The College

Part-time training in Psychiatry

A brief guide to the options available

Prepared by a working party of the Collegiate Trainees' Committee

Introduction

Psychiatry is a speciality where part-time work is feasible and the Royal College of Psychiatrists is sympathetic to the needs of those who wish to train on a part-time basis. Full-time work and training schemes are still the norm however, and gaining information about the options for part-time training, or the numbers of people involved, can be difficult. Recent surveys suggest that between a sixth and a quarter of psychiatric trainees would like to work part-time at some stage in their training—although the majority are women, some men also would value the opportunity.

In September 1985, the CTC established a working party to consider part time training in psychiatry and its members have produced this pamphlet. As part-time work is often arranged on a supernumerary or local basis, it has been difficult to be precise, whilst the situation could change dramatically if manpower controls over trainee numbers also regulated part time posts. With these provisos, it is hoped that this will be of use to trainees considering part-time training. Details of the maternity rights for the UK and Ireland are included.

1. **Part-time training as a Senior House Officer (SHO) or registrar**

The options for doctors wishing to train as an SHO or registrar are covered in a circular PM(79)3 called *Opportunities for Part-time Training in the NHS*. Although the various steps involved in setting up a training programme (see below) are similar for SHO/registrar and senior registrars (SRs) there is an important difference. SHO and registrar posts are arranged at a local level and this has meant that in the past they have developed in a haphazard fashion in districts and regions where there has been support. At present there are no manpower controls over the national numbers of SHO or registrars although this is likely to change for registrars in the future. In contrast the numbers of part-time senior registrars have been under manpower control since 1982.

The regional Postgraduate Deans are responsible for advising those who wish to train part-time, although in different regions the part played by individuals varies. Some regions have a woman's career adviser or person with a special responsibility for part-time training, whilst in others the Postgraduate Dean will advise. The very least he or she should do is to direct you to someone who will help.

There are three issues to consider: (a) Eligibility for training; (b) the design of an educationally approved package; (c) funding.

(a) *Eligibility*. Part-time training should not be considered an easy option or second rate. There will be an assessment to determine that you are of equivalent standard to trainees appointed to full-time posts. In some areas this may be informal whilst in others the Postgraduate Dean may seek the advice of the chairman of the speciality training group. If you already hold (or have held) a full-time training post of the same grade, you will have proved yourself 'up to scratch' by gaining a post in open competition, and should be considered eligible.

(b) *Educational approval*. Training programmes must be arranged around psychiatric hospitals or units that have been approved for training by the Royal College of Psychiatrists—as for full-timers. The local psychiatric tutors are usually involved in devising a training package to provide the varied experience you need. Although account will be taken of where you live, secondment may be necessary for an appropriate scheme. Educational sessions are mandatory and are usually determined on a pro rata basis with full-time trainees, i.e. if full-timers are granted 30 days study leave per year and you work 5–6 sessions yours will be scaled to half. This is sometimes negotiable, e.g. there can be problems if the local MRCPsych course lasts for one day per week and you have only $\frac{1}{2}$ day per week for study.

You will also need to consider your eligibility for the MRCPsych exam. The usual requirement for the second part is three years full-time training (not necessarily all in psychiatry), but the College does not always insist on a proportionate increase in time for part-timers. The College Dean will advise on an individual basis.

The exam regulations for MRCPsych state that trainees must have experience of on-call and night work. It may be advisable to check with the College regarding requirements.

(c) *Funding*. In England and Wales, part-time posts are supernumerary to established training posts. They are thus not permanent nor advertised when someone leaves, although in areas with a tradition of part-time trainees some slots in a training scheme are put aside for them.

In Scotland, N. Ireland and Ireland the situation is less formal, and funding can be arranged at a health district or area level.

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Pitfalls

In an ideal world, to arrange a part-time training scheme you would contact your regional Postgraduate Dean, who would discuss your career plans realistically with you, and advise on your local options for posts. If you were considered eligible for an SHO or registrar grade, you would be referred to a local psychiatric tutor to help you design an educationally approved package, and the funding would be taken care of. Although the reality can be as smooth as that in some regions (the North-West and Oxford regions for example) in others finding and funding an appropriate post can be an uphill struggle. Some regions are not interested or do not allocate specific funding; some psychiatric tutors are not familiar with the designing of educational packages and are reluctant to allocate sufficient study leave; some units are prejudiced against part-timers, seeing them as having an easy option or 'playing at it'. In these circumstances it is up to the trainee to push, persuade or cajole the local consultants and tutors to help with arrangements—this is obviously easier if you're known in a district. Seek the help and support of other part-timers and your junior doctors' committee, and contact the College Dean on the suitability and eligibility of a post for training if there are any doubts. At a local level, money can be diverted from district or unit funds to some extent, if people are behind you.

Job sharing

Two trainees can jointly apply for a full-time training post or scheme and 'job share'. The BMA keeps a register of doctors wishing to share posts, but at a local level the psychiatric tutor may be more knowledgeable and be able to put trainees at similar points in training in contact with each other. Job sharing requires co-operation and a readiness to make the arrangements work, and sometimes to overcome prejudice.

2. **Sessional appointments**

It is relatively easy to obtain part-time work on a sessional basis as a clinical assistant. (A session is a notional half day or 3½ hours work). Although the clinical assistant grade is technically a non-training grade, in some districts psychiatric tutors have helped clinical assistants to obtain a variety of experience and to attend local courses. In these circumstances clinical assistants have been able to credit time spent in the grade towards the requisite training period before taking the MRCPsych exam, although in practice only a very small number have done so.

The recent manpower proposals contained in the document *Medical Staffing—Achieving a Balance* would change this. The recommendations include tightening controls over registrar numbers and the introduction of a new 'non-training intermediate level' grade. The clinical assistant grade would continue but in future there would be a limit of five sessions for newly created posts (instead of nine as at present) for individual doctors. It is uncertain how the new grade will differ from it. These recommendations—if implemented—will harden the distinction between training and non-training posts, so it would not be advisable to take up clinical assistant sessions, or the new grade, with any hope of career advancement.

3. **Senior registrar training**

The situation for part-time SR training varies between the different parts of the British Isles. There is a formal system in England and Wales, whilst in Scotland and N. Ireland arrangements are more ad hoc. Ireland is in the process of developing opportunities for part timers.

England and Wales

The DHSS operate a scheme called PM(79)3 for England and WPM(79)6 in Wales. This scheme and its predecessor HM(69)6, have been operating for many years on a supernumerary basis. The Joint Planning Advisory Committee is currently attempting to regulate the overall numbers of SR posts in each speciality, including honorary SRs, lecturers, research posts etc, and there was a move to include part-time SR posts. So far this has been resisted by the DHSS to safeguard part-time training, but the future of PM(79)3 is continually under review.

The scheme is designed to provide opportunities for part-time SR training for doctors "with domestic commitments, disability or ill health which prevent them from working full-time". The examples given of what constitutes domestic commitments are care of small children or elderly relatives. It is made clear that the scheme is open to men or women, married or single.

One of the aims of the scheme is to ensure that it is not easier for trainees to become SRs on a part-time basis than as a full-timer, i.e. to obtain SR status via the backdoor. It is certainly no easier than obtaining a full-time post and in some health regions is considerably more difficult. To be successful requires careful planning well ahead of when you wish to start work—at least 6–12 months. There is a circular entitled *Notes for Doctors and Dentists who wish to commence Part-time SR Training* available from DHSS, Eileen House, 80–94 Newington Causeway, London SE1 6EF (telephone 01-703 6380 ext. 3735).

The procedure is shown in the flow diagram (see Appendix A), and involves three main components:

(a) Manpower approval—organised nationally by the DHSS;
(b) Money—provided by regional health authority;
(c) Educational Approval—this is given by the JCHPT (Joint Committee on Higher Psychiatric Training) on the understanding that funding has been arranged by the regional health authority. The JCHPT only meets three-monthly—this can cause a delay.

Each of these stages can be tricky, but by far the most important and often difficult to overcome is the funding.

(a) *Manpower Approval*

Unless you have already held a substantive (not a locum) full-time SR post you will need to apply for the annual selection procedure for manpower approval. This is designed to make sure that selection for a part-

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time SR post is no easier than for a full-time post. Prior to application you must see your Postgraduate Dean to obtain his written support that you are suitable for higher training.

The DHSS advertise these posts (usually in the *British Medical Journal*, the *Lancet* and the *British Dental Journal*) around August or September each year and it is important not to miss the application date, as this will involve waiting a further 12 months.

Candidates are shortlisted and interviews are then held by a National Assessment Committee. This will often involve travelling to another region for the interview.

The DHSS circular makes it clear, however, that granting of manpower approval does not guarantee the creation of a post.

If you already have held a full time substantive SR post, then application may be made to the DHSS at any time for manpower approval which should be given automatically. (They ask you for your CV). This is on the grounds that you have previously demonstrated in open competition your suitability for SR training.

(b) *Funding*

"and the most important of these is money . . ."

In the current period of financial stringency obtaining the funding for a part-time post can be the most difficult part of the exercise. Many people, when asked about the PM(79)3 scheme, think that the money comes from the DHSS. This is unfortunately not true; the posts are funded by health regions and the DHSS merely administers the scheme, although according to the DHSS circular;

"Regional Health Authorities have agreed to help those who have obtained manpower approval to take up post as soon as possible"

Regions seem to vary widely in their willingness to fund part-time posts. Some regions indeed seem to have no or very few part-time SRs whereas in others funding is relatively easy and many such posts exist. The person to approach is the Regional Specialist in Community Medicine with responsibility for medical staffing and he or she should arrange a final local interview to assess your suitability for the specific post.

It is difficult to know what to do if you have manpower approval but cannot obtain funding for a post. It is certainly worth contacting the DHSS to let them know of your difficulties and to request an extension of your manpower approval. You could also contact the British Medical Association (BMA) and your College representatives.

(c) *Educational Approval*

The JCHPT must then approve a copy of your training programme. Approval depends on the programme involving a planned and balanced rotation around a teaching hospital base, with a wide variety of clinical experience. In the weekly programme adequate time must be allocated for research, attending lectures, journal clubs etc.

Your programme needs to be drawn up in consultation with someone in the region who knows both what is available and the system for getting approval for schemes. There should be a regional tutor responsible for part-time training but if possible find someone who has made previous successful applications.

Some Final Tips

(i) Try to seek local advice early on from someone who has succeeded in getting part-time SR training recently. They can often give valuable information about local factors e.g. funding and who is best for helping to draw up a programme.

(ii) If you live near the borders of two or more health regions (London for example has four regions) it is well worth checking if one is better than the others for obtaining funding for posts.

(See flow diagram in Appendix A.)

Scotland

There is not a PM(79)3 scheme and arrangements have developed in a piecemeal fashion. In 1981 the Scottish Home and Health Department stated: "Health Boards are asked to ensure that all SR posts in specialities where a joint committee on higher training is prepared to accredit part-time training are advertised in such a way that candidates unable for personal or domestic reasons to work full time should be able to apply".

The present Home and Health Department policy is that Health Boards should fill a minimum of 3% SR posts with part-time trainees. Once this figure has been achieved by a particular Health Board, thereby showing there is both a demand for part-time SR posts and a willingness on the part of the Board to fund such posts, the HHD would then consider approval of additional part-time posts on an individual supernumerary basis. Unfortunately, despite the HHB's recognition of the importance of part-time training, very few Health Boards have ever achieved the 3% target, and the number of supernumary posts is very small. If you wish to train part-time in Scotland, therefore, your tactics will depend upon where you wish to work. One area has split a full-time post into two part-time posts, which separately become available as they are vacated. Otherwise you should apply for a full-time post.

You can then:

(i) Request at the interview to work on a part-time basis. In theory this should be acceptable but in practice it may affect your chance of getting the post.

(ii) Take a full-time post, and subsequently either:

(a) reduce your sessions, e.g. after maternity leave. The right to do this has not been established but it has been done before (see appendix B).

(b) Join with another senior registrar who is in a similar position and job share. Job sharing at a SR grade is less appropriate than for an SHO or registrar, due to the difficulties in finding a partner at the same stage of training with similar training aims and needs.

The situation is ad hoc but there are currently at least eight part-time SRs out of a total of approximately 65 psychiatric

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SRs in Scotland, and the provision for psychiatry is considerably better than for other specialties. It is best to seek advice from SRs already in post about how they arranged it, and to seek the support of post graduate deans and psychiatric tutors.

N. Ireland

The DHSS in N. Ireland and the N. Ireland Medical Manpower Advisory Committee (NIMMAC) recommend that SR training should be available for doctors with domestic commitments etc. As in England and Wales, it is proposed that part-timers should find it neither harder nor easier to obtain a SR post than full-timers, that the assessment procedure should then be the same and that part-time training should meet JCHPT criteria. In 1986 there were three part-time SRs in N. Ireland, all of whom had previously been part-time registrars.

The posts may be provided within an existing staffing establishment either by job sharing, or in shortage specialties by the appointment of a part-time doctor to a full-time post, or by the creation of a supernumerary post. Arrangements are made locally and it is best to discuss the options with someone who has done it before, and to gain the support of the Postgraduate Dean and psychiatric tutor.

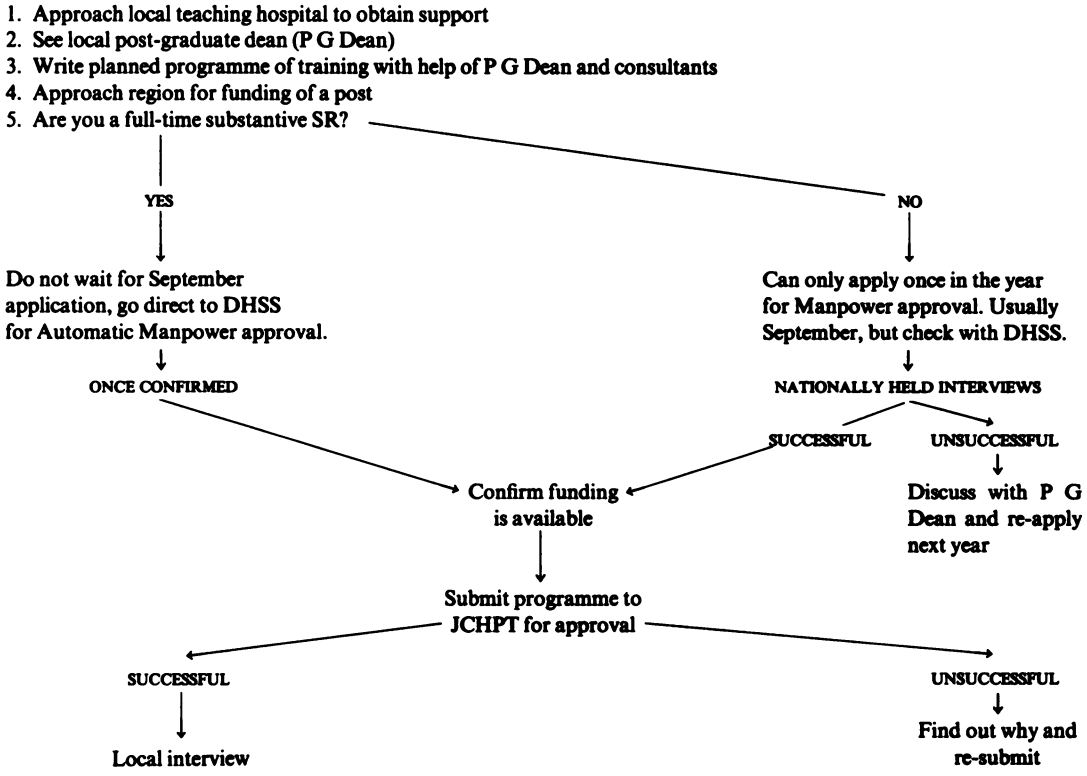
Ireland

Currently the provision of part-time training in Ireland is minimal and there is not a system to administer such posts. In 1986 two part-time SRs are known, who themselves arranged to job share a full-time post. The situation should improve as the need for part-time training and job sharing is now accepted, and the Minister of Health is in favour of it. Initiatives are being taken after a symposium on part-time training and job sharing was held under the auspices of the Postgraduate Medical and Dental Board in 1984. It was agreed that it is possible to train successfully on a part-time basis and the training boards have set out acceptable criteria for this. The PGMDB has recommended:

(a) A register of doctors interested in training should be set up and maintained (to indicate demand).
(b) Professional training bodies should nominate a person to liaise with and advise doctors interested in part-time training.
(c) Employing authorities should jointly develop a protocol or procedure for dealing with applications for part-time or shared training arrangements, and individually nominate persons to deal with such applications and to continue to be available to liaise with successful candidates.

APPENDIX A

FLOW DIAGRAM FOR PART-TIME SR TRAINING



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If you wish to train part-time in Ireland, you should contact your regional adviser and employing authority to find the nominated people who liaise with part-time trainees. (For the Eastern Region of the Irish Psychiatric Training Committee it is Dr F. P. O'Donoghue, St Patrick's Hospital, and for the Southern Region, Dr E. T. Neville, St Luke's Psychiatric Hospital, Clonmel.) If nothing else, ensure that your interest is registered to document the demand.

Part-time schemes for men

All of the schemes or arrangements mentioned above apply to men with personal or domestic reasons why they are unable to work full-time. The only available statistics relate to PM(79)3 and show that of 450 manpower approvals granted since the scheme began, only four were to men, as so few apply.

Conclusions

Part-time training is possible and can work very well, but arranging a post often requires time, persistence and stamina. Co-opting the support of a psychiatric tutor or local consultant who is knowledgeable of the pitfalls and the necessary training requirements, is the key factor. Supernumerary posts offer more flexibility than job sharing or divided posts, as they are tailored to the individual's needs, but as funds are often restricted, all possibilities should be explored.

Good luck!

Working Party Members: Elaine Arnold (Chairman), Stella Clark, David Cottrell, Patricia Cronin, Jaya Gowrisunker, Dilys Jones, John Lovett, Julie Parker, Peter Rice, Mary Staines and Sarah Watkins.

APPENDIX B

Maternity Leave Entitlement

As the care of small children is a recognised reason for part-time training, the entitlements are briefly outlined here.

United Kingdom

The BMA produces a guidance note entitled *Maternity Leave for NHS Medical Staff*. It summarises the current position (it was revised in September 1985) very clearly, and is free on request to BMA members. It is well worth getting hold of a copy before pregnancy. The BMA can also offer help and advice if doctors experience any difficulties with their employing authorities over maternity leave. District personnel officers should also have a copy of the Whitley Council Arrangement (1981) concerning maternity leave for NHS staff.

In general the Whitley Council Agreement is more generous than minimum legal requirements providing you intend to return to work. The situation is roughly as follows:

NO INTENTION TO RETURN TO WORK:

Nine-tenths full pay for six weeks, after two years service of at least 16 hours/week.

INTEND TO RETURN TO WORK:

SERVICE	ENTITLEMENT
Less than one year	18 weeks unpaid leave
1–2 years service	18 weeks paid leave (6 weeks at 9/10 pay + 12 weeks at 1/2 pay)
2 years service (16 hours/week or more) or five years service (8–16 hours/week)	18 weeks paid leave, as above, plus a further period of unpaid leave up to 40 weeks in total

This service can be with more than one employing authority, but must be without a break in service of more than three months out of recognised employment. The term 'recognised employment' is important because periods spent in general practice, working overseas or in university or research posts can cause problems, and may not count for service requirements. Agreements have been reached in some of these areas. For example, if you held an honorary NHS contract during a research post, then service under that contract will count for eligibility to maternity leave with the NHS.

To obtain benefits, a doctor must work until 11 weeks prior to the expected date of delivery, notify her employer not later than 21 days before starting maternity leave, and inform them of her intention to return to work. It is important to note that this does not have to be with the same authority, i.e. if you are moving area and plan to obtain work with a different authority you are still entitled to full benefits. Doctors failing to return to work may have to repay any money over and above the statutory minimum. If, however, you intended to return to work in a different area but could not get a job, you may be allowed to keep the money.

An interesting area for women who wish to work part-time is whether it is possible to return to work on a part-time basis. The right to return to work only really applies to returning to the original contract. According to the BMA, however, an employing authority should not unreasonably refuse a request to work part time. There was, in fact, a recent case under the Sex Discrimination Act where a civil servant took her employer to court because no part-time work was available and won the right to work part time. This is a complex area, but one that is well worth looking into carefully, as is the whole maternity leave situation. If you encounter difficulties, the BMA can be invaluable.

Ireland

Maternity benefits for non-consultant hospital doctors are outlined in the Maternity Protection of Employees Act 1981, and are summarised below. If any problems arise, contact the IMO for clarification and help.

1. Maternity leave should be available to all women except those employed:
   (a) on a permanent basis for less than 18 hrs/week
   (b) on a temporary continuous basis for less than six months since the date of appointment.
2. Relevant continuous service with one or more health boards or with one or more recognised voluntary hospitals or a combination of both will qualify the doctor for paid maternity leave.
3. Maternity leave will consist of 14 consecutive weeks. A minimum period of leave must be taken beginning not later than four weeks before the end of the expected week of confinement and ending not earlier than four weeks after the end of the expected week of confinement. (When a baby is born prematurely but the mother is not yet on maternity leave she should be allowed 14 weeks paid maternity leave from the date of confinement, provided she notifies her employer of the situation in writing within 14 days).
4. During maternity leave, a woman will be entitled to full pay less any social welfare allowance which will be paid separately. A woman who is (or was) fully insured under the Social Welfare Acts and who fulfils certain contribution conditions is entitled to maternity allowance from the Department of Social Welfare which will be deducted from her pay. Information about this allowance is available from Department of Social Welfare, Arus Mhic Dhiarmada, Dublin.
5. Paid maternity leave will count as service in all respects.
6. Maternity leave should be granted irrespective of a person's sick leave and should not reckon as sick leave. Sick leave should be allowed during pregnancy. If before deciding whether or not to allow sick leave after maternity leave the employer has any reason for believing that the employee may not return to duty at the end of her period of sick leave, he should put that question specifically to her.
7. A woman intending to take maternity leave should produce a medical certificate confirming pregnancy and stating the expected week of confinement. This must be submitted at least four weeks before the date when she intends to go on leave.

Medical Defence Organisations

The Medical Defence Union & Medical Protection Society may grant three months free membership over a period of maternity leave. Discuss this at an early stage with your organisation.

October 1986

Notes for the Guidance of College Regional Advisers concerning Posts in Child and Adolescent Psychiatry

These Notes have been approved by the Court of Electors.

It is important that College Regional Advisers should seek the views of well-informed consultants in child and adolescent psychiatry who are familiar with local circumstances. This will usually include the College Regional Representative in Child and Adolescent Psychiatry.

Features of posts

(A) A HOSPITAL ATTACHMENT

All consultants in child and adolescent psychiatry *should have* adequate numbers of *sessions allocated* to work in an appropriate *hospital*. (This is established DHSS and College policy). It will often be a general hospital with services in psychiatry and paediatrics. Some consultants will have full-time hospital appointments. Others, in addition to hospital sessions, will work in community clinics and will provide consultation services.

(1) *Necessary features*

(a) Details of hospital out-patient sessions *should* be specified.

(b) NHS secretarial assistance *should* be available, as well as facilities for keeping case notes securely, and for taking messages.

(c) Membership of relevant hospital committees *must* be open to consultants in child and adolescent psychiatry. This will include the psychiatric division and ideally the paediatric division as well.

(d) A professional team specifically working in the field of child and adolescent psychiatry should be provided. It will include doctors such as senior registrars in higher professional training, registrars in general professional training, and sometimes clinical assistants, as well as social workers and clinical psychologists. Other related disciplines may be included such as nurses, psychotherapists, speech therapists and occupational therapists.

(e) The need for adequate and appropriate facilities must be recognised.

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