Options for part-time training

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As we approach the new millennium, more doctors are seeking part-time training, in all specialities and grades, with the demand outnumbering the opportunities (Goldberg, 1997; Clay, 1998).

Postgraduate training for doctors can be undertaken on a part-time basis at all grades, from house officer to specialist registrar. Most doctors undertake postgraduate training in full-time posts. Part-time training is unlikely to appeal to everyone as it increases the duration of training, decreases income and has a perceived lower status (Goldberg, 1997; Clay, 1998).

It has been estimated that 18% of postgraduate trainees in the UK leave the National Health Service (NHS) 10 years after graduating, with the most vulnerable point being 5–7 years after graduation (Harvey *et al*, 1998). Harvey *et al* (1998) found the most common reasons for this were working conditions, especially hours of work. Better job opportunities, more flexible working and better child care were important factors in speeding up doctors' return to the NHS. A significant proportion of trainees were interested in part-time work, over 90% of whom would consider job-sharing.

In the Thames deanery (which includes one-third of all the trainees in the country), none of the flexible trainees were lost from psychiatry in the three-year period studied by Goldberg (1997). Most part-time trainees go on to achieve postgraduate qualifications and become consultants (Goldberg, 1997). Part-time consultant posts are very popular, whereas many full-time consultant posts remain unfilled (Goldberg, 1997).

Availability

Part-time training is becoming more widespread, with variations across specialities and geographical areas (Goldberg, 1997; Clay, 1998). Most deaneries report a waiting list for funding for part-time training posts (Clay, 1998).

The 'Don't waste doctors project' was set up to respond to the crisis in recruitment and retention of doctors in the North-West region in 1995 (Harvey *et al*, 1998). As a result, part-time training posts were set up in conjunction with postgraduate departments and NHS trusts. These posts were substantive (so funding and educational approval were attached to posts, not individuals) and available through open competition. They found that some trusts took up the same idea without additional funding.

Benefits

Part-time working can be a positive experience for the individual and the institution in which he or she works. Some of the benefits include greater fulfilment, better quality of life, and a wider life experience.

Options for part-time training

(a) Flexible training (creation of a supernumerary part-time post for an individual).
(b) Job-sharing (sharing a substantive full-time training post).
(c) Substantive part-time training posts (a recent innovation set up in the North-West region, described by Harvey *et al*, 1998).

Flexible training

This involves working 5–9 sessions per week with appropriate on call experience. Traditionally, these posts have been supernumerary, making them popular with consultants (providing an extra pair of hands), and trainees (as placements can be arranged to suit individual interests and training needs). Flexible training is available to keep doctors in the NHS who might otherwise leave because of an inability to make a full-time commitment to training. Flexible training has restrictions regarding eligibility, funding and educational approval by the appropriate Royal College.

Eligibility is defined as "well founded individual reasons" and is determined by the postgraduate dean or the associate dean with the responsibility for flexible training.

Funding is available from the postgraduate dean's budget. This budget covers travel and study leave expenses for all trainees, 50% of full-time trainees basic salaries as well as 100% of flexible trainees basic salaries (additional daily hours payments are made by the employing trust). Funding may be difficult to arrange in

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some deaneries where priority may be given to those with the most pressing need (Clay, 1998).

The postgraduate dean or associate dean with a responsibility for flexible training should be contacted by a trainee wishing to work flexibly, as they can provide information on eligibility, the availability of funding in the deanery and who to contact in the appropriate Royal College.

Difficulties associated with flexible training

These include the complexity and delays in setting up the post, prejudice and discrimination from others, feeling exploited, working more than one's specified hours, feeling marginalised, having no office space and missing meetings. Others have been concerned by the lack of availability of flexible trainees for urgent assessments and the difficulty in providing continuity of care for in-patients.

Factors likely to minimise difficulties associated with flexible training

These include:

(a) Better planning and initial negotiations about session times and availability. Consider fixed whole team commitments, colleagues' working patterns, the need for emergency cover, co-working arrangements, room availability as well as your own needs.
(b) Personalised timetables to include time for clinical work, research, audit, management and special interests.
(c) Flexibility in working patterns (for clinical and non-clinical experiences).
(d) Respect of boundaries between work and other commitments by colleagues.
(e) Peer support and time to network.
(f) Support from the rotation coordinator and regional postgraduate dean.

Job-sharing

This is becoming an increasingly popular way of undertaking part-time training (Goldberg, 1997). It can be carried out at any grade, without the restrictive regulations of a flexible training post (Jones & Crawley, 1997). It is attractive to employers as the service does not have to be restructured, there are no additional training or administrative costs and no special funding needed. Job-sharing utilises existing substantive posts which already have educational approval and funding, making them less of a burden on the postgraduate deans' budget (Goldberg & Paice, 1997).

To arrange part-time training as a job-sharer, the first and most important step is finding a suitable job-share partner. Do this through friends, personal contacts, the postgraduate dean, the British Medical Association and Royal College job-share registers (Goldberg & Paice, 1997; Jones & Crawley, 1997). The next step is to obtain details of the post you plan to apply for, make a provisional plan for dividing the work and speak to people with whom you hope to work with (Jones & Crawley, 1997). If you are offered the post, ensure separate contracts are drawn up (consider seeking British Medical Association advice) and negotiate what would happen if one job-sharer left the post (Jones & Crawley, 1997).

My experience of arranging part-time training as a job-share

I carried out my third senior house officer post in a two-year Royal College of Psychiatrists approved training scheme as a job-share. This post was in a psychiatric day hospital for one year, to gain the equivalent of training full-time for six months. I divided the duties with my job-share partner by working a block of fixed days, then swapping these fixed days after six months to maximise our experience. I was not eligible for flexible training. It took three months to arrange the job-share. This involved:

(a) Finding each other through our conversations with our clinical tutor and the medical staffing department.
(b) Discussing our plans with our clinical tutor and medical staffing, who supported our plans.
(c) Finding a consultant on the rotation who was prepared to have their junior doctor post filled by job-sharers.
(d) Confirmation of training approval by the Royal College of Psychiatrists.
(e) Negotiating new contracts with our medical staffing department. We agreed to share our on-call duties, study and annual leave, pro rata and return to full-time training if the other left. We were not asked to cover for each other's leave.
(f) Additional funding from the postgraduate dean's budget was arranged by our medical staffing department for us to overlap for one session per week.

My own overall experience of job-sharing was positive. This was shared by my job-share partner and the clinical and non-clinical team involved.

Difficulties associated with job-sharing a training post

For the trainees, these include finding a suitable partner, both being first choice at interview for the post, pressure to perform more than

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adequately, unpaid investment of time to make the job-share work, scapegoating, different times to accreditation and less flexibility and opportunity for choice as the posts are not specifically designed for the individual (Goldberg & Paice, 1997; Jones & Crawley, 1997).

For the service, these include loss of continuity, confusion as to who was available when, individual doctors being less available and more time needed for supervision, teaching and evaluation by the consultant (Jones & Crawley, 1997).

Factors likely to minimise difficulties associated with job-sharing

These include:

(a) A high level of commitment with mutual trust and respect.
(b) Flexibility.
(c) A carefully structured timetable with equal division of clinical and non-clinical work with clear allocation of patients and responsibilities.
(d) Clear completion of case notes.
(e) Good communication, including verbal and written handover of all responsibilities of post with early and frequent liaison with the consultant responsible.
(f) Clear times of availability for each doctor.
(g) Sharing one pager.
(h) Support and guidance from the postgraduate dean.

(Goldberg & Paice, 1997).

Advantages of job-sharing

For the service, these include utilisation of existing substantive posts, a wider range of expertise, an informal second opinion, more flexibility for duty rotas, shorter breaks in cover from holidays/sickness, choice of gender and the benefit of more work being produced by two part-time workers compared with one full-time worker. For the individual, these include mutual support, less stress and isolation, shared committee work and more time for reflection (Goldberg & Paice, 1997; Jones & Crawley, 1997).

Discussion

Part-time work is essential for those unable to work full-time. The way this is organised is continually changing and will continue to do so to become more efficient and acceptable for users and colleagues.

From a larger scale perspective, our working patterns must continually evolve in line with the changing needs and expectations of our society. As the demand and delivery of health care, the number of unfilled full-time posts in some specialities and general unemployment increase, should part-time working patterns become generally more widely available and acceptable?

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