A trouble shared

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A report in the *British Medical Journal* (Thornicroft & Strathdee, 1992) described some of the practicalities of setting up a job-sharing consultancy. The authors described their joint application for a full-time post. We also job share a post as consultant psychiatrists but approached both the application and the structure of the job in somewhat different way.

One of us was already in post as a full-time general psychiatry consultant. When her first child was expected she anticipated taking maternity leave and returning to full-time work. She was approached by a colleague, who had recently returned from abroad, was pregnant and was doing a locum consultant post in the same department, about the idea of job-sharing. The idea was immediately attractive but the logistics were more complex.

We were very lucky in a number of ways. All of our consultant colleagues were extremely supportive from the outset. The chairman of Division, although busy processing a trust application, did everything he could to help us. The personnel department told us they had never dealt with a job-share for a consultant post but that as an equal opportunity employer they were obliged to facilitate such arrangements. Indeed DB found herself to be regarded as something of an expert in job-sharing with numerous phone calls for advice coming from medical and nursing colleagues and personnel departments throughout the region. It was agreed that the person already in post would resign five sessions and that these would be advertised in the usual way. Only one applicant responded to the advertisement, which was a great relief for both parties. Job-sharing with a stranger could be difficult!

The interview

This was rather stressful for both parties. The applicant (KC) had given birth to her baby four weeks before while DB returned from maternity leave to participate in the appointments committee. When KC admitted to being unfamiliar with a recently published report, members of the committee expressed great surprise and disapproval. In the subsequent discussion, DB suggested that in the first post partum month it might be difficult to keep up to date with the journals but some members did not agree. Luckily, however, common sense prevailed and the appointment was made.

Contractual arrangements

The basis on which the appointment was made was a little unusual in our experience of job-sharing. DB was now a six-session consultant fully protected by the Employment Protection Act. KC was offered a five-session contract and after two years would be similarly protected. There was no formal contractual arrangement between the two parties; so, if one party were to leave the other would continue as a part-time consultant. She could, if she wished, apply for the extra sessions but would not be obliged to do so. If other extra sessions were to become available either party could, if she so wished, apply for them.

In practice

So far the arrangements are working out well. Working in a sectorised service, we have divided our patch into two, so we are as autonomous as possible and can work in our own way. We cover the working week between us and provide cover for each other for emergencies when one of us is at home with one session of overlap. This is very helpful and allows us both to be present for a team meeting and to discuss any clinical or administrative concerns. We are both happy to talk about anything that crops up by telephone and communication has been improved greatly by the introduction of a monthly pizza evening when we get together with a little more time to discuss service developments and any issues that we do not have time for in the working week.

While medical colleagues have been totally supportive, we found that some of the nurses found it more difficult. Obviously it is harder to have two consultants on a ward than one and two ward rounds (albeit each for half as long) to participate in. With time and discussion things are improving and we do not see this as posing a major obstacle.

Pros and cons

We feel that our employers get a very good deal. While we work a full week between us, each of us is aware of working a lot harder when we are there, than before. No time now for chatting or

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going for lunch as each of us is tied to finishing at a fixed time because of childminding arrangements and amount of work. Each of us brings to the post her own unique training experience and specialist skills. There is a measure of continuity over periods of annual leave which our full-time colleagues cannot offer.

A major advantage and one which we have not really anticipated was the reduction in the isolation which being a consultant usually brings. We find it very helpful to be able to brainstorm difficult problems and discuss ideas together as well as having someone to moan to about the inevitable frustrations of the job.

Of course, the biggest plus for both of us is the opportunity to do a demanding and responsible job in combination with time spent at home with our families. We feel this allows us to bring a freshness to the work which we feel would be less evident if we felt we were sacrificing too much of our home life for our jobs.

Inevitably, there are some disadvantages. The most obvious is perhaps a reduction in the total independence of being a consultant running her own service. We have not found this a problem as it is so greatly outweighed by the advantages of sharing some of the decisions and stresses.

There is, of course, a heavy financial cost. We are lucky to be in a position where this can be managed and the full support of our partners has been valuable. It is important not to overlook longer term financial implications and anyone thinking of reducing his or her sessions should seek advice about pension arrangements.

From the point of view of training, we feel that it may be harder for junior staff to relate to two rather than one consultant although our staff have not confirmed that this is a problem. Similarly, supervising medical students is a little more disjointed and we feel we do not get to known the students and junior doctors as well as we did previously.

The administrative workload seems much larger now since it occupies a greater proportion of our working week. Each of us participates in various weekly and monthly meetings. This means that there is less time for thinking, planning, and of course for research.

Time at home also needs to be carefully structured as neither of us feel we gave up our sessions at work to do housework and produce *cordon bleu* cuisine.

Finally

Getting on well with a job-sharing partner seems to us to be vital for the success of the scheme. A measure of flexibility which enables both parties to attend important meetings is very helpful, although possibly difficult to arrange. Good communication, which in our case has been helped by regular evening meetings on a monthly basis, is crucial.

Having the opportunity to combine working with family life in this way seems to us to be a great privilege and we are very fortunate to have been able to make such an arrangement. In reality, however, such options should be a matter of routine and it should not be a luxury to be able to continue to pursue a career for which we have undergone lengthy and rigorous training without having to forego time to participate in our children's early development.

References

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