREEM= 6.3% ST4 = 2.2% ST5 = 2.5% ST6= 0% Total attrition 22%
Reliability Problems and limitations	Good response rate to GMC survey(>95%) 13/17 LTFT(3) interviewed	EMTA response rate 35% overall.	GMC survey Good response rate >95%, Reliably collected	RCEM data:- one EM school non-respondent in 2017
Implications for Future analysis	Stratification of future GMC data by working pattern (FT, LTFT (1&2) LTFT(3) will enable comparison of LTFT(3)	Stratification of EMTA data by working pattern (FT, LTFT (1&2) LTFT(3)	Stratification of future GMC data by working pattern (FT, LTFT (1&2) LTFT(3)	Highest attrition rate at CT3/ST4 junction.

Table 2 The Problem

The intervention/resources	Pilot uptake	Delivery of LTFT	Time use	Slot coverage	Peers
<i>Data subject</i>	Uptake of pilot	Rota-how delivered	How was time created by LTFT(3) used by trainees	Coverage of slots created by LTFT(3)	What did the peers think of those in LTFT(3)
<i>Type and source</i>	Quantitative-provided by HEE	Interviews with LTFT(3) trainees and consultants with responsibility for rotas	Interviews with trainees	1.Interviews with trainees 2.E mails with consultants responsible for rotas of LTFT(Cat 3) 3.NHS employers enquiries	EMTA survey 2017 LTFT(3) Trainees interview
<i>Analysis and results</i>	17 applied None refused	Emergent theme - variations in the way rota applied: 1. nights excluded from LTFT, 2.same day off each week 3.pro rata across the whole working week. All choose to work 0.8 WTE	Emergent themes: Most reported using time for being with family and friends, exercise. Minority reported undertaking training related work. Of 10 respondents at 12/12 8 had worked locums (all <1/month) and 2 had done none.	1.Emergent themes: Trainees reported it was difficult to tell if vacant slots were covered but their sense was that most but not all were covered. 2 Consultants varied in how they cover the slots: Combining LTFT posts to fill line of rota and having additional FT locum, Choosing not to cover shift, prioritising night and late shifts for coverage. There is a lack of a clear audit trail between slots created by this programme and locum usage, but some were able to track. 3.NHS employers survey of HR departments (2/6 responded) indicated that additional locums were recruited but also LTFT (3) trainees undertook some locum work	EMTA- 87% of FT trainees responded that working with LTFT colleagues had no impact or positive impact Majority of LTFT(Cat 3) trainees in interviews reported their peers to be very supportive.

Table 3

The processes around the intervention and its implementation

<i>The outputs</i>	Work intensity	Work life balance/satisfaction/burnout	Patient care	ARCP/Attrition																		
<i>Data subject</i>	The intensity of work	Likelihood of remaining in emergency medicine, remaining in the NHS, work life balance, job satisfaction and of working <than 10 pas as consultant. D,Intentions to remain in EM and NHS and future LTFT working Sickness rates Burnout survey	Patient care	A,ARCP outcomes B,Progression and Attrition C,% eligible who are still in the pilot and took advantage of continuing																		
<i>Type and source</i>	GMC survey results 2018	A,Interviews and questionnaire with LTFT (3) trainees B,GMC survey –Copenhagen	Interviews with trainees and HOS	RCEM training ctte data/ HEE LTFT 3 interviews and questionnaire																		
<i>Analysis and results</i>	GMC 2018 survey sub analysis- of higher EM trainees response to the question “how would you rate the intensity of your work by day in this post”- 63% said heavy/v heavy (84% at night)	All13/17 interviewed at 6/12 reported a better/ much better work life balance. 10 out 13 (still in LTFT(3) after September 18) responded to questionnaire and the majority reported much more likely/more likely to remain in EM,the NHS, and working <10 pas and that and job satisfaction and their worklife balance were much better. Diagram 1. Of the same 10 respondents 7 had the same number of sick days, 3 less and 1 more sick days compared to previous year.	Emergent themes Trainees: Think care is similar or better Think seeing as many cases pro rata or more AERs very low frequency and unaltered whilst being on pilot HOS –performance unlikely to be affected by going LTFT	ARCP for LTFT3 = 11 outcome 1, 2 outcome 2, 2 outcome 3, 1 outcome 6 and one resigned B Attrition rates for all trainees <table border="1"> <thead> <tr> <th></th> <th>16-17</th> <th>17-18</th> </tr> </thead> <tbody> <tr> <td>CT2</td> <td>6%</td> <td>5.9%</td> </tr> <tr> <td>CT3</td> <td>10.5%</td> <td>6.4%</td> </tr> <tr> <td>ST4</td> <td>2.2%</td> <td>2.6%</td> </tr> <tr> <td>ST5</td> <td>2.5%</td> <td>1.7%</td> </tr> <tr> <td>ST6</td> <td>0%</td> <td>4.3%</td> </tr> </tbody> </table>		16-17	17-18	CT2	6%	5.9%	CT3	10.5%	6.4%	ST4	2.2%	2.6%	ST5	2.5%	1.7%	ST6	0%	4.3%
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		<p>10 /13 LTFT(3)respondents to Copenhagen questionnaire: : Do you feel burnout because of work to a high/v.high degree ? 0 /10 responded yes (24% in GMC survey of all doctors)) Do you feel worn out at the end of the working day? 6/10 responded always often (57% in GMC survey) Are you exhausted in the morning at the thought of another day at work? Always /often 1/10(31% in GMC survey)</p>		<p>C, All those who were still in training (not OOP or post CCT) choose to remain LTFT after the first year of the pilot.</p>
<p><i>Reliability,Problems and limitations</i></p>	<p>Good response rate. But not reported by LTFT 1&2, 3 and FT.</p>	<p>GMC- good response rate but not reported by speciality or sub group LTFT 1&2, 3 and FT. Should expect higher burnout in EM trainees compared to other specialities</p>	<p>Self reporting 13/17 trainees interviewed</p>	
<p><i>Implications for Future analysis</i></p>	<p>This intervention (LTFT3) by itself would not be expected to alter the intensity of work. Report future GMC survey by LTFT 1&2, 3 and FT</p>	<p>Report GMC Copenhagen survey by LTFT 1&2, 3 and FT and by speciality-</p>		<p>ARCP outcomes probably similar to that of all trainees (based on prev years), Attrition rate not significantly changed for ST4-6 (Chi sq test)</p>

Table 4 The outcomes

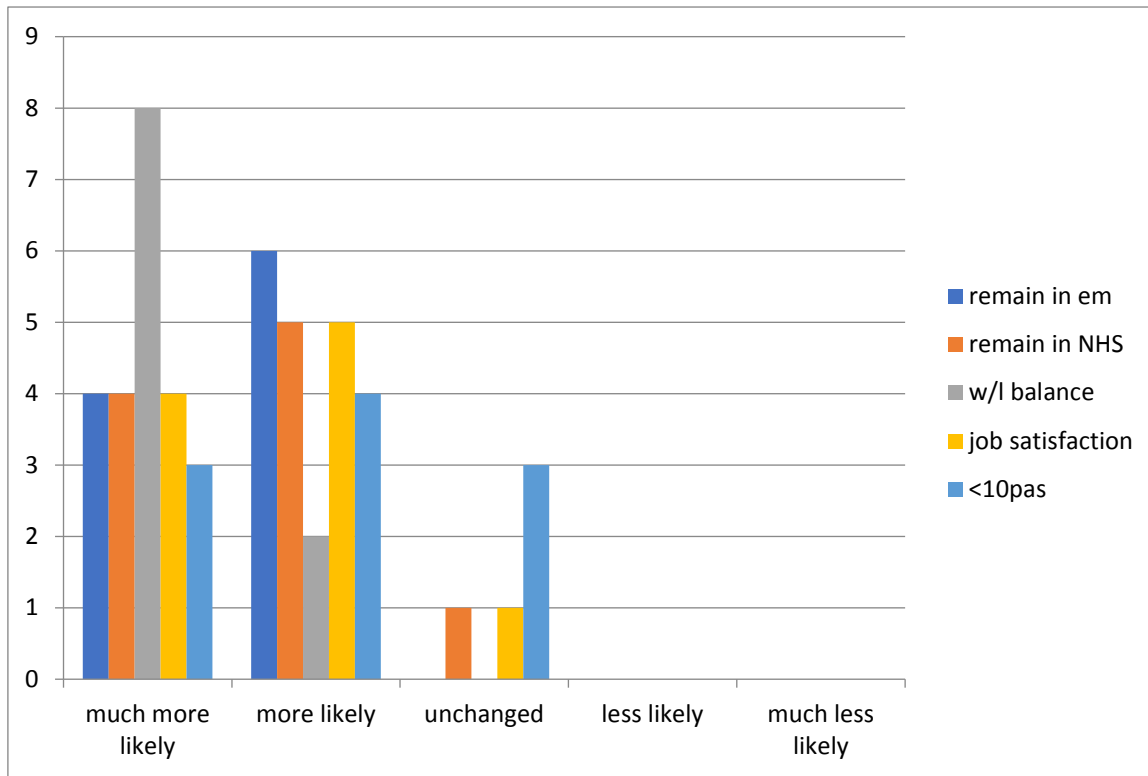


Diagram 1 .Responses to questionnaire n=10