

Doctors in flexible training

A guide to the new arrangements for flexible training

Why flexible training?

The principal aims of flexible (less than full time) training are threefold. They are to ensure that, as far as possible:

- trainees who need to train flexibly have access to this mode of training
- trainees who do train flexibly have full access to effective training
- trusts can employ flexible trainees who contribute effectively and appropriately to service delivery.

Doctors who need to train flexibly are a valuable resource not to be wasted, and flexible training should be properly provided to those who need it most.

The new arrangements must overcome significant misunderstanding engendered by the previous arrangements. These include the impressions that flexible trainees:

- only work when it suits them
- are generally overpaid, getting a full day's pay for half a day's work
- are more expensive to trusts than full-time trainees.

In reality, only the last has any real substance, and this will be resolved by the new arrangements. However, practice in some areas has allowed the other perceptions to influence appointments and access; these will be the most difficult to overcome and will require the greatest effort to resolve.

A summary of flexible training

Flexible training is training where a doctor works more than half and less than the whole of the work of a full-time trainee – a typical flexible trainee currently works 60 per cent of full-time – and can be provided when training on a full-time basis would not be practicable for well-founded individual reasons (Council Directive 93/16 EEC).

It might be assumed, given the date of the relevant European legislation and recognising the necessarily onerous nature and long hours needed for effective medical training, that the provision was intended to allow member states to provide part-time training to those doctors who were prevented by external factors from training full-time. However, well-founded reasons are not defined in any way in the directive.

Changes in society and in individual expectations, even in the twelve years since its issue, have put pressure on employers and deaneries to extend flexible training to those who would choose to train flexibly as a lifestyle choice, rather than to restrict it only to those who cannot train in any other way. Amendments to this requirement would need a change in European

legislation which is unlikely in the short term; nevertheless employers are encouraged to look sympathetically on all requests to train flexibly.

Access will be subject to factors outlined in the part-time workers' legislation; in particular:

- continuity of service delivery issues, and
- available resources,

where a full-time trainee seeks to reduce their hours, and to:

- availability of suitable posts (where a trainee is looking for a new appointment),

but employers and deaneries are expected to be supportive of eligible applicants.

What it involves

Council Directive 93/16/EEC states that "Full-time training... shall involve participation in all the medical activities of the department where the training is carried out, including on-call duties, so that the trainee specialist devotes to this practical and theoretical training all his professional activity throughout the duration of the standard working week and throughout the year according to provisions agreed by the competent authorities. ... Part-time training... shall meet the same requirements as full-time training, from which it shall differ only in the possibility of limiting participation in medical activities to a period at least half of that provided [for full-time trainees]."

On the one hand, for trusts and deaneries this means that where full-time trainees work on-call and weekends, their flexible colleagues should not be excluded from this part of the training experience.

On the other hand, it means that trainees wanting to train flexibly should while working less than full-time nevertheless be prepared, and must expect, to be required to work at any time of the week and at any time of the year, in the same way as their full-time colleagues. This should not however preclude working only on fixed weekdays, for example, where local individual arrangements can be made to ensure continuity of training and service delivery.

Individual circumstances will inevitably vary. Needs, particularly those of a short-term nature, may force a particular working pattern and this should be accommodated where practicable, but when a trainee is unable to fulfil the basic requirements i.e. any time of the week/any time of the year on a regular basis it may be that flexible training is inappropriate at this stage of their career, and they should be so advised.

The new arrangements

The new arrangements should not directly impact on continuity of service delivery issues. In the current context of a shortage of medical staff and the need to retain those who are already in training to make the most of the investment already made in their training, it is necessary to do the utmost to ensure that those who would otherwise have left training are supported to continue.

What the new arrangements can and will do is to:

- bring flexible pay rates broadly into line with those of full-timers
- make the cost of employment better geared to levels of service delivery – this will make slot-sharing more affordable
- free up resources when a full-time trainee reduces their hours so that the replacement of lost service capacity is more affordable; and
- facilitate a regular review of individuals' need for flexible training so that training is most effective and timely, and resources appropriately allocated.

However, the effect will not be seen in full in the short term, as a result of pay protection provisions for existing trainees.

How the new pay system will work

Basic pay under the new arrangements is determined by the actual hours of work undertaken by the flexible trainee. As with full-time trainees, a supplement is payable to reflect the level and frequency of out-of-hours work, and this is calculated as a proportion of the basic salary determined by the hours worked.

This is best illustrated by example. Those following assume that basic salary is funded on the basis of the contracted proportion of full-time – a 0.6 flexible attracts 0.6 full-time deanery funding, a 0.5 flexible attracting 0.5, and so on.

Example 1

A flexible trainee is contracted to work 60 per cent of full-time, and will be taking up a post in a rota where the full-time doctors are in Band 1, working 47 hours a week.

To meet the training requirements in terms of working time, the flexible will be expected to work 60 per cent of 47 hours, which is 28.2 hours a week; this puts the trainee at the lower edge of pay band F7, setting basic pay at 70 per cent of full-time.

They will be working as part of a resident on-call rota of eight doctors with prospective cover, making the rota Band 1A. The frequency of the flexible's on-call is 1 in 13.3, putting the trainee into intensity band A with a supplement of 50 per cent.

$$\begin{aligned}
\text{Flexible Basic Pay} &= 70\% \text{ of Full-Time Basic Pay (70\% of 1 = 0.7)} \\
\text{Flexible Supplement} &= 50\% \text{ of Flexible Basic Pay (50\% of 0.7 = 0.35)} \\
\text{Flexible Pay} &= \text{Flexible Basic Pay + Supplement} \\
&= 0.7 + 0.35 \\
&= 1.05 \text{ Full Basic Salary}
\end{aligned}$$

This is funded by 0.6 by the deanery, and .45 from the trust.

In this scenario, with the flexible at the bottom end of pay band F7, the flexible is paid at a higher hourly rate than the full-time trainee. Pay band F7 extends up to 32 hours a week, and if the flexible were to work a little more while the full time trainee worked an hour or so less, total pay would not change but the rates would equalise. This is an inevitable consequence of a banded pay system.

Example 2

In the same rota the full time trainees work 45 hours a week. Flexible working hours needed will be 27, putting the trainee into pay band F6, attracting 60 per cent of full basic salary. The frequency of on-call will remain at 1 in 13.3, leaving the trainee in intensity band A.

$$\begin{aligned}
\text{Flexible Basic Pay} &= 60\% \text{ of Full-Time Basic Pay (60\% of 1 = 0.6)} \\
\text{Flexible Supplement} &= 50\% \text{ of Flexible Basic Pay (50\% of 0.6 = 0.3)} \\
\text{Flexible Pay} &= \text{Flexible Basic Pay + Supplement} \\
&= 0.6 + 0.3 \\
&= 0.9 \text{ Full Basic Salary}
\end{aligned}$$

This is funded by 0.6 from the deanery, and 0.3 from the trust.

In this scenario the full-time trainee and the flexible attract the same hourly rate for work done.

Example 3

In the same rota a flexible works 50 per cent of full time. Working hours needed will be 23.5, putting the trainee into pay band F5, attracting 50 per cent of full basic salary. The frequency of on-call will be 1 in 16, putting the trainee in intensity band B with a supplement of 40 per cent.

$$\begin{aligned}
\text{Flexible Basic Pay} &= 50\% \text{ of Full-Time Basic Pay (50\% of 1 = 0.5)} \\
\text{Flexible Supplement} &= 40\% \text{ of Flexible Basic Pay (40\% of 0.5 = 0.2)} \\
\text{Flexible Pay} &= \text{Flexible Basic Pay + Supplement} \\
&= 0.5 + 0.2 \\
&= 0.7 \text{ Full Basic Salary}
\end{aligned}$$

This is funded by 0.5 by the deanery and .2 from the trust. With two flexible trainees in a slot-share arrangement this would be cheaper for the trust than the full-time option. Were the flexible trainee(s) to fall into FA, the result would still be cost-neutral for both the trust and the deanery.

In this last scenario the flexible trainee is paid a slightly lower hourly rate than the full-timer.

In all three examples it is abundantly clear under the new system what proportion of the salary is rightly to be funded by the deanery and what is supplemental, to be funded by the trust. Salaries are broadly equivalent to those of full-timers, bear a direct relationship to the amount of work carried out, and employers have, as a consequence, the potential for far greater control over their staffing costs.

Two trainees in a slot share could enable more straightforward rota planning and simplify arrangements for the trust – it would be easier (and less expensive) to manage than a job-share which falls apart if one partner leaves, and would give greater flexibility than such an arrangement. For example, if in a slot-share one trainee leaves, this could provide the opportunity for the remaining flexible to increase their hours on a temporary or even permanent basis to cover some or all of the service gap.

The new pay system is flexible enough to facilitate this and to remunerate the trainee appropriately for their flexibility and for the additional work undertaken. Indeed, in such a situation trusts would be incentivised to take on a further flexible trainee to fill the service gap – at no additional cost.

Establishing posts

A process for appointment might run as follows:

1. Agree eligibility and establish support.
2. Identify and agree a suitable post or series of posts.
3. Agree a work plan based on the contracted proportion of full-time with direct reference to the educational experience and service contribution of the full-timers on the rota.
4. Use this work plan to determine the pay band and supplement rate, and offer the contract on this basis.

In this way both the trainee and the trust would be clear from the outset about expectations and their associated costs/income:

- if the working hours increase from those contracted for, pay will increase to follow
- should hours reduce, pay will similarly reduce but only to the protected level determined by the original contract.

Given that the new arrangements provide for a regular review of individual circumstances and need for flexible training, the review could be used by the deanery, the trust, and the trainee as an opportunity to reassess the proportion of full-time work undertaken, and to make adjustments where such might be considered necessary or appropriate.

The regular review might also be used as an opportunity to review and where necessary adjust the degree to which the working arrangements in place properly address the requirements of the legislation in respect of involvement in the full range of activities.

Pay protection for existing flexible trainees

Flexible trainees already in post will have their pay protected on the basis of their existing contract. Hence, for example, a trainee currently paid on FA under the old provisions will have their pay protected at 1.25 times the basic salary payable at the time of the introduction of the new arrangements subject to the provisions of AL(MD)1/2001 and AL(MD)4/2003. Should their pay as worked out under the new system prove to attract a higher sum than that protected they will receive the higher of the two amounts; if lower they will remain on protected pay for so long as it is more advantageous.

Pay adjustments as a result of the introduction of the new arrangements will not change the basis of pay protection – if the new salary is higher than the currently protected salary this will not change the level of protection and the new salary will not become the protected salary – changed working arrangements or reduced hours in future may reduce the salary, but to no lower than the level protected at transition.

