

Flexible training: a view from the South East

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A seminar was held for flexible trainees in the South Thames region in October 1995, at the Open University Conference Centre, hosted by the South East Thames Associate Postgraduate Dean's Office.

The number of women consultants is still relatively small – less than one in five at the end of 1994 – but growing. Forty-six per cent of new consultant appointments in 1993/4 were women, and the National Health Service has set targets for further increases in the number of women consultants by the end of the decade. One of the ways of encouraging women to stay in hospital specialities has been the development of flexible training, allowing trainees at the old registrar and senior registrar grades to train part-time, between five and nine sessions per week, with appropriate on-call experience.

Flexible trainees can face a number of difficulties in attempting to train part-time, in gaining similar experience to full-timers. Last autumn the South East Thames Associate Postgraduate Dean's Office organised a seminar for trainees of all specialities in the region to discuss issues related to flexible training and to hear about developments to the flexible training scheme. Psychiatric trainees were the largest single group present, accounting for a third of all participants. They also appeared the most organised with reports of support groups for flexible trainees in psychiatry at St George's and the Maudsley Hospitals.

The trainees brought a variety of issues to discuss. Overall they expressed considerable satisfaction with the scheme and with the opportunity to combine work with family life. However, one issue of concern was the lack of information – even misinformation – about flexible training, for example regarding the number of sessions trainees could work, or on obtaining payment for on-call work. Many found it awkward to ask for extras such as time and expenses for study leave, given a common (but false) perception by full-timers that part-timers

have a 'cushy' time. Part-time trainees reported feeling marginalised, missing meetings happening after 5 p.m. or on days they did not work. Many solutions were identified including making time to network, becoming better at asking for training opportunities, taking the initiative to inform others about flexible training and identifying local mentors.

One of the speakers, Professor Dorothy Crawford, gave examples of how hard some women doctors found themselves working, combining training with caring for small children. She pointed out the advantages of an academic training for those with domestic commitments, describing how even full-time work can be possible within the flexibility of an academic timetable. She highlighted that a supportive boss and a supportive partner were particularly useful components in her ability to progress. She recommended trainees to approach grant awarding bodies to ask about their policies on part-time awards. Some, such as the European Commission, already offer funds to applicants wanting to work part-time.

Another speaker, Christine Bassett from Medical Education, Training and Staffing at the NHS Executive, reported that there had been a change in policy for flexible trainees in line with the Calman Report proposals. Previously, there had been top-slicing with around 5% of central funds being earmarked for flexible training, and those wishing to train flexibly went on a special waiting list, but with the transition to the new specialist registrar grade there will be no places automatically reserved for part-timers. The fear of the participants, particularly in the specialities which were traditionally less accommodating towards part-time trainees, was that those wishing to train flexibly would in future again be at a disadvantage compared with those working full-time, and that the new proposals could jeopardise the tremendous success of the scheme to date.

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