
Attitudes to and awareness of flexible training in psychiatry in Birmingham

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Part-time training has been available for over 25 years. However, women remain under represented in the higher grades. Following the report of the Joint Working Party on Flexible Training, April 1993, we aimed to investigate awareness and attitudes towards flexible training in Birmingham among psychiatric trainees and their consultants. The results suggest that while most had heard of flexible training, many had little knowledge of the recent registrar flexible training scheme locally. A substantial minority of doctors agreed with pejorative statements about part-time training and more of these were juniors. Senior psychiatrists did not perceive part-time training adversely and many would consider part-time work in the future.

Part-time training for doctors has been available for over 25 years. Designed to provide continuing opportunities for doctors with domestic commitments, disability or ill health, the majority of posts are taken up by young women wanting to nurture a family as well as a medical career. However, women remain largely under represented at the higher training grades and especially at consultant level. The Department of Health is again actively promoting flexible training and the report of the Joint Working Party on Flexible Training in 1993 stated "some senior medical staff perceive flexible training as inferior and a 'soft option'. Many doctors continue to believe that flexible training is of lower status, that the training provided is less comprehensive and that the standard of candidates is lower than that of full-timers. As a result, consultant staff have often been reluctant to appoint or work with part-time trainees". This study aimed to investigate attitudes to flexible training in Birmingham among psychiatric trainees and their consultants.

The study

We designed a 30 point questionnaire including ten questions collating demographic data on the psychiatrists, eleven questions on awareness of flexible training locally and nine questions based on the comments made by the Joint Working Party on Flexible Training, assessing attitudes using a visual analogue scale. The visual analogue scale was subsequently divided into three portions denoting 'agree', 'disagree' or 'don't know.' The questionnaires were sent out with a letter which guaranteed anonymity and an addressed envelope for the internal mail, to all senior house officers (SHOs) and registrars appointed to the All Birmingham Psychiatry Training Rotation in post on 1st August, 1993. The training consultant plus any senior registrar on the team at the time were included in the study.

Findings

One hundred and twenty-five psychiatrists were sent the questionnaire. They included 51 consultants, 20 senior registrars, 37 registrars and 16 SHOs. In all, 109 questionnaires (87.2%) were returned. Four respondents were currently working part-time and nine had worked part-time previously. One hundred and one (92.7%) had heard of part-time training and 62 had worked with a part-time trainee or consultant. One hundred and seven answered the question on marital status. Eighty-two were married or cohabiting, two were separated or divorced, one widowed and 22 single. Sixty (56.7%) had children. Forty-five of the partners either worked part-time or had no salaried work. Thirty-seven of these couples had children.

One hundred and eight answered a question on age. Thirty-eight were still in their 20s and 95 (89%) were aged 45 or less. Sixty-seven (65%) stated they would consider working part-time in the future. Of those who would never consider working part-time, most (81%) needed the full time salary but a small number thought there was less status in part-time work (8.5%), there were no suitable posts (11.2%), the training was not as good (2.7%) or would take too long (2.5%) and that part-time training was not well enough established for them to take the risk (8.5%). One person added that mental health officer status was lost.

Awareness

Every respondent was aware that part-time training was available. The psychiatrists were asked to confirm whether a specialised scheme for flexible training was available at SHO, registrar and senior registrar level, and if so, for how long it had been provided.

Thirty-nine responders (44.8%) knew there was no specialised training scheme available for SHOs and 33 (37.6%) were aware of the flexible training scheme for registrars recently introduced in the Region. Figure 1 shows the percentage of correct responses at each training grade and consultant level to these questions.

Attitudes

Table 1 summarises the results of the nine questions.

Of particular note and in direct response to the comments of the Joint Working Party on Flexible Training, 18 (16.5%) respondents agreed with the statement 'part-time training is of lower status than full-time'.

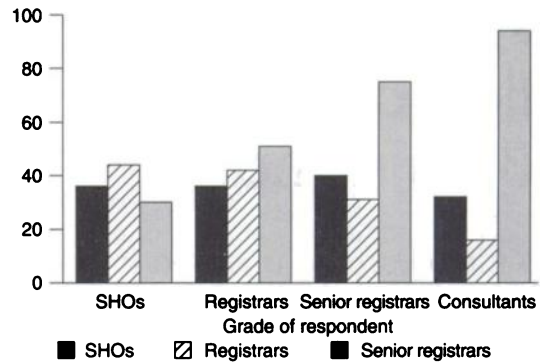
Twenty (18.3%) respondents agreed with the statement 'part-time training is less comprehensive than full time'.

Eleven (10.3%) respondents, of whom six were consultants agreed with the statement 'part-time trainees are of a higher standard than full time trainees'.

Eleven (10.1%) respondents of whom nine were trainees agreed with the statement 'part-time training is a soft option'.

Comment

Most psychiatrists in Birmingham have heard of flexible training, and 65% of respondents



would consider working part-time in the future. These findings are consistent with the results of a smaller scale survey in the Mersey Regional Health Authority (Routh, 1991).

Sixty two (57.4%) had worked with a part-time trainee or colleague although this last figure may be high because of three recently appointed flexible registrars plus two consultants newly appointed to a job share. However, the awareness of flexible options in training was poor, with less than half the SHOs and registrars realising the potential availability at their training grade. Part-time senior registrar training is now well established locally and most consultants and senior registrars know about it and the conditions of service. Doctors are often more aware of training options when affected personally and it is notable that consultants were less aware of the new flexible registrar scheme than the trainees.

Substantial minorities agreed with pejorative statements about flexible training. Interestingly, more female than male doctors agreed with the statement that part-time training was of lower status than full time training. Possibly this is because they have been in part-time posts and felt others treated them as having less status, or they have considered flexible training and discussed it with colleagues who work flexibly. Consultants tended to be less negative about part-time training than trainees. One may speculate that they have a greater awareness of the difficulties in bringing up a young family as well as coping with a career post and exams. They may also be more aware of the care taken by the Royal Colleges in ensuring that part-time training is at least

Table 1. Attitudes table

	those in agreement with statement				
	total	females	males	trainees	consultants
p/t training is of lower status	18 (16.5%)	12 (26.1%)	6 (9.7%)	13 (19.2%)	5 (12.2%)
p/t training is less comprehensive	20 (18.3%)	7 (15.2%)	13 (21.0%)	16 (23.5%)	4 (9.8%)
It is easier to get a full time post than a part-time one	9 (9.2%)	0 (14.5%)	9 (0.0%)	5 (14.5%)	4 (9.8%)
p/t trainees are of a higher standard	11 (10.3%)	4 (8.7%)	7 (11.3%)	4 (5.9%)	6 (14.6%)
p/t training is a soft option	11 (10.3%)	3 (6.5%)	8 (12.9%)	9 (13.2%)	2 (4.9%)
p/t trainees are always leaving early to pick up the kids	11 (10.3%)	4 (8.7%)	7 (11.3%)	6 (8.8%)	5 (12.2%)
p/t training allows greater opportunity for research	40 (36.7%)	18 (39.1%)	22 (35.5%)	32 (47.1%)	8 (19.5%)
p/t training conflicts with the principle of continuity of care	29 (26.6%)	14 (30.4%)	15 (24.2%)	23 (33.8%)	6 (14.6%)
p/t training conflicts with the principle of continuous training	9 (9.2%)	4 (8.7%)	5 (8.1%)	7 (10.3%)	2 (4.9%)

p/t=part time

as good as full time. If it is known that consultants accept the adequacy of flexible training this might help alter the attitudes of junior psychiatrists to it.

It is interesting that many agreed that part-time training allowed greater opportunities for research. Fitting research into a shorter working week allows less time per week but a longer duration of time and this may be considered more important in research terms. Of course, these results could be biased by the fact that the authors are training flexibly.

Over a quarter of doctors were concerned that flexible training conflicts with the principle of continuity of care. This was more evident among the trainees who may have felt anxious about being left with additional burdens of patient care. However, the majority did not agree with this statement and perhaps they understood that with good cooperation and communication, patient care can be well maintained within more flexible working patterns.

It is interesting to note the relatively young age of the respondents with almost 90% under 45 years of age. No doubt this is due in part to mental health officer status allowing retirement at 55. Part-time training will therefore have been available throughout the entire careers of most respondents.

From this study we conclude that most senior psychiatrists in Birmingham do not perceive flexible training adversely, and many respondents (64%) would consider part-time work for themselves in the future. In fact it is more often the trainees who lack understanding and knowledge of 'flexible' colleagues and the circumstances that makes this a necessary option. It remains essential to continue to promote the viability of different modes of training to cater for our own changing circumstances throughout what could be long and challenging careers.

References

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