3 December 2014

Strategy and Policy Board

To consider

**Exercising legal powers to allow training on a part-time basis in certain defined or limited circumstances**

**Issue**

1. To consider whether we should exercise our legal powers to enable doctors in training to undertake training on a part-time basis in certain additional circumstances, such as but not limited to those wishing to work in one specialty whilst training in a second undersubscribed specialty.

**Recommendations**

2. The Strategy and Policy Board is asked to agree that:

   a. We exercise our statutory powers to permit part-time specialist training, under conditions approved by the GMC as the competent authority.

   b. The limitations or boundaries of this proposal will be developed with our key interest groups to develop a position statement and determination, enabling doctors to train on a part-time basis whilst continuing to work for remuneration during the rest of their working week in the defined areas.
Exercising legal powers to allow training on a part-time basis in certain defined or limited circumstances

Issue

3 Less than full-time training, where a doctor in training is not undertaking full time duties because of family, lifestyle preference or other reasons, is very well established and used by a growing number of trainees including men and women. However we would like the Strategy and Policy Board to consider whether it is possible for an established doctor (already on the GP or Specialist Register), to undertake training in an additional specialty to the one they are already working in on a part-time basis.

4 We had previously considered allowing trainee to train in a second specialty on a part-time basis to be illegal under European Law, but a more recent external legal opinion indicates that this would be possible within the constraints of the law (EC Directive 93/16/EEC Article 22 and EC Directive 93/16/EEC Article 25 paragraph 3).

5 In June of this year our paper, at Annex A, outlining the view of the GMC was discussed at The Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD), one of our key interest groups. It asked us to take into consideration expanding the paper to allow flexibility beyond shortage specialties, for example to include specialties such as Sport and Exercise Medicine (SEM).

6 Feedback on our paper from COPMeD and also from the Less Than Full-Time Training National Forum included:

   a Support the GMC in exercising its powers.

   b Clear boundaries for any proposals.

   c Time-limit the definition of shortage specialties as this may change.

   d Clarify terminology, i.e. part-time and less than full-time as confusing.

   e Expand the proposal to include those specialties which have been developed for experienced clinicians such as Sport and Exercise Medicine – although not a shortage specialty it is usual for those entering to have already completed another training programme.

   f Clarify the position with respect to ad hoc locum work undertaken during training.

7 Certain undersubscribed specialities (e.g. Public Health) have expressed a wish to allow doctors who are outside of formal medical training (e.g. General Practitioners, Staff and Associate Specialist and Specialty (SAS) doctors, consultant doctors in other specialties) to train in a second specialty on a part-time basis.
In addition, certain specialties such as Sport and Exercise Medicine are structured in such a way to be undertaken by doctors who have already completed training in another specialty (usually General Practice) and who wish to continue in their first specialty whilst training in the second one. This is two-fold, to maintain their skills for revalidation purposes to pursue both specialties on completion of training, and secondly they cannot afford to reduce their income to return to training full-time.

This would be separate from Less Than Full-Time Training, which is well described in the Gold Guide, and during which trainees are not permitted to work for remuneration in the non-training part of their week.

In certain situations it would seem that there is both a training and service benefit in allowing people to train in an under-subscribed specialty part-time, whilst continuing to work for the remainder of the working week in, for instance, General Practice.

Opening up training programmes to doctors outside of formal medical training may affect competition ratios and could disadvantage trainee doctors looking to train in these undersubscribed specialties. However, by definition they are undersubscribed and increasing the pool of potential candidates should drive up standards.

Next steps

We plan to develop the limitations or boundaries of this proposal with our key interest groups to develop a position statement and determination, enabling doctors to train on a part-time basis whilst continuing to work for remuneration during the rest of their working week in the defined areas.

The criteria for ‘undersubscribed’ specialties, doctors eligible to train on a part-time basis, and the ratio between training vs working for remuneration, would need to be clearly defined to allow fair and transparent application.

The position statement/determination would apply to all doctors who wish to apply to train on a less than full time, or part time basis and aims to cover, without being completely exhaustive, the majority of potential reasons for wishing to do this. A full equality and diversity assessment will be completed as part of the project in due course.
Supporting information

How this issue relates to the corporate strategy and business plan

16 This proposal relates to two of our strategic priorities: to help raise standards in medical education and practice; and to work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

If you have any questions about this paper please contact: Tara Willmott, Head of Approvals, twillmott@gmc-uk.org, 020 7189 5092.
Less Than Full Time Training vs. Part-Time Training: Should undersubscribed specialties be allowed to offer training on a part-time basis?

This paper was shared with the following two key interest groups in October 2014:

- The Conference of postgraduate Medical Education Deans (COPMeD).
- The UK Less than full time training forum.
Less Than Full Time Training vs. Part-Time Training: Should undersubscribed specialties be allowed to offer training on a part-time basis?

Purpose of this document

1. Provide clear guidance to Postgraduate Deans, Medical Royal Colleges and trainees on the acceptable criteria for undertaking training on a less than full-time basis, and to introduce a new category of training, whereby a trainee can train in a second specialty on a part-time basis.

2. To supersede previous guidance on this topic and to update the current Gold Guide.

Who is covered by the revised requirements?

3. All trainees are eligible to apply for less than full-time training. The proposed changes detailed in this document apply to doctors outside of formal medical training (e.g., those on the specialist register, GP register, or in non-training posts) who wish to train on a part-time basis in a second specialty, whilst maintaining their clinical work during the period of the week not devoted to training.

Background

4. In 2005 an agreement was reached by BMA Junior Doctors Committee (JDC), NHS Employers, the Department of Health and the Conference of Postgraduate Medical Deans (COPMeD) and a document published entitled “The Principles Underpinning the New Arrangements for Flexible Training.” This document laid out the aims, eligibility criteria, application process, requirements of and the legal position governing flexible medical training. This document states that “trainees should not normally be permitted to engage in any other paid employment whilst undertaking flexible training.”

5. The Gold Guide (2010) states that “those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons.”

6. COPMeD had categorised the potential reasons for wishing to undertake less than full-time training into two categories:

   Category 1: Doctors in training with:
a  Ill health  

b  Disability  

c  Responsibility for caring for children  

d  Responsibility for caring for other dependent  

Category 2  Doctors in training with:  

a  Unique opportunities for their own personal/professional development e.g. Training for international/national sporting events  

b  Religious commitment – Involving training for a particular role which requires a specific time commitment  

c  Non-medical professional development such as management courses, law course, fine arts courses etc.  

7  These remain in the 2010 Gold Guide, which also goes on to state that “other well-founded reasons will be considered, but will be prioritised by the postgraduate dean, and will be dependent on the capacity of the programme and the available resources.”  

8  Recently the GMC has received a number of requests from deaneries / local education and training boards (LETB) and training programme directors for guidance on whether trainees with specific circumstances, not covered in the Gold Guide, would be eligible for less than full-time training. One area of particular concern centred on whether trainees where allowed to undertake part-time training in a second specialist area whilst continuing to work in the field which they are already qualified in.  

eg. A qualified GP who wishes to train part-time in public health, whilst maintaining part-time clinical GP work.  

9  Within the medical education community the difference between “less than full time training” and “part-time training” is understood, however the Gold Guide currently only refers to “less than full time training.” It is important that this distinction is recognised and formalised to allow fair and consistent implementation.  

10  This document aims to clarify the GMC’s position on less than full-time training, and introduce the concept of part-time training. We aim to provide guidance which upholds the principles of flexible training, supports deaneries / local education and training boards / training programme directors in making their decisions, but remains within the boundaries of the relevant laws applicable to this topic.
Current Legal Position

11 The Employment Act (2002) outlines an employee’s right to, and an employer’s responsibility to provide opportunity for part-time working. It states that “a qualifying employee may apply to his employer for a change in terms and condition of employment if a) The change relates to hours of work, time of work, place of work and b) his purpose for applying for the change is to enable him to care for someone.” It goes on to state the criteria an employer must use to evaluate the request.

12 This section of the employment act is relevant to any employee and refers to part-time working. Whilst any doctor, once on the specialist or GP register, or once outside of formal post-graduate medical training, is able to apply for part-time working, there are additional specific legal requirements for entry into part-time medical training. These are set out in European Legislation (93/16/EC.)

13 EC Directive 93/16/EEC Article 22 states:

   a Without prejudice to the principle of full-time training member states may permit part-time specialist training, under conditions approved by the competent national authorities (in this case the GMC), when training on a full-time basis would not be practical for well-founded individual reasons.

   b Part-time training shall be given in accordance with point 2 of Annex 1 hereto and at a standard qualitatively equivalent to full-time training. This standard of training shall not be impaired, either by its part-time nature or by the practice of private, remunerated professional activity.

14 EC Directive 93/16/EEC Article 25 paragraph 3 states:

   Training should be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full range of medical activities of the department where training is given, including duty on-call, in such a way that the trainee specialist devotes all of his professional activity to his practical and theoretical training throughout the entire working week and throughout the year.

15 These positions appear to be at odds with each other. We have sought legal advice to clarify this. The main issue was whether article 25 prohibited article 22, or whether article 25 should only be read in relation to the portion of the working week which was being devoted to specialist training.

16 Based on balancing in-house and external legal advice, interpretation of this legislation endorses the right of a trainee to train part-time, under article 22, but recognises the need to ensure that specialist training is a trainee’s sole occupation.
Issues

17 Currently the Gold Guide refers only to “less than full-time training” and makes no provision for trainees to enter into “part-time training.” European Law refers only to part-time training and makes no distinction between the two. The difference in the eyes of the GMC is as follows:

17.1 **Less than full-time Training** has well-defined eligibility criteria in the Gold Guide and trainees “should not normally be permitted to undertake any other paid employment” whilst on less than full-time training. The GMC is looking to clarify the position on whether any locum work should be permitted whilst training less than full-time. It is clear that any locum work undertaken must not have a negative impact on training, or cause the trainee to exceed the hours permitted by the EWTD.

*Consultation Question 1: Should any locum work be permissible whilst training less than full-time? Should a trainee disclose to their TPD how much locum work they are doing?*

17.2 **Part-Time Training** would be open to doctors currently outside of formal medical training (doctors on the specialist or GP register, or doctors in non-training jobs), looking to train in a second specialty, whilst undertaking clinical work for remuneration in the remainder of their time.

*Consultation Question 2: Should a new “part-time training” option be developed? Should people be allowed to complete non-clinical work whilst training part-time? Eg Medico-legal work*

18 Some specialties which struggle with recruitment (eg. Public Health) would like the opportunity to allow part-time training to doctors who are already on the specialist, or GP, register. This would allow people to train on a part-time basis, whilst maintaining their income through their other clinical work.

*Consultation Question 3: Which specialties should be allowed to offer this? If we use “under-subscribed” as criteria how should this be defined?*

19 Less-than full time and part-time training is a significant drain on LETB resources and has a complicated funding stream. It is generally accepted that a trainee should not be able to switch to less-than full time training in order to gain extra income by doing locum work in the remainder of their time.
It is not easy as a regulator to clearly define the difference between the activities described in points 18 and 19.

Proposal

No changes are made to the current advice around “less than full time training” which is currently described in the Gold Guide. Trainees wishing to embark on this path will still need to fit into either category 1, category 2, or provide other well-founded reasons for their application. It will not be acceptable to use their free time to locum in this situation.

Allow certain specialties, with problems recruiting trainees, to offer “Part-time training.” This will be a separate category of trainee to the “less than full time” cohort. “Part-time training” will be open to doctors already on the specialist, or GP register, or who are outside of formal post-graduate medical training and who wish to train in a second specialty. This permits clinical work during the period of the working week which is not devoted to training.

None of the above affects the rights of doctors to undertake training for a dual CCT.

Equality and Diversity

This statement applies to all doctors who wish to apply to train on a less than full time, or part time basis and aims to cover, without being completely exhaustive, the majority of potential reasons for wishing to do this. A full equality and diversity assessment has been completed.

Consultation with key interests

We will need to consult with the Academy of Medical Royal Colleges, the BMA Junior Doctors Committee, the Conference of Post-Graduate Medical Deans (COPMED), Royal College quality leads and representatives from the health education boards of England, Scotland, Wales and Northern Ireland.

How the issues differ across the four UK countries

This will apply to all four countries identically.

Supplementary Consultation Questions

Would there need to be a minimum hours of training per week stipulation?

Could you be a consultant and a trainee in the same trust? - It has recently been decided that dual CCT trainees must CCT in both specialties at the same time to avoid this situation.
29 Are there resource / funding implications for the LETB?