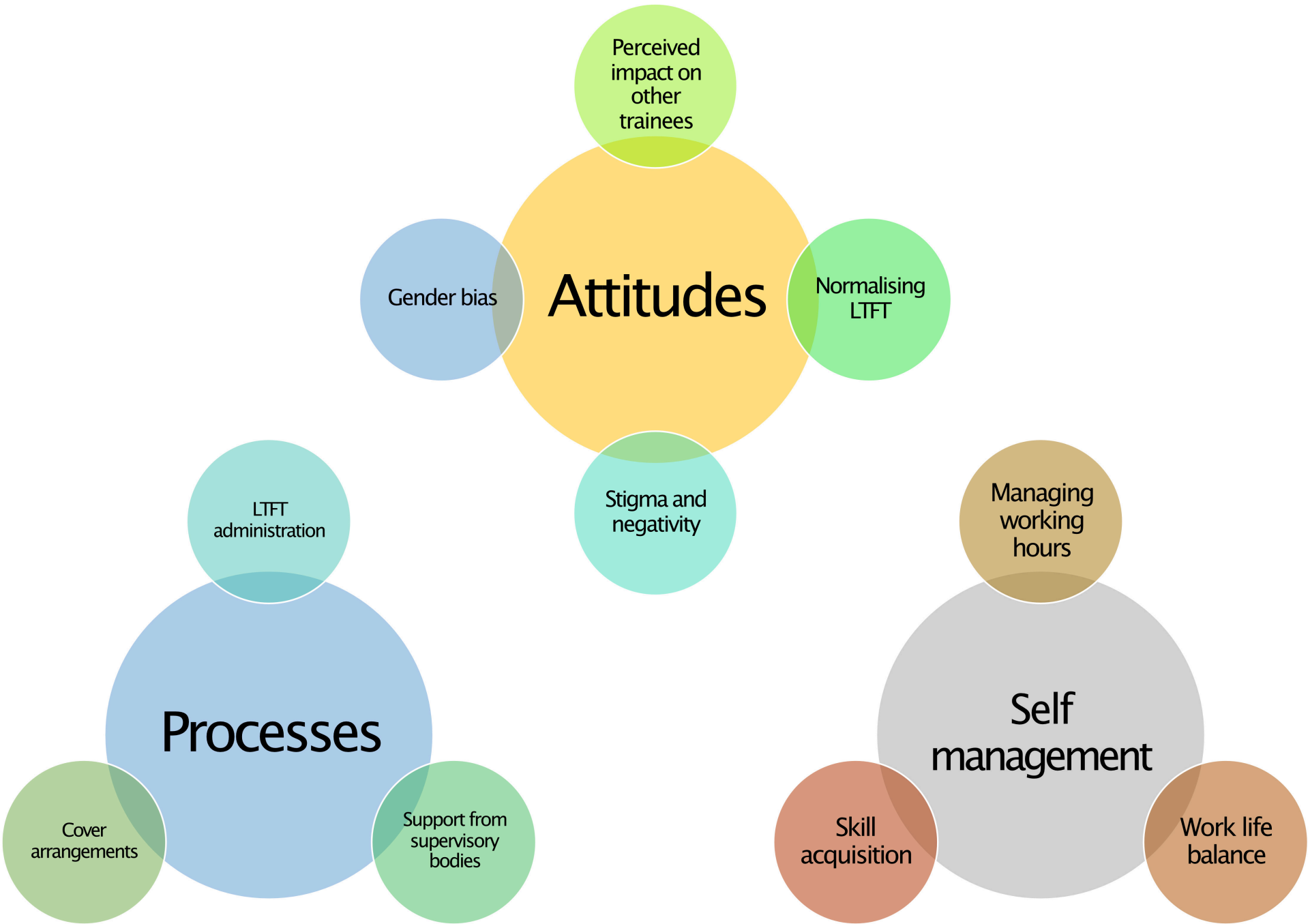
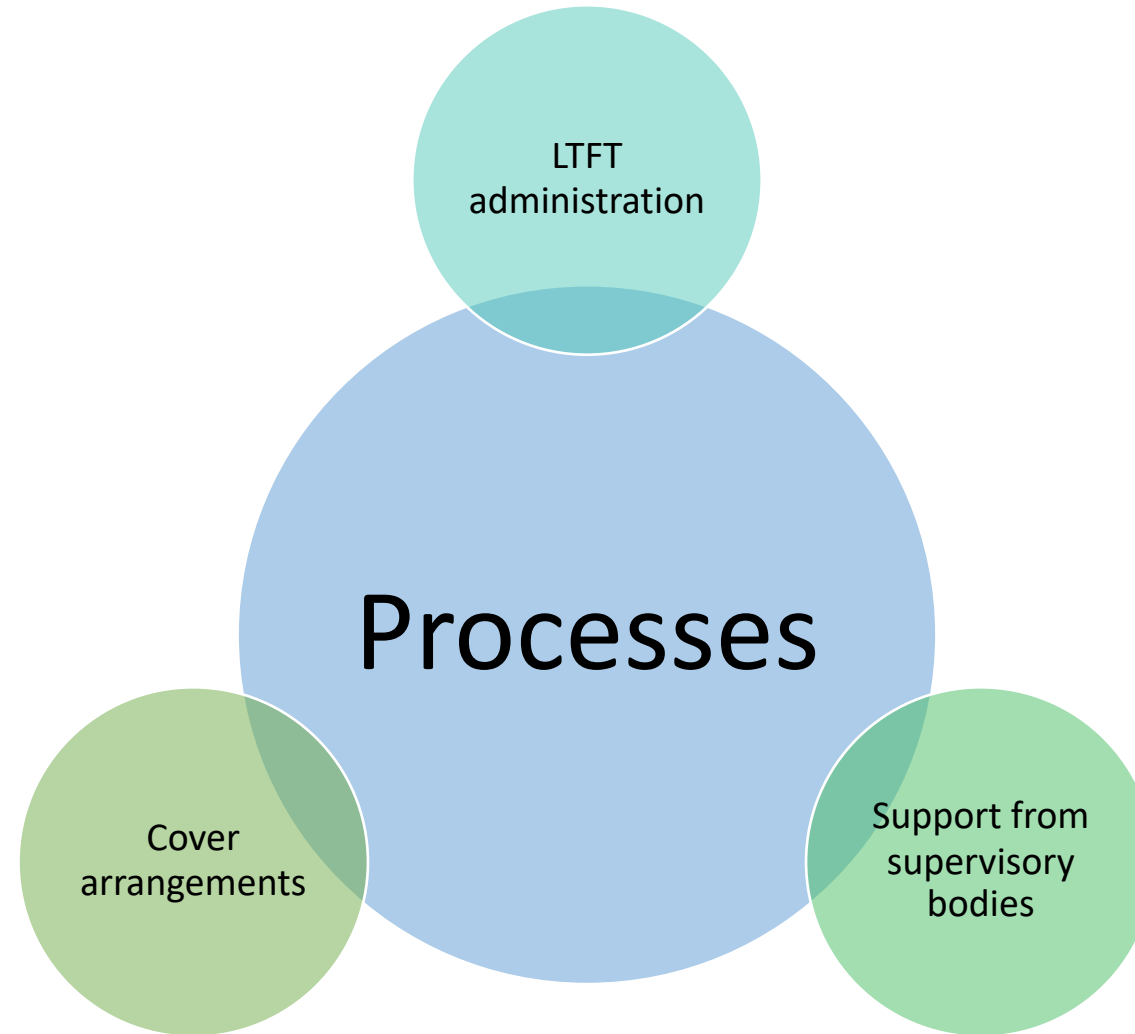


Thematic Analysis



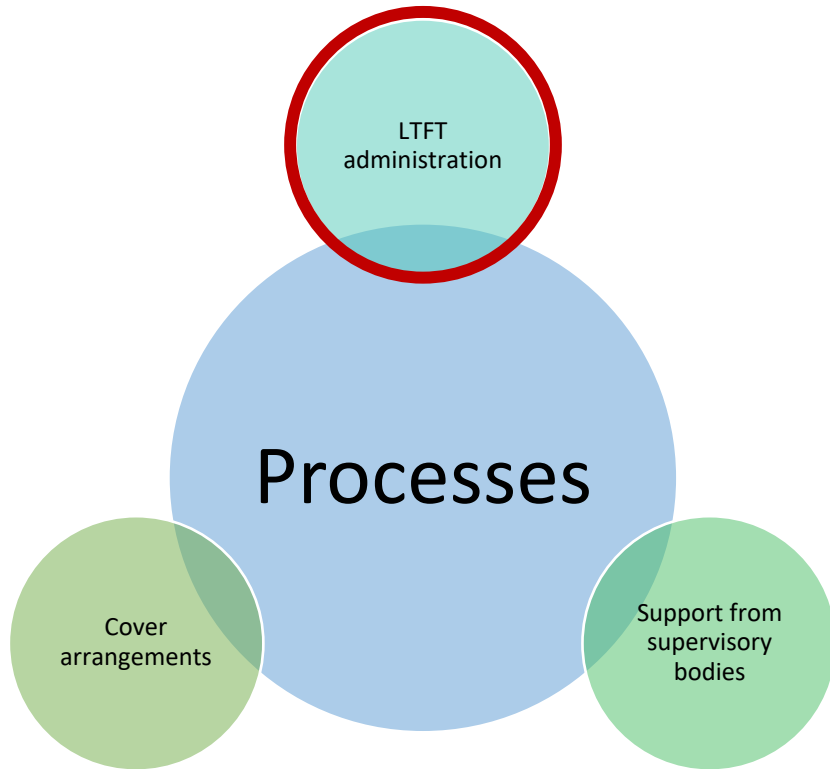


LTFT
administration

Processes

Cover
arrangements

Support from
supervisory
bodies

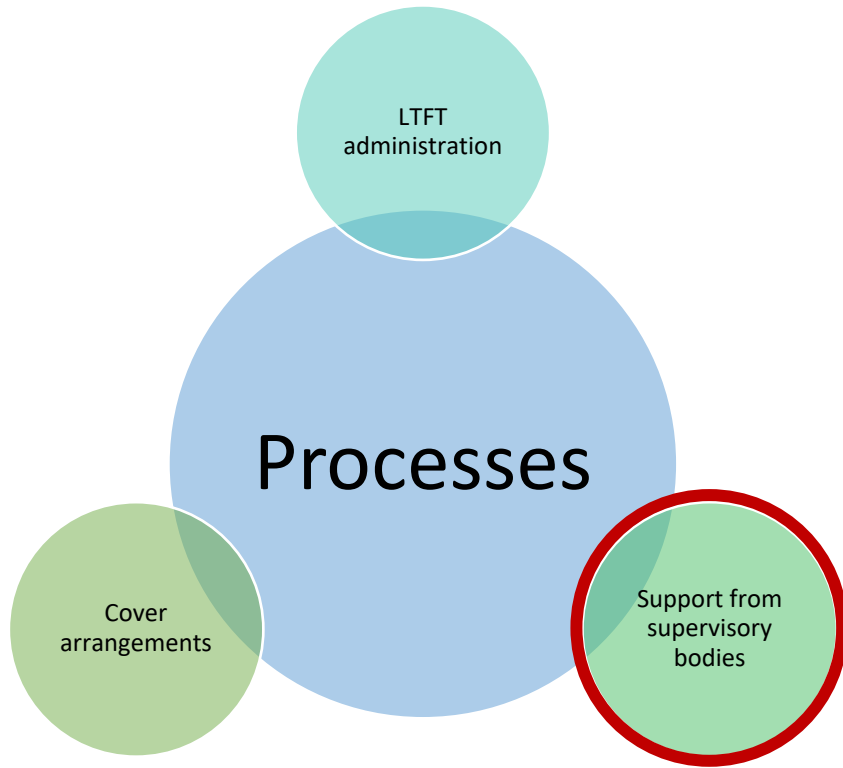


“Ultimately in order to organise it requires a good deal of work and assertiveness from the trainee to try and get it right, often meaning you come across as being "difficult".”

“Management often don’t understand. Communication between deanery and hospitals led to some confusion.”

“A department trying to juggle rotas to make LTFT work may always struggle unless an overarching management agreement allows them to fill the gaps appropriately. It shouldn't be a stress on the department.”

“Trusts and most consultants expect that gaps created due to LTFT will be filled by the other trainees. The LTFT trainees don’t always seem to have job plans etc appropriately adjusted.”

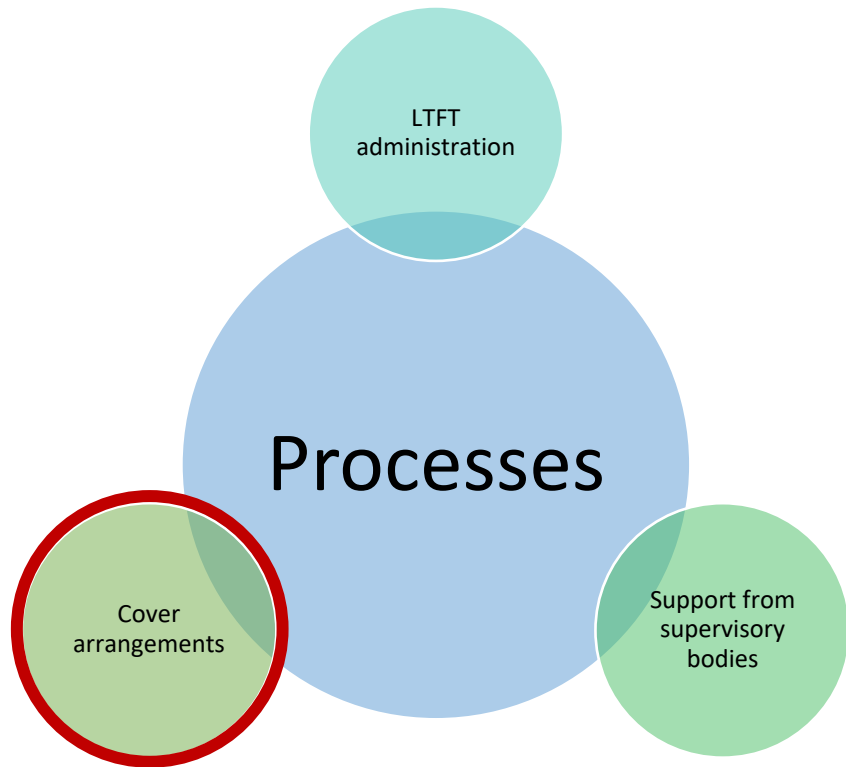


“BOTA and BOA could have a strongly influential role in enabling more flexible working patterns within orthopaedics that I believe would be positive for the workforce as a whole.”

“All my experiences with my TPD team and ARCP processes have been exemplary. Compared to friends in other professions, such as teaching and academia, my LTFT journey in surgical training has been a straightforward and positive experience..”

“Regional TPD and TPD have been without fault.”

“There is a sense that as LTFT trainees we are a hassle to the TPD as it is more difficult to arrange jobs.”

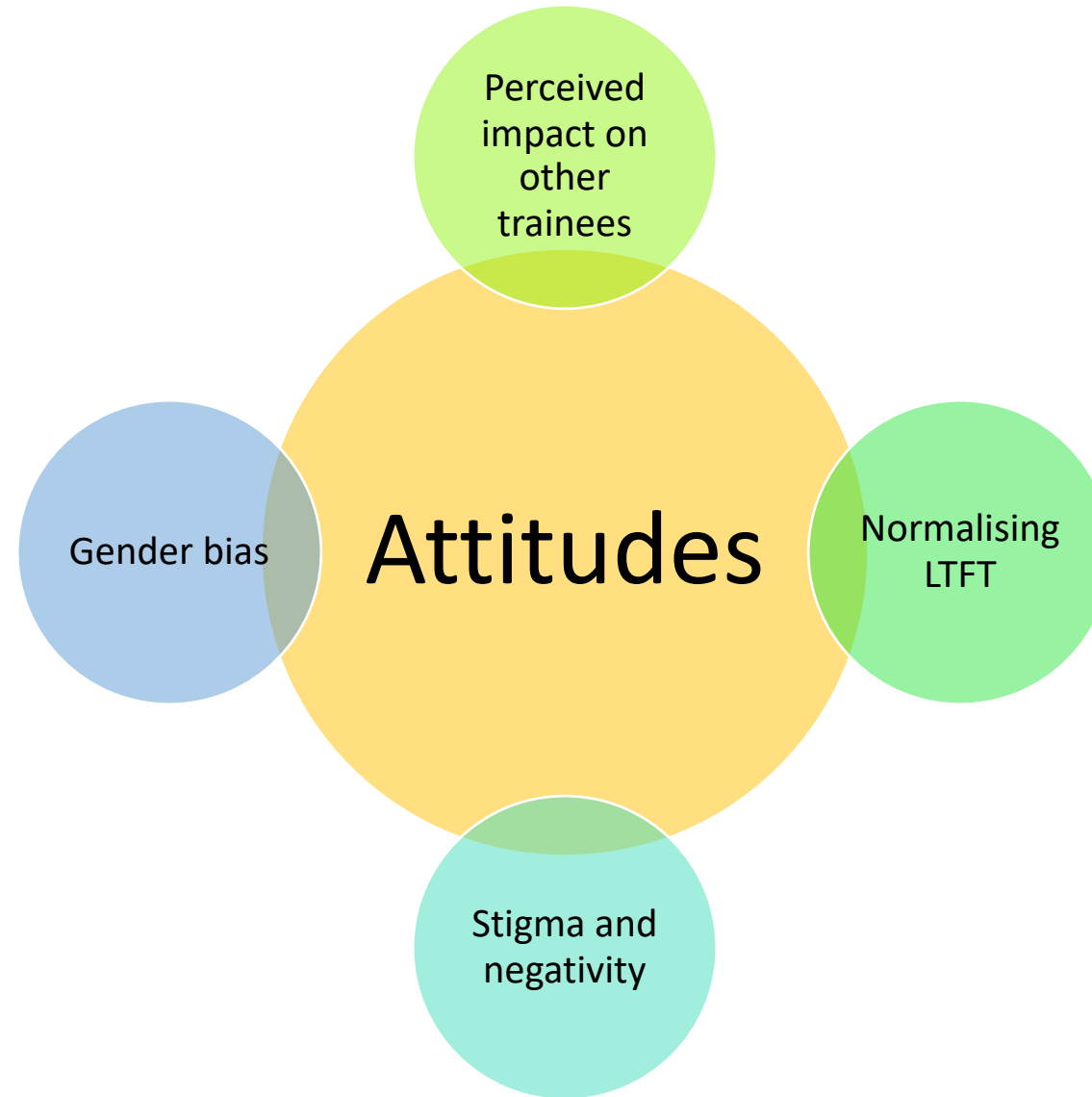


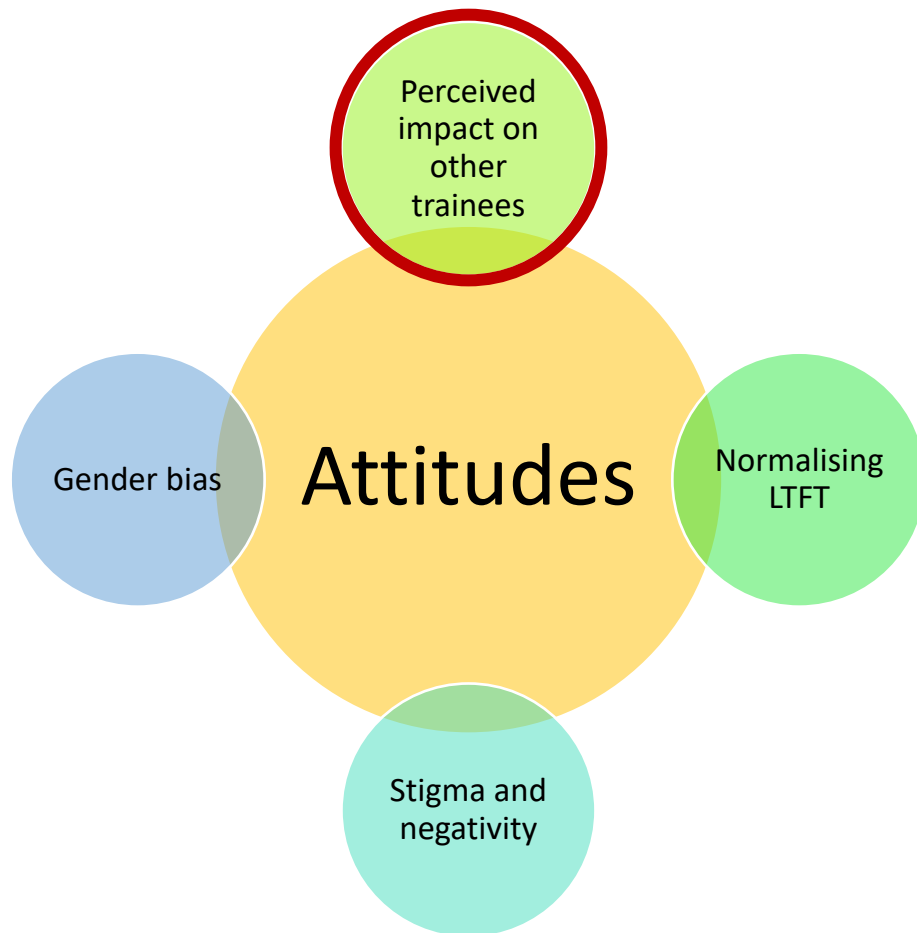
“Hospitals should make better arrangements to cover the non-working days of the LTFT staff to minimise the negative impact on their colleagues.”

“LTFT does have an impact on colleagues. It requires others to provide more service provision. This isn't the fault of the trainee and does not mean LTFT should not be available. It means systems must adapt.”

“Deanery have been very supportive in theory. Practically it can be difficult to adequately cover all on calls and nights.”

“Trusts need to be aware of placing the burden of uncovered on calls/clinics/theatre lists due to LTFT trainees on other trainees as additional sessions.”



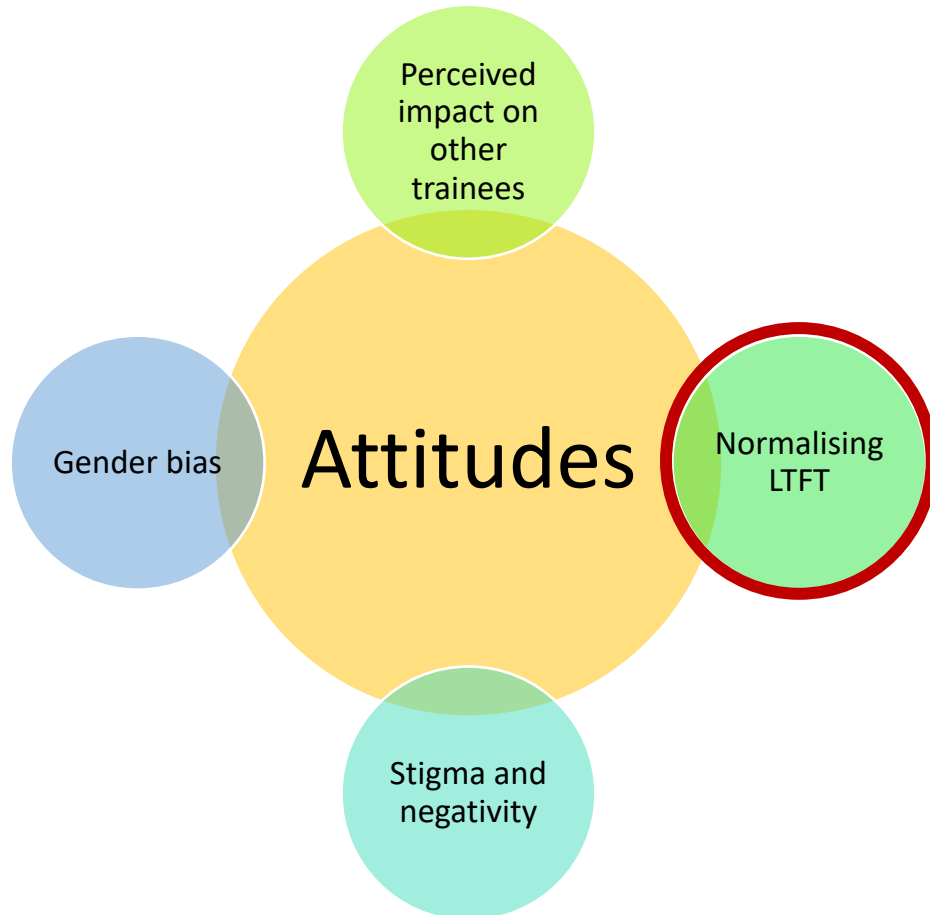


“It can also put pressure on full-time trainees to cover the gap which is unfair and puts the LTFT trainee in an awkward position as they don’t want to burden their colleagues.”

“The most negativity I had was from peers and colleagues who felt they had to pick up the extra days I wasn’t there and the on calls.”

“I have worked with others (LTFT) who are very conscious about theatre experience and have neglected their on-call commitments / clinics which have meant I have had more work put on me to cover this.”

“LTFT often makes on call rotas more complex and leaves gaps and full-time trainees often have to cover these. This is partly why I would be apprehensive about working LTFT due to how it would be viewed by my peers.”

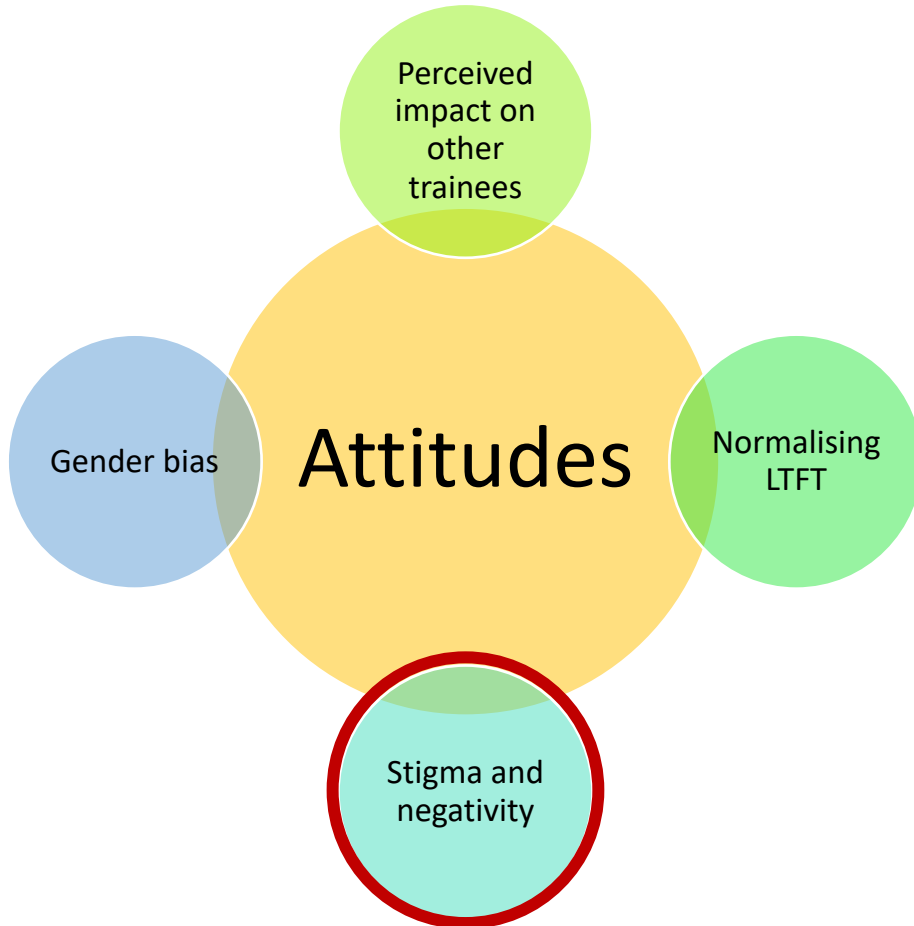


“Make it more mainstream, encouraged and respected as a choice. There is NO reason why it shouldn’t be possible for anyone who wants to train LTFT to do.”

“I think it needs to be accepted as a normal choice and not thought of as the exception.”

“Lifestyle choice for LTFT should be an option with no resistance or negative repercussions.”

“It should be acceptable for both women and men to work less than full time if they want to and it should not require a special deanery approved reason. We are adults, and the choice should be ours.”



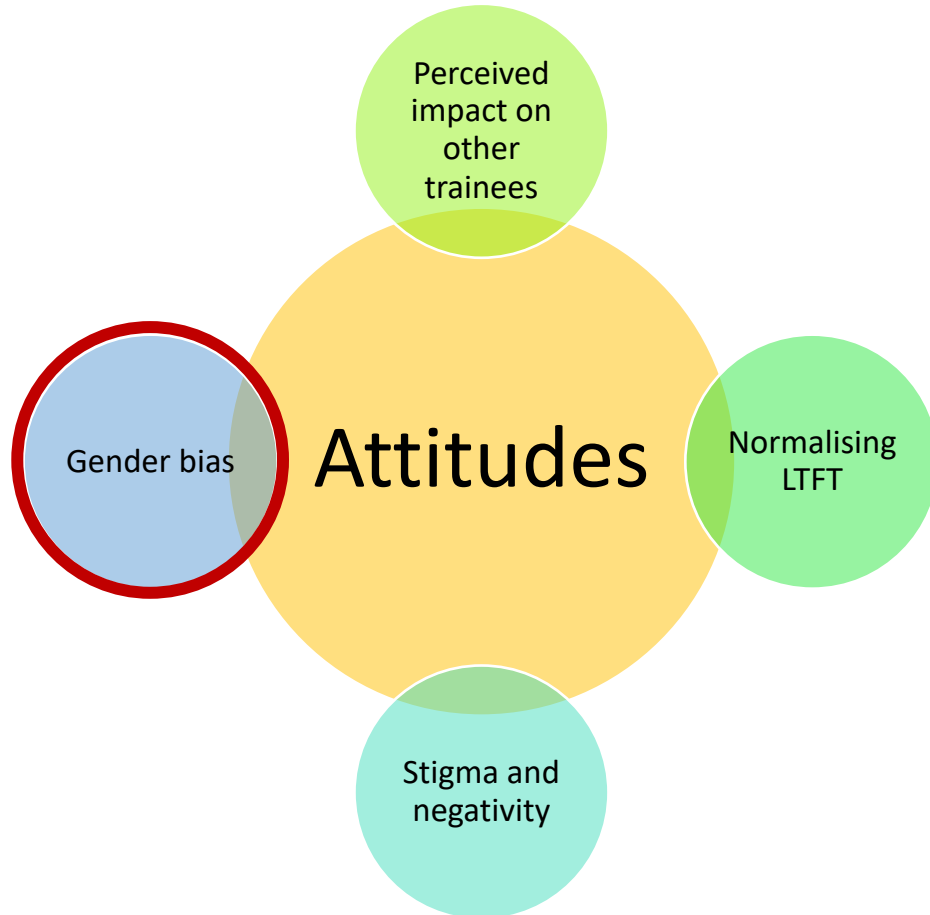
“LTFT is not for Orthopaedic Surgery.”

“Most of my reservations about perusing LTFT training are to do with unspoken prejudices I think an older generation of surgeons and trainers have, which may jeopardise my career”

“Throw away comments such as “part timer” are still used and I believe perpetuate this false belief about LTFT training.”

“Some consultants, and not just the older ones, are openly very prejudiced against LTFT trainees.”

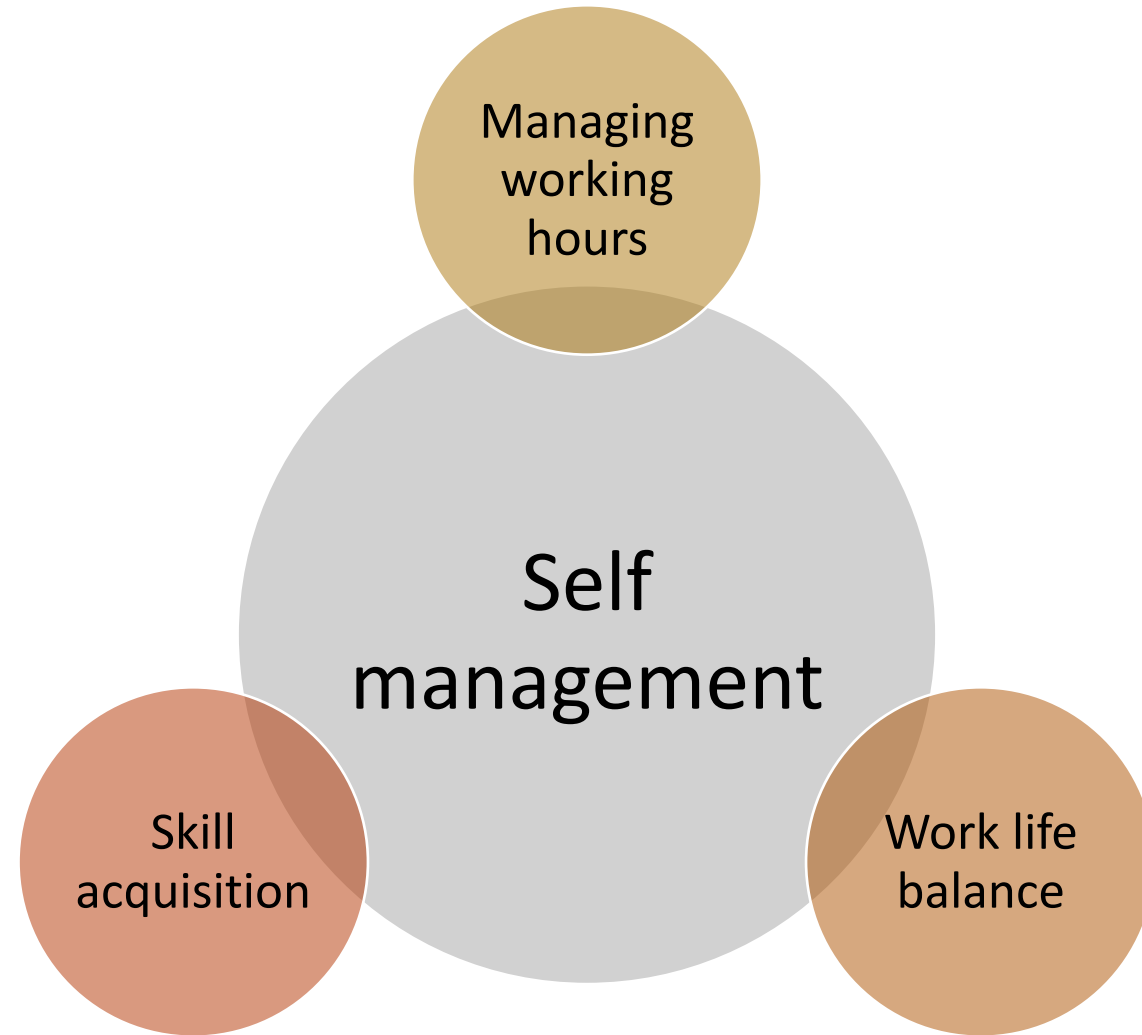
“Terms like 'part timers', statements like 'you'd get more cases if you were full time' and questions like 'what did you do on your day off?' make the surgical training environment frankly hostile.”

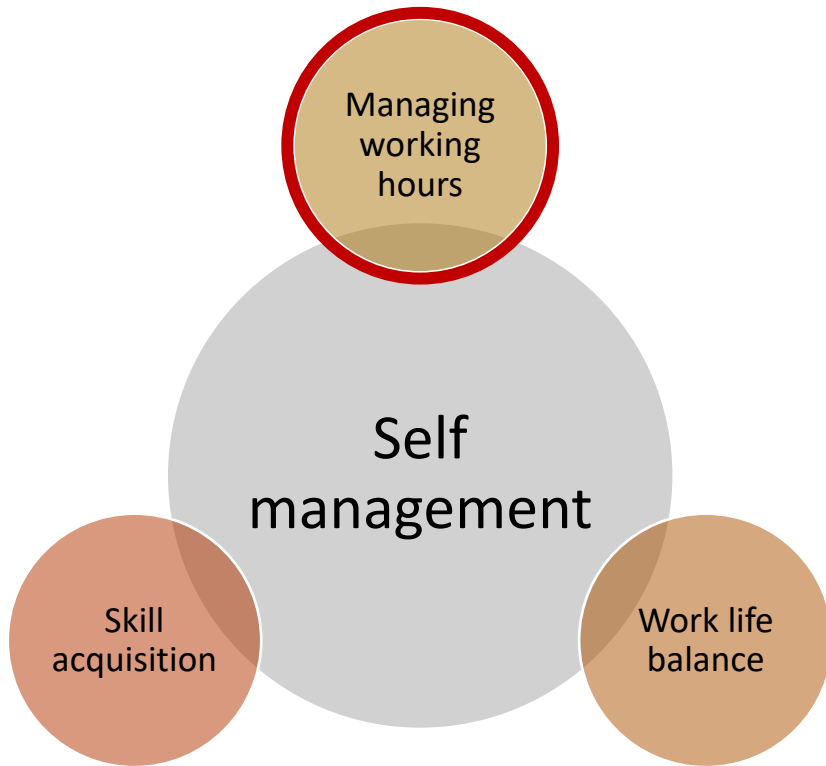


“I am now in favour of male trainees having LTFT for child-care, but I will not apply, as it will most likely be rejected and be looked upon unfavourably”

“I think LTFT criteria should change to make it available to all trainees regardless of gender or parental/carer status.”

“Male and female trainees should be able to commence LTFT for reasons other than for childcare and should be supported regardless of their reasons.”

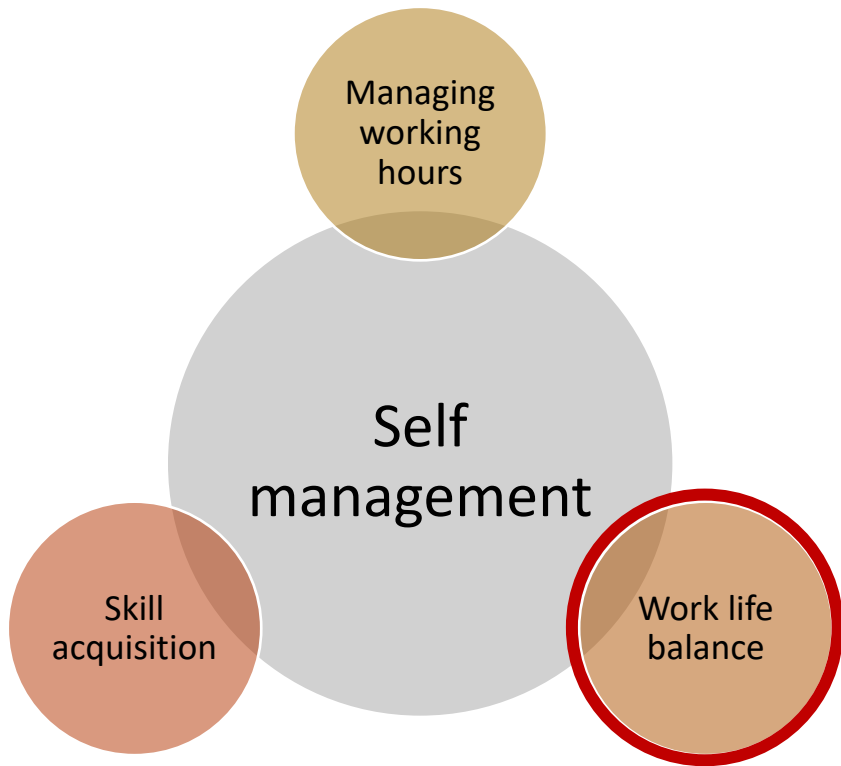




"I wish I could work 80% but know that the first thing I would lose is the non-clinical time so I would effectively be doing the same work for less pay."

"I had to be extremely organised and flexible to swap and change my days off and I never had time for audit, research or admin incorporated in my job plan."

"I have often had to make compromises on my training opportunities, booking courses on my non-working days, not having study/research sessions in my timetable so that I can maximise the time I do have with my trainer. I have had to come in on my non-working days to try and get more operative cases. ."

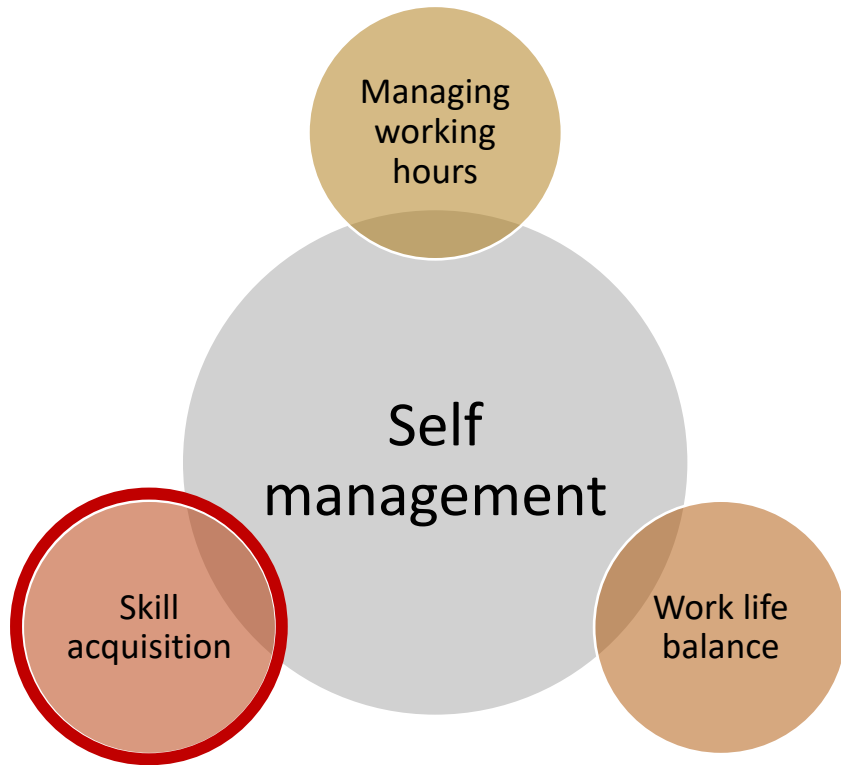


“I would much rather have an additional training year and work sensible hours so that I can see friends and family, rather than slave away for the shortest period of time to get through and sacrifice the life I would have wanted to live”

“I feel like I’ve given my best years to service and have been expected to give even more as the bonus for doing so!”

“Taking one's own time through training should not be frowned upon but embraced to encourage better work life balance, more well rounded, well rested, mature consultant surgeons. This will lead to increasing the accessibility and appeal of a career in surgery to a wider more diverse pool of people.”

“Many people are pretty ragged and probably need some time away from work... particularly post-COVID”



“I think the creation of shift working has already had a massive impact on availability of training and skill development. By then going LTFT this gets impacted even further”

“Tricky to balance a skill-based speciality with LTFT and has not been obvious to me how you balance different elements of training without compromising intent of being LESS than FT”

“I think there is something important about operating frequently as a trainee, and the relationship between trainer and trainee which is built over time and multiple shared activities.”