Good practice guidance for flexible training champions

The role of champion of flexible training was agreed as part of ACAS discussions between the government, the British Medical Association (BMA) and employers on the contract for doctors in training. This should be a strategic role to promote and improve existing support for less than full time (LTFT) training, and other models of flexible training, rather than overlapping with existing supervisory and pastoral structures that provide support to individual trainees. The champion should, however, also be a senior point of contact able to advocate on behalf of current and potential LTFT trainees where required.

This may be a standalone role, or an additional role for an existing employee. Many providers already have individuals performing significant elements of it. However the role is structured. Providers should ensure the holder has adequate time allocated to devote to it; it has proactive as well as reactive elements. The strategic importance of the champion role in creating culture change on flexible working within the NHS has recently been highlighted by medical training leaders.¹

Why are champion roles important?

Increasing numbers of junior doctors are electing to train on a LTFT basis², and training authorities and employers are adopting more flexible approaches to training. However practical difficulties remain. Trainees often identify a lack of information, difficulties in application processes and even undermining behaviours from workplace staff as barriers³.

Offering a flexible approach to LTFT working proportions could be beneficial to doctors and employers, potentially allowing trainees to maximise their contribution to the service in their available time. Similarly, flexibility to fix working days and on call duties around fixed caring commitments can be hugely helpful.

Creating a new champion role, or designating an appropriate employee with the additional status and focus as a champion, working in conjunction with other relevant support posts, is an important step to helping providers tackle these challenges.

Giving LTFT trainees and their supervisors access to a champion will allow the sharing of good practice across the trust and potentially across different trusts. Some departments will have extensive experience of managing and supporting less than full time trainees which

¹ Health Education England, Enhancing junior doctors’ working lives: A progress report, March 2017  
² General Medical Council. GMC National Training Surveys: 2008-2016, gmc-uk.org/education/national_summary_reports.asp  
can be more effectively shared across organisations. The champion will also help staff to understand and feedback on the relevant policies and processes and inform the employer about how these processes are working on the ground. They should help trainees share their experiences and improve their visibility within the organisation. The champion will also provide continuity and an organisational overview, supporting the employer to appoint and manage LTFT trainees in a fair and consistent way.

What should a champion do?

The most effective interventions to champion flexible training locally will depend upon the structure and context of each organisation. However, specific actions that should be considered for inclusion in the champion role, if they are not already being undertaken, include:

- Identifying the LTFT trainees in the organisation – how and where they are working, and according to which LTFT model (e.g. supernumerary or slot share arrangements).
- Identifying current employer policy regarding LTFT trainees, and updating or developing it using existing models (an example is included in the final section on ‘More information’).
- Research and collate information on their own organisation’s performance in facilitating and supporting LTFT training, and share findings with local junior doctor and LTFT representatives.
- Supporting the training and development of educational and clinical supervisors regarding LTFT issues.
- Creating a forum for LTFT trainees – this could be a ‘virtual’ e-forum to enable trainees to exchange suggestions, seek and offer advice and discuss relevant topics. There should be some opportunities in each year for the trainees to meet and network with appropriate staff and colleagues.
- Including a regular item on agendas for reporting to relevant senior management meetings.
- Engaging with local junior doctor forum and local negotiating committee as appropriate.
- Engaging and sharing best practice with fellow champions, for example through a facilitated network.
- Being available to help and advise individual LTFT trainees where required, complementary to existing structures, including signposting internally and to external bodies.
Key elements of the role / suggested competencies for any recruitment

To be effective in their role, the champion should have, or be supported to develop:

- Thorough understanding of the needs of current and potential LTFT trainees in their organisation; even if they have not worked as a LTFT trainee themselves, they should be able to appreciate the unique challenges associated with LTFT training.

- Ability to advocate effectively, capable of challenging and effecting change with senior management.

- Ability to liaise with key stakeholders on LTFT issues, including the guardian of safe working, the director of medical education, educational/clinical supervisors, medical staffing/HR colleagues, and the LTFT lead appointed by the postgraduate dean.

- Ability to provide confidential advice to LTFT trainees facing difficulties in relation to their LTFT status, acting as an initial point of contact if required.

- Knowledge and understanding of junior doctor rostering and rota, as well as broader deanery/HEE structures relevant to LTFT training.

- Understanding of the broader workplace equalities agenda – for example laws and policies covering pregnancy, maternity, discrimination and other equality-related legislation.

Appointment and management of the LTFT champion

Employers will need to ensure that local arrangements are in place to appoint to this role and to re-appoint if the role becomes vacant at any point. The role may be standalone or an additional responsibility for an existing employee, but the structure, accountability, responsibilities and dedicated time for the role should be clearly defined, and where relevant, negotiated into job plans.

If it is an additional role then it should complement other clinical and educational responsibilities. If the role is standalone then it should be advertised and ideally involve trainees in its selection and appointment, in a similar way to the appointment of guardian of safe working roles.

The standard appraisal processes will apply according to the individual’s NHS contract, but employers should also make arrangements to enable LTFT trainees’ feedback to be included in the performance management of the champion – for example via 360 degree feedback. Employers will also want to consider how to facilitate feedback from LTFT trainees on an ongoing basis, for instance in the event that any concerns arise about how the role is being carried out.
Case study – Lancashire Teaching Hospitals NHS Foundation Trust

- The trust considered a stand-alone LTFT doctor champion role but felt that an existing senior medical education officer would carry the necessary gravitas and stood a better chance of success in representation and mediation.

- The best fit was found to be with the associate director of medical education (DME) with special responsibility for doctors in difficulty, whose remit extends across grades and across specialty groupings.

- The trust has identified key elements of the role, which include:
  - direct point-of-contact advisory, support and representation functions (which would need training)
  - communication and possibly ad hoc or periodic reporting within the trust, for instance with the DME, medical director, joint local negotiating committee, local medical committee
  - communication and sign-posting with regional bodies, either directly or indirectly (e.g. HEE boards, college regional boards, BMA regional councils
  - sign-posting to and liaison with to other relevant representative bodies (for example local negotiating committees, local medical committees, medical students committee).

- The trust noted that this seemed to be a model that supported the broadest general application across all grades and all specialties within their organisation, and which best fitted existing local and regional models of specialty and grade representation. The trust felt that this model might be more broadly applicable in trusts of similar size or larger with an established medical education structure. However, they noted that different trusts, Health Education bodies and specialties have already developed medical education structures and processes which might be served better by an alternative solution or which might already provide the function of a champion of flexible training.
### More information and support

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<th>The BMA guide to flexible training</th>
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<td><a href="https://www.bma.org.uk/advice/career/applying-for-training/flexible-training/what-is-ltft">https://www.bma.org.uk/advice/career/applying-for-training/flexible-training/what-is-ltft</a></td>
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<th>NHS Employers has an information page on LTFT, which includes a statement of principles and equitable pay</th>
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<th>Example LTFT policy: The North Western Deanery has produced a deanery guide to LTFT training which covers a comprehensive range of issues for LTFT trainees, including job and slot sharing, study leave, pay protection and financial arrangements</th>
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The progress report, *Enhancing Junior Doctors’ Lives* highlights the importance of flexible training champions

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This guidance, published by NHS Employers, was developed in consultation with the BMA.