

Flexible training: how do trainees perceive the application process?

The application process for flexible training is often perceived as being complex. This article looks at flexible trainees' views on the application process. Although there is general satisfaction, suggested improvements are discussed.

Introduction

The flexible (part-time) training scheme (Department of Health and Social Security, 1969) was introduced to reduce wastage of medical manpower and to meet the needs of junior doctors unable to train full time for well-founded individual reasons (Department of Health and Social Security, 1979). The regulations for part-time training were revised in 1993 and a yearly advertisement was placed in the *British Medical Journal* by the Department of Health as manpower for flexible training was approved centrally (Morrell and Roberts, 1995). Once this approval had been gained the doctor needed to apply to a deanery for funding and local approval. This process took time, in some cases a year or more (Sayer, 1995), but was soon simplified so that applications were made direct to deaneries rather than centrally (Bynoe and Goldberg, 1995). This application process has not changed in the last 10 years and an initial interview with the associate post-graduate dean for flexible training (APGD) has been standard practice.

The aim of the initial interview with the APGD was to determine eligibility according to nationally agreed criteria and to discuss how to set up a flexible training programme. Flexible trainees must work at least 50% of full time but can work any percentage between 50 and 95%. They may also stay in a full-time slot working reduced hours (usually specialist registrars (SpRs)), be in a slotshare (two trainees occupy a full-time slot each working 50–70%), or be a supernumerary trainee.

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A 72-page guide to flexible training covering general and specialty specific information has been available on the West Midlands Deanery (WMD) web site (www.wmdeanery.org) and is updated at least annually. All trainees are asked to look at this guide before interview. The APGD also answers queries from flexible trainees by e-mail or telephone as these arise. The number of flexible trainees in the West Midlands has increased from 20 in 1994 to 167 in 2003. Owing to this increasing number of trainees, immediate appointments were not always available and it was felt that most information given at interview could be gained from the WMD web site. The APGD has quarterly meetings with the flexible training specialty advisors. Some trainees have to travel for around 2 hours to attend the WMD for interview. Therefore it was questioned how useful this application process with the initial eligibility interview has been and how acceptable it was to trainees.

Methods

Participants and survey instrument

A 19-item questionnaire was drawn up including demographic data and questions regarding flexible training. Trainees were asked to circle one choice regarding flexible training statements on a 6 point Likert scale, ranging from 1 (extremely unhelpful) to 6 (extremely helpful). Item 19 was a free text box for any suggestions or comments for improvement in the flexible training application process. The questionnaire was sent to 150 flexible trainees currently working as identified by the WMD flexible training database. Trainees who were on maternity leave at the time of the study (30) were excluded. A reminder was sent out to all flexible trainees regarding the questionnaire 1 month after they had received it.

Statistical analysis

The results of the questionnaire were initially entered into an Excel spreadsheet and then loaded into SPSS. The statistical analyses, carried out using SPSS software (SPSS version 12.0.1), included frequencies, descriptive statistics of the Likert scale scores, reliability of the Likert scale scores (using Cronbach's alpha) and testing of significance of the various variables against the Likert scale scores, using non-parametric tests.

Results

Response rate

Out of a possible 150 questionnaires 109 were returned, giving a 72% response rate.

Demographic data

There were 102 female and 6 male flexible trainees (one didn't answer this question). Most trainees were in the SpR grade (Figure 1). Nearly half (48%) of trainees had been training flexibly for less than 1 year (Figure 2). Approximately two thirds of the flexible trainees were UK graduates. The type of flexible training is shown in Figure 3. In this study, slotsharing was the most common way of training flexibly with roughly equal numbers of flexible trainees working reduced hours in a full-time slot as working supernumerary.

Figure 1. The distribution of grades of flexible training doctor.

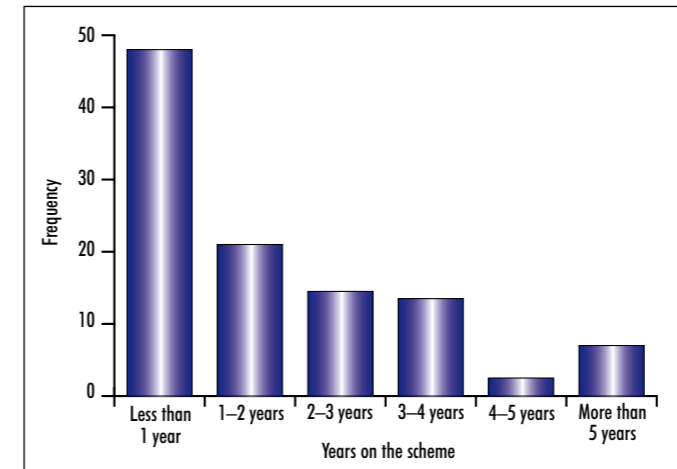
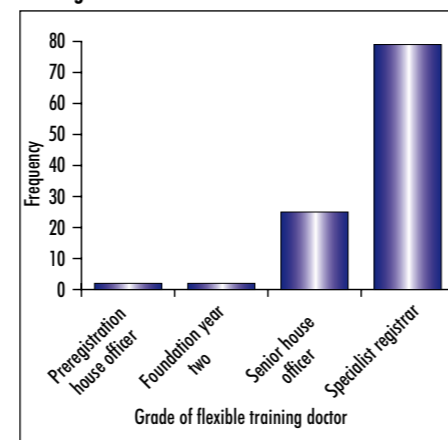


Figure 2. Numbers of years that flexible trainees have been on the scheme.

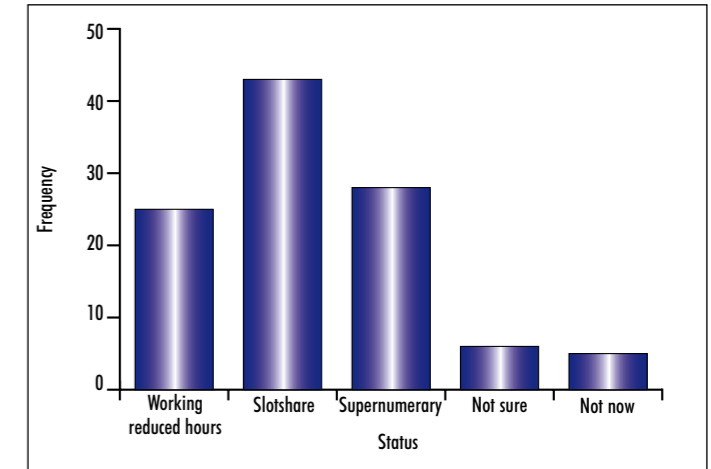


Figure 3. The type of job status of the flexible training doctors.

Although there was a wide range of specialties, most flexible trainees were working in the medical specialties, paediatrics and psychiatry (Figure 4). Very few (only two flexible trainees – 2% of the total) were working in surgery.

Eligibility interview

Almost all flexible trainees (105, 96%) had had an eligibility interview. Of the four trainees who had not had an eligibility interview all were working reduced hours in a full-time slot at SpR grade. Over three quarters of trainees (79%) had been seen for their eligibility interview within 4 weeks of application (Figure 5). Only one trainee waited longer than 12 weeks. Two thirds of flexible trainees had not had a further appointment with the APGD to discuss matters relating to flexible training.

Figure 4. The specialty in which flexible trainees are working. VTS = vocational training scheme.

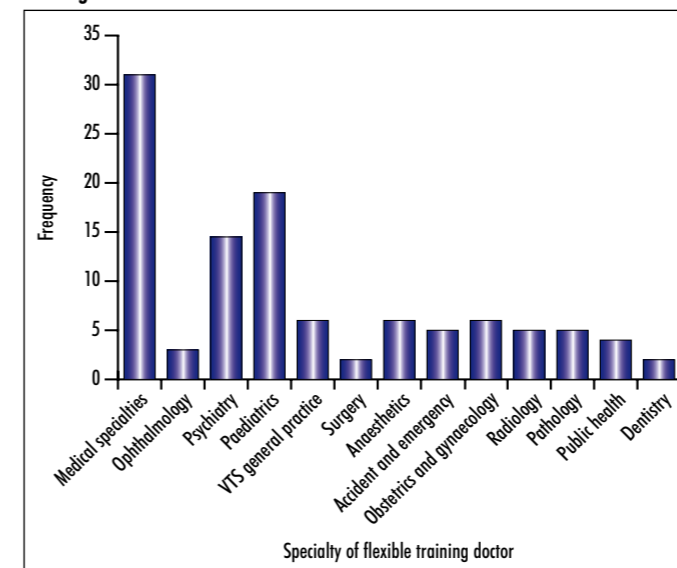
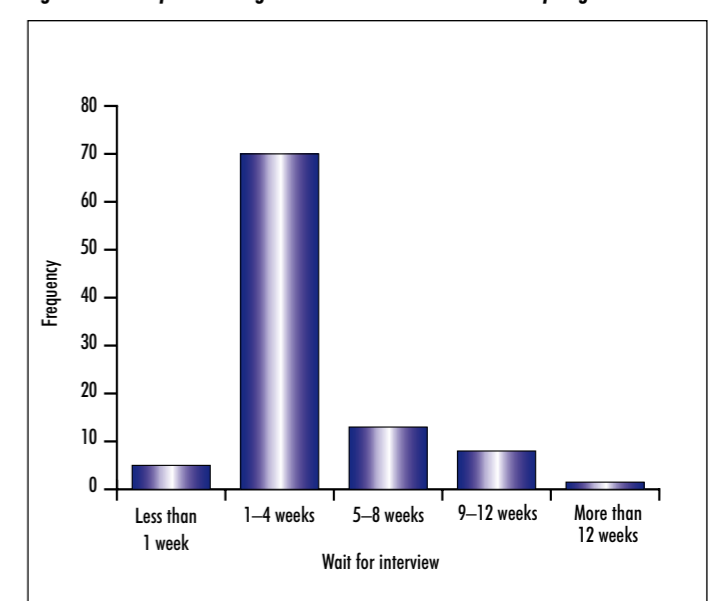


Figure 5. Time spent waiting for interview with the associate postgraduate dean.



The Likert questions

The scores for the Likert questions are given in Table 1. The reliability of the Likert questions in this questionnaire was very high at 0.894 using Cronbach's alpha, and using the Cronbach's alpha if item deleted, there were no rogue questions with markedly different scores on this test statistic.

Overall the interview with the APGD was perceived to be helpful in a number of aspects with regard to flexible training (Figure 6), showing a mean score of 4.72 out of 6 on the Likert scale. There were no significant differences in the scores when tested against the length of flexible training, medical school of graduation, job status, grade of post, gender, specialty, number of appointments with the APGD and perceived helpfulness of the interview. Only around half of the trainees had looked at the flexible train-

ing guide on the WMD web site before their interview (Figure 7). Viewing of the web site made no significant difference to the trainees' views on the interview process. Flexible trainees identified flexible pay and banding as missing information on the web site ($P=0.013$ using Mann Whitney test). Those who had waited the longest for an eligibility interview with the APGD were significantly less likely to know who to contact next ($P=0.021$ using Kruskal Wallis test), and to know the name of their specialty flexible training advisor ($P=0.003$ using Kruskal Wallis test).

Free text comments

Approximately three quarters of respondents completed the free text box. There were a number of positive comments about flexible training, the ease of applica-

Table 1. Likert questions about interview with associate postgraduate dean

Question	Number of trainees	Mean score	Range of scores	Standard deviation
Setting up the flexible training programme	105	4.4	2–6	1.11
Flexible pay and banding	101	4.13	1–6	1.26
Who to contact next	101	4.53	1–6	1.19
Name of flexible training advisor	95	4.58	1–6	1.40
All questions on flexible training answered	102	4.60	1–6	1.11
Career advice	99	3.99	1–6	1.25
Usefulness of interview	104	4.72	2–6	1.05

tion, the helpfulness of the interview and the deanery staff. Comments for improvements have been grouped under headings and are shown in *Table 2*.

Discussion

There is a paucity of published studies on the flexible training application process and how trainees view it. This survey shows overall satisfaction with the application process and suggests some improvements.

An initial eligibility interview had taken place in 96% of trainees, with only four trainees working reduced hours in a full-time slot missing out on this. Surprisingly there was no significant delay for the majority of trainees in getting this interview, with over three quarters being seen within 4 weeks of contacting the flexible training department. However, the results of the hierarchical cluster analysis showed that the trainees who had waited longest for an interview appeared among those who had given the lower scores ($P=0.009$), i.e. the longer people wait, the less satisfied some of them may become. From the trainees' perspective, it is therefore important to keep the length of time required to start the flexible training application process

short with an initial eligibility interview taking place as soon as possible.

There were many free text comments stating that the process had been straightforward and expressing satisfaction, although one person felt the wait for an interview was too long. Some felt that the interview should be optional for cases who clearly fell into eligibility group one with responsibility for care of children, and for those who did not for personal reasons start working flexibly for a number of months after the eligibility interview during which time there had been changes in flexible training. With changes in technology over the last 10 years and e-mail and computer access becoming the norm, the need for an eligibility interview to ensure the trainee was eligible and fully informed about the flexible training application process has diminished. Nationally agreed criteria for flexible training are widely published including on deanery and Royal College web sites. In the WMD, training programmes are organized by postgraduate clinical tutors (F1 and F2), specialty clinical tutors (senior house officer; SHO) and programme directors (SpRs) with help from the specialty flexible training

advisor. This is an important change for the role of the APGD who coordinates rather than sets up these training programmes. All of the communication can be electronic with significant time saving.

It is clear from the free text comments that there are areas which need attention and with which trainees need support in the flexible training application process. These comments support concentrating the APGD's time in ensuring the flexible training guide on the web site is updated regularly, a number of areas are clarified, there is good liaison with trusts and time is spent helping flexible training specialty advisors to understand all aspects of flexible training. Currently there are 6-monthly meetings between flexible training advisors and the APGD and these will continue.

Information on flexible pay was identified as missing information on the web site. Although all details of flexible pay bands (FA, FB and FC) were listed including how this works with a slotshare, it is not possible to individualize the information on the web site. The new pay deal for flexible trainees has been implemented from 1 June 2005 and web site information has been updated to include this new deal.

Lack of use of the web site was disappointing with only 47% looking at the flexible training guide before interview. It was widely known that the interview looked at many aspects of flexible training and this may explain the lack of web site use. Perceived missing information on the web site was a useful outcome of the survey. The authors have redoubled their efforts in finding a lead flexible trainee for each specialty subsequent to the survey to advise on whether things are clear on the web site from their specialty's point of view.

Over two thirds of flexible trainees did not need another interview with the APGD after the initial eligibility interview. Those who had further appointments did so for reasons related to career advice, e.g. change from SHO to SpR grade, for information on the flexible careers scheme and for discussion on their personal pay situation.

There has been little change in demographic data since a North Thames study in 1996–7 (Goldberg and Paice, 1999). The questionnaire was reliable, with a very high value of Cronbach's alpha of 0.894, and no rogue questions using the alpha if item deleted calculations (Bowling, 1997; Cohen et al, 2000; Field, 2000).

Conclusions

The findings of this study suggest that the interview, although perceived as helpful by many flexible trainees, cannot answer all subsequent questions. Keeping application

times for flexible training as short as possible was important. Flexible trainees suggested that a routine eligibility interview for the majority of trainees is unnecessary and the Conference of Postgraduate Medical

Deans of the UK wish to mainstream flexible trainees. It is proposed to move to a web-based application form and ensure that the flexible training guide on the web is regularly updated. It is important to repeat this study after introducing these changes to ensure that flexible trainees feel equally well, if not better informed. **BJHM**

The authors would like to thank flexible trainees in the West Midlands who completed the flexible training questionnaire and Ms Maddie Meades, PA to Dr Helen Goodyear for helping to collate the data. Conflict of interest: none.

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Table 2. The free text comments for improving processes

Training guide	Didn't say if I was supernumerary at time of return to work
	Need to issue to consultants/educational supervisors/medical personnel
	No information on paediatric national grid posts
	Need more information on slotsharing
Pay banding	Need more information on pay banding and out of hours training requirements
	I don't understand it for FT
	On call – advice I received was not correct re pay
	Medical personnel/payroll across region not well educated re flexible banding but clearly documented on deanery website
Trusts	Need a standard letter so medical personnel can do a sensible on call rota
	Banding advice different from one advisor to another and incomplete
	Trust didn't know I was starting as a flexible trainee until the day I started
	Trust didn't know about FT
FT application process	Job only sorted out 2 weeks before end of my maternity leave
	Felt like pig in the middle, wasn't sure I could start, unable to find out my salary
	FT application process changed since I applied 6 and a half years ago
	FT application process very stressful this last year because of funding issues
Specialty advice	FT process long and time consuming. Unsure how to simplify it
	Generic advice very helpful but need better link with specialty
	Setting up a surgery FT post is challenging as most consultants have no experience of flexible trainees in surgery
	Needed more specialty advice about the implications of FT
Eligibility interview	College tutor needs more information re FT
	FT advisor is also regional specialty advisor which creates a conflict of interests, not very developed role at time of my application but things have changed now, not sure who it was, helpful to have one in specialty in own Trust
	My college has an inaccessible and inflexible reputation
	College approval – didn't realise need to get this initially and how to go about it
General comments	Should be optional – especially if straightforward reason for FT, e.g. children
	Wait for interview not ideal, application form better with only complex cases then needing interview with written/website information
	It was 9 months before I was flexible – FT rules changed twice in that time
	Make them available more quickly
General comments	Need more men as flexible trainees, make system more men friendly
	Slotshare has made the training more difficult and less flexible
	FT meetings useful – until I started I wasn't sure what the questions were, useful to talk to a trainee in similar position re pitfalls, necessities etc
	Overseas doctors do not always realize flexible training is available
	Future funding – what is the likelihood, funding issues and difficulties should be clarified
	What are the shift working implications for family life

FT = flexible training

KEY POINTS

- The flexible training application process was perceived by most trainees as satisfactory with the majority being seen for an eligibility interview within 4 weeks.
- Trainees wanted the application process to be as short as possible and those waiting the longest for an eligibility interview viewed the process least favourably.
- Trainees do not feel a routine eligibility interview is necessary for the majority of flexible trainees.
- Web site guides to flexible training need regular updating and trainees want detailed information on flexible pay and banding.
- Mainstreaming of flexible training could be aided by replacing the eligibility interview for flexible training with a web-based application form.

Figure 6. The usefulness of interview with the associate dean for flexible training.

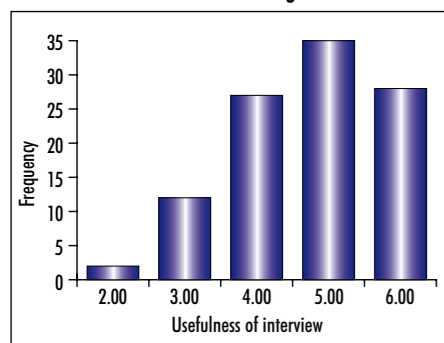


Figure 7. Use of the flexible training guide on the web by flexible trainees.

