Correspondence

A survey on attitudes towards job-sharing among psychiatric trainees

DEAR SIRS

The issue of part-time postgraduate training in medicine is not new. However, there are times in the history of some issues when the whisper of concerned voices becomes gradually more and more voluble. It was within the context of the growing undercurrent of interest (as well as recognition of the statistical evidence of medical school outputs approaching a 50:50 sex ratio) that the St George's Women in Psychiatry Group decided to carry out an attitude survey towards job-sharing among psychiatric trainees.

The results of polling the registrars (total number of replies 29/40) and senior registrars (total number of replies 12/20) on the psychiatric training rotations at St George's Hospital in July 1986 showed that 54% of female respondents and 68% of male respondents expressed very few or no theoretical problems with splitting their post at the time of questioning for the purposes of job-sharing. Only 3/16 women and 2/25 men felt that the possibility of splitting their post was very small or impossible. The attitudes to job-sharing were also interesting, in that many respondents (14/15 females and 9/25 males) identified a possible or definite desire for part-time work at sometime in their future career.

Several respondents felt that job-sharing should be available at *all* levels of training, including at consultant level. Most respondents were in favour of job-sharing schemes in general, others felt that this would be an imperfect solution to a more general problem of excessively long work hours with lack of flexibility, and felt that a broader approach needed to be taken to this problem in the form of improving doctors' working conditions and reducing work load.

In a comments section of our questionnaire we noted that apart from the common reason given for the need for part-time training, i.e. that of family/domestic commitments, several respondents, mostly men, expressed the wish for time to pursue other activities, such as personal therapy, psychotherapy training, creative hobbies and other unspecified interests. Also approximately a third of male respondents stated their intentions to be closely involved in family commitments to the extent of wishing that the option of job-sharing existed. One male registrar commented on his experience of being the son of a female doctor, stating that job-sharing should be more widely available. Other comments focused on the fact that job-sharing would increase the number of doctors in employment, would decrease the wastefulness of training a proportion of women doctors only to be lost to medical practice, and that a better service could be achieved by the combination of two doctors, particularly if they had a variety of skills to offer. The additional experiential value of a psychiatrist who had been closely involved in the upbringing of her/his children was however the most important benefit seen arising from part-time work.

There were also a number of anxieties expressed in the questionnaire. These included the difficulty of finding a co-sharer with similar training interests at compatible level, the importance of careful handover and cover for absences between job-sharers, the danger of part-time workers working more than their allotted time and the extended duration of training as a consequence of job-sharing. Other important practical problems mentioned were the need for the health service to provide adequate childcare facilities, to protect part-timers from spending excessive time and money on childcare arrangement, and that 'in practical terms' job-sharing was only open to women.

Clearly the issue of job-sharing is only one aspect of the greater debate surrounding the post-graduate training and medical manpower questions. Our survey suggests that there is a further issue being raised: that of doctors' involvement in other major commitments (particularly family commitments) apart from work, for both male and female doctors. We feel that the need for adequate alternatives to full-time training will escalate, particularly at the senior registrar level. The present supernumary scheme is too *ad hoc* and bureaucratic to continue satisfactorily in its present form as this need increases. The time is ripe for reviewing the assumptions underlying present job-structure available, both in terms of manpower efficiency and the satisfaction of trainees.

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Consultants and administrators

DEAR SIRS

I would like to applaud Ian MacIlwain's letter in the August 1986 issue (*Bulletin*, **10**, 211–212) entitled 'Consultants and Administrators', in which he draws a parallel between pathology in that relationship and some marital situations. He describes the controlling, insensitive husband (administrator) who increasingly seeks to infantilise (manage) the irresponsible, emotive wife (clinician), who in turn increasingly criticises and undermines (clinical autonomy) the administrator. It is as if two people are leaning further and further out, on opposite sides of a dinghy, in order to steady the (already steady) boat, each feeling the need to counter-balance the perceived extremes of the other in order to maintain the status quo. This vicious circle is, of course, potentially a 'game without end' in which the clinical and administrative functions of the NHS remain split and conflicting.

However, this analysis, and its attendant prescription for "each party to become aware of their contributions to the