Working flexibly: a toolkit
Introduction

There is currently a healthcare workforce crisis. There are insufficient UK trainees to fill vacancies in medical, nursing and other healthcare posts, exacerbated by those leaving prematurely. This toolkit looks at opportunities for physicians to work flexibly, as an alternative to leaving the NHS.

The medical workforce is changing demographically and the traditional route of full-time clinical training with direct progression to a full-time consultant post to retirement may not work for everyone. Opportunities for variety in the types of work undertaken are needed, as is the ability to decrease, increase, stop and return to that work.

This toolkit follows discussions at the ‘Stopping the exodus, solutions!’ conference, which took place on 16 September 2019 at the Royal College of Physicians (RCP). It provides some tried and tested examples of flexible ways of working as well as top tips for doctors at different stages of their career.

‘The issue of how to retain doctors in the workforce is critical’
General Medical Council (GMC)
**Data on the medical workforce from training to retirement**

1. **Foundation to internal medicine training**
   For the foundation programme exit survey there was an 87% response rate among foundation year 2 doctors (F2s) who finished in August 2018. Reasons for not entering a training post included: entering a service appointment (18%) and taking a career break (14%).
   There was a 77.5% round 1 fill rate for the 1,333 internal medicine training posts offered in August 2019. This was worse than for every other specialty, except paediatrics.

2. **Internal medicine training to physicianly higher specialty training**
   A total of 1,530 doctors started core medical training and acute medicine (acute care common stem) training in 2017.
   Of those doctors, 1,030 started physicianly higher specialty training in 2019.

3. **Physicianly higher specialty training doctor to substantive (long-term) consultant post**
   In the RCP census of doctors who achieved their certificate of completion of training (CCT) in 2017, 78% of those that had worked LTFT at some point got a substantive post, while 69% of those who worked full time throughout got a substantive post.
   In the 2018 consultant census 43% of advertised consultant posts with an Advisory Appointments Committee (AAC) went unfilled due to a lack of suitable applicants.

4. **Consultant physicians to retirement**
   The RCP 2018–19 census states that there are 16,406 consultant physicians in the UK in 2018–19, and it is expected that 25% of the current consultant workforce will reach 65 years of age in the next 10 years (43% will reach 60).
   There are approximately 40,000 doctors under the age of 65 registered with the GMC, who have not applied for a licence to practise.
Flexible working offers an alternative to leaving the NHS

We need to recognise that the medical workforce is changing demographically and wants to work differently. The traditional route of full-time clinical training with direct progression to a consultant post is not the right model for all. Systems and behaviours that mainly support this traditional training route and working pattern stifle recruitment, return to work and retention. Opportunities for variety in the types of work undertaken in senior positions are needed, as is the ability to decrease, increase, stop and return to that work.

Flexible working can take a variety of forms:

- training, or working, LTFT
- taking breaks from the traditional training route to work in a variety of settings to create a portfolio career
- working full time, but not 5 long days, Monday to Friday
- working a different pattern in term time compared with school holidays
- working out of hours to earn a paid sabbatical
- working in other areas, such as research, management and education
- retiring and returning.
Working flexibly: a toolkit

Examples of flexible working

1. Working less than full time
Dr A is an infectious diseases consultant who works full time delivering inpatient care for 10 weeks and works 7 programmed activities (PAs / 4-hour blocks) for 33 weeks delivering an outpatient parenteral antibiotic therapy (OPAT) service, a weekly clinic, and the clinical and education lead roles. During the 33 weeks, other than a weekly clinic and multidisciplinary team meeting, there are no other scheduled weekly commitments. Instead, their hours are worked out over a year. For example: the 1 PA for education lead is not programmed in as a set 4 hours every week. The hours are annualised, totalling 168 hours a year.

2. A portfolio approach
Dr B is a nephrology specialty doctor. They have had a portfolio career, completing their foundation training and core medical training via alternative certificates during and in between treatment of a cancer. They now work 2.5 days in medical education and 1 day clinical, and are in remission.
3 Working full time, but mixing shift lengths and timings

Dr C works 11 PAs as 2 long days, 2 short days, one evening clinic and one out-of-hours shift in acute medicine. One PA is for clinical lead, 3 are supporting professional activities (SPAs) including being audit lead and 7 are direct clinical care (DCC) PAs. Their DCC shifts on acute medicine are worked out on an annualised basis according to whether they are in hours, or after 7pm, and a weekend. This means that they are able to be flexible with days off during the week. Dr C has been able to undertake a part-time MBA as a result.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>am</td>
<td>Off</td>
<td>Long day 3 PAs DCC</td>
<td>Off</td>
<td>Short day 1 PA DCC</td>
<td>Out of hours 1 PA</td>
<td>Off</td>
</tr>
<tr>
<td>pm</td>
<td>Off</td>
<td>Clinical lead 1 PA</td>
<td>Long day 3 SPAs</td>
<td>Off</td>
<td>Off</td>
<td>Off</td>
</tr>
<tr>
<td>eve</td>
<td>Off</td>
<td>Off</td>
<td>Off</td>
<td>Clinic 1 PA</td>
<td>Off</td>
<td>Off</td>
</tr>
</tbody>
</table>

4 Job sharing

Dr D and Dr E work in acute and respiratory medicine, 6 PAs a week each. Importantly, they have 0.25 PAs a week for handover, forced cc’d emails, so they are both aware of everything, and quarterly future vision meetings to discuss their plans, including forward planning to swap to consecutive days in acute weeks.
5 A flexible department

Team F is a haematology/oncology team in a district general hospital, with the following team:

> Oncology
  - two x 0.6 full-time equivalent consultants
  - two full-time consultants
  - one flexible full-time consultant.

> Haematology
  - 14 LTFT consultants, who work flexible PAs, if they are not in a clinic, or meeting.

They have a clinical lead who is not a member of the department and oversees annualised job planning using Allocate software. They have a fixed period of time when job planning occurs with the directors of operations, specialty manager and chief of service.

6 Working in different roles during the week

Dr G works 6 PAs; 3 clinical and 3 research.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>am</strong></td>
<td>Clinical</td>
<td>Research</td>
<td>Research</td>
<td>Off</td>
<td>Off</td>
</tr>
<tr>
<td><strong>pm</strong></td>
<td>Clinical</td>
<td>Clinical</td>
<td>Research</td>
<td>Off</td>
<td>Off</td>
</tr>
</tbody>
</table>
7 **Working in a non-traditional way**

Dr H works part time for the NHS, an online virtual hospital, the Care Quality Commission (CQC) and the GMC, after retiring aged 55 from their clinical substantive post. In a typical month they work 2 PAs face to face for the NHS in outpatient clinics. A further 8 PAs are undertaken remotely using a secure virtual private network (VPN) to access electronic patient records, order and review investigations and inpatient / general practice communication. Up to 2 days per month are spent as a Professional and Linguistics Assessment Board (PLAB) examiner for the GMC or as a specialist adviser for the CQC. They spend 2 PAs per month undertaking continuing professional development (CPD) / SPAs.

8 **Working flexibly in response to ill health**

Following a musculoskeletal injury which meant they were unable to travel to work, Dr H arranged to run their NHS outpatient clinic via telephone from home.

9 **Choosing to retire and return**

Dr I is a 60-year-old gastroenterology consultant who works in different roles. They wound down and then retired and returned. They work 6 PAs (0.6 full-time equivalent).

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>am</strong></td>
<td>Clinic once a month</td>
<td>Research</td>
<td>Admin</td>
<td></td>
<td>Research at another organisation</td>
</tr>
<tr>
<td><strong>pm</strong></td>
<td>Outpatient clinic</td>
<td></td>
<td></td>
<td></td>
<td>Endoscopy</td>
</tr>
</tbody>
</table>
Top tips

For all

› Expect the expected. We will all get older, we and our families will have variable health and likely a long-term condition by the time we retire. We will need variety to keep us interested. Think about how flexible working could revitalise your career.

› Health passports are beginning to be used in trusts for staff and are a useful summary to show new work places: www.nhsemployers.org/case-studies-and-resources/2019/09/health-passport

› Don’t forget the invisible impacts of long-term health conditions such as fluctuation and fatigue.

› Use your occupational health department.

› Find out who your local champion of flexible working is: www.nhsemployers.org/pay-pensions-and-reward/medical-staff/doctors-and-dentists-in-training/terms-and-conditions-contracts/champions-of-flexible-training-guidance

› Know what job opportunities are out there: www.rcplondon.ac.uk/medicine-jobs

For trainees

› Contact your training programme director as soon as you know who they are and discuss flexible options.

› Inform yourself of the process: www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/less-full-time-training-doctors

› If you want LTFT training apply as soon as possible, as you will need signatures.

› Be aware of portfolio opportunities such as:
  – Academic foundation posts: www.foundationprogramme.nhs.uk/content/academic-training
  – Flexible training portfolio: www.rcplondon.ac.uk/projects/flexible-portfolio-training
  – SAS specialist associate and specialty doctor posts: www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/sas-doctors
  – Chief registrar scheme: www.rcplondon.ac.uk/projects/chief-registrar-scheme

› You are entitled to your full-time equivalent study leave, as you have to meet the same standards.

For consultants

When negotiating job plans with organisations:

› ensure a minimum of 25% (England and Northern Ireland) and 30% (Wales) SPAs for a typical full-time post

› use 6-month trials of new work patterns

› use e-job planning: https://improvement.nhs.uk/documents/3491/E-job_planning_meaningful_use_standards.pdf

Culture

› Drive change by role modelling flexible working and supporting clear lines of responsibility, good handover practice, leaving on time.

› Support portfolio careers. The RCP Medicine Jobs website has clinical and other opportunities for physicians.
For those considering retirement

Have a discussion at the age of 55 to:
 plan the next 10 years, use departmental job planning, look at complementary roles. Succession planning and appointment of a successor will take longer than expected.

- Make mentoring part of your job plan and succession plan.
- Employ an opt-in approach to on calls for those ≥60 years old.
- Consider job sharing.
- Look at where you stand with your pension: www.bma.org.uk/advice/employment/pensions/annual-allowance

For those who have left

- If you are working, but have no designated body or suitable person to revalidate with, you can complete an annual return without a connection and remain on the GMC register with a licence to practise: www.gmc-uk.org/-/media/documents/revalidation-guidance-for-doctors_pdf-54232703.pdf

- It takes 2 weeks to restore your licence after it is relinquished if you have evidence of good standing from your most recent employer.

- An ID check is needed as well if you give up registration and re-register: www.gmc-uk.org/registration-and-licensing/managing-your-registration/changing-your-status-on-the-register/restoration-to-the-register/renewal/pensions/annual-allowance
Suggestions for discussions with your employer

1. **Reinforce that your champion of flexible working** should have protected time to fulfil the role and should:
   - have a presence at inductions
   - email all, not just those working LTFT, to introduce themselves
   - have a good working relationship with Human Resources, the directors of medical education and the guardian of safe working.

2. **Refer them to NHS Employers resources on flexible working:** [www.nhsemployers.org/-/media/Employers/Documents/Retentionguide.pdf](http://www.nhsemployers.org/-/media/Employers/Documents/Retentionguide.pdf)

3. **Ask whether they will offer pre-earned ‘sabbatical’ leave.** For example: 1 extra DDC, per month, for 5 years resulting in an 8-week period of extra paid leave.

4. **Ask if they will support career exchanges:** The RCP offers the opportunity to spend some time with another RCP fellow in a different trust or other part of the worldwide network of RCP fellows; suggestion is to use 2 weeks of study leave.

5. **Suggest they could support portfolio careers** by setting up a jobs board with opportunities for healthcare professionals outside of the trust.

6. **Ask if they will ‘keep the door open’.** NHS employees can have an unpaid employment break for 3 months every 5 years. Your employer should be supportive and aim to retain employees who would otherwise leave permanently.

7. **Encourage support and creativity** in the adjustments, or redeployment, options for doctors with changes in their health to retain their skills.


Suggestions for discussing flexible working at appraisal

- Trusts’ needs should be ignored for the first 30 minutes and you (the appraisee) should be allowed to guide conversation.
- Discuss your personal and professional objectives over the next year.
- Think about how your talents can be used best within your organisation.
- Discuss how the service can be improved and what is done well and badly.
And finally...

> One size does not fit all; the take it or leave it policy from employers does not work.
> Shared parental leave should be available for all, including SAS doctors.
> Employers should support initiatives to prevent burnout, such as pre-earned leave and career exchanges with international colleagues.
> Suggest step-on, step-off training routes.
> Employers should support doctors with ill health through creating ‘ill health retirement’ policy that supports doctors who could later return to work and that does not penalise them.

Ensure that your work schedule enables you to be:
> well
> healthy
> effective in your work
> able to sustain your contribution to high-quality patient care.11
References


5. Royal College of Physicians. PSRO co-ordinated recruitment. State of recruitment report. Version 0.7. 04/07/19


This toolkit was prepared by:

**Dr Gemma Simons**  
Clinical research fellow  
Centre for Workforce Wellbeing  
University of Southampton

**Dr Harriet Gordon**  
Consultant gastroenterologist  
Hampshire Hospitals Foundation Trust  
UK