

# Job sharing in medical training: an evaluation of a 3-year project

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**Job sharing has been introduced on a major scale in one deanery to help accommodate increasing demand for flexible (part-time) training. We arranged 37 job shares for 74 trainees between 1996 and 1999. Job shares lasted from 6 months to 2 years. Trainees in job shares were as satisfied with their training as those in supernumerary posts or in full-time training.**

Flexible or part-time training is now well established in the UK. Training is usually arranged through specially created supernumerary training posts. The process of establishing and implementing these posts is now much more straightforward and better understood than formerly (Morell and Roberts, 1995; Goldberg, 1996). Job sharing, on the other hand, is less well-established.

There have been reports of individuals successfully sharing established posts (Montgomery et al, 1984; Rees and van Someren, 1984; Baildan et al, 1991; van Someren, 1992), but individual trainees are not in a strong position to find a job-share partner.

A register of trainees interested in sharing jobs was set up by the British Medical Association many years ago, but in 1996 had not succeeded in implementing one pair of job sharers (personal communication). However, the need to determine the feasibility of job sharing is being driven by the need to provide for the increasing demand for flexible training.

Job sharing has been widely and increasingly reported and successfully implemented in different employment sectors of the NHS (Meager et al, 1989; Fenton and Brown, 1991) and in other fields of employment (Goulding and Kerslake, 1996). The essential difference between these reports and our current project is that in the former the

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jobs are providing a service, whereas in medical training posts there is some supervised service provision, but also an important training and education component. There are therefore constraints on the management and implementation of the posts which must provide an appropriate service and also comply with education and training criteria set by universities or medical Royal Colleges.

In April 1996, the North Thames Deanery decided to introduce a deanery-run job-share scheme. The incentive for the project was to ensure the integration of flexible trainees into a training department by making efficient use of the established, funded and educationally approved full-time posts. The driving force was the need to manage the delivery of training for the increasing numbers of doctors seeking flexible training (Clay, 1998), while also working within the constraints of the budget supporting this training.

From 1993 to 1996, the number of doctors on the flexible training scheme in the North Thames deanery rose from 54 to 170. We wanted to continue to respond to demand for flexible training with minimum delay, but doing so by expanding supernumerary flexible training without withdrawing established posts was unaffordable. In addition, the increasing number of supernumerary trainees in certain specialties was stretching the training capacity of units, especially their ability to offer all their trainees sufficient hands-on experience and supervision. We were therefore eager to find out whether it would be feasible to introduce job sharing on a wide scale,

whether such posts would be as educationally satisfactory as supernumerary posts, and how the quality of training compared with that of full-timers.

### IMPLEMENTATION

The operational details of how we implemented the scheme have been reported (Goldberg and Paice, 1997). We consulted widely with chief executives of NHS trusts and with key consultants responsible for the delivery of training within the specialties. We decided that each of the job sharers should be contracted for a minimum of six sessions or 24 standard hours a week, 60% of the normal full-time commitment (Junior Doctors Handbook 1999), with additional duty hours split between the job sharers.

This arrangement would provide overlap to allow both trainees the opportunity to attend the same weekly educational sessions, and also provide important clinical handover time (Valentine and Martin, 1996). It met the educational requirement for senior house officer (SHO) posts for general practice training (Official Journal of the European Communities, 1993).

Flexibility would be achieved by allowing each of the sharers to work 7 or 8 sessions if they chose. The funding of additional sessions would be met from the postgraduate dean's flexible training budget. If one of the pair withdrew, we would take responsibility for placing the remaining trainee and allow recruitment of a full-time trainee into the post. The policy was widely discussed and a document on the aims and objectives of job sharing was made available in both booklet form and on

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the Internet (<http://www.nthames-health.tpmde.ac.uk/flexible/>).

Additional associate dean time was allocated to establish the project and a database was set up so that we could identify trainees seeking a job-share partner and posts where an additional trainee might be required. Since all doctors wishing to train flexibly in the North Thames Deanery make the arrangements through the flexible training office, we were in a key position to match trainees by grade, specialty, level of training, home base, and special needs.

## RESULTS

We arranged 37 job shares for 74 trainees in 2 years, one pair at pre-registration house officer (PRHO) level, 17 pairs at SHO level and 19 pairs at specialist registrar (SpR) level. The specialty distribution is shown in *Table 1*.

### Duration and outcome of job shares

Fourteen pairs have completed the job sharing set up for them, 5 pairs at SHO grade, and 9 pairs at SpR grade. Of the 10 doctors involved at SHO grade, two are now in full-time hospital posts and four have moved into planned GP registrar posts, one went abroad and three continue flexible training in supernumerary posts. The periods in post at this grade ranged from 6 months to a year. Only one pair terminated the arrangement in an unplanned way —

they were jointly having severe difficulties meeting the on-call requirements of the full-time post.

Of the 18 doctors who were job sharing at SpR grade, two gained consultant posts, one was appointed to a staff grade post, two went abroad, 9 transferred to supernumerary flexible training, two are on maternity leave and two returned to training full-time. The duration of the job shares ranged from 7 months to 2 years.

Currently we have 23 pairs of job sharers in post: one at PRHO grade, 13 at SHO grade and 9 at SpR grade. Most job shares are set up for from 6 months to 2 years, but changing circumstances can be accommodated. Two of the 46 doctors are men.

Between 1996 and 1999, the number of trainees in flexible training has risen from 170 to 267. We have continued to respond to demand and there is no waiting list simply for funding.

### Trainee satisfaction

In the winter of 1998/9 we carried out a postal questionnaire survey of all trainees on the flexible training scheme including those job sharing. The questionnaires were sent to their home addresses, for return to the deanery. The questions covered working hours, the educational framework and the quality of training of the current post.

We received 202 responses from 227 questionnaires sent out (89% response rate), of whom 12 were not

currently in posts (e.g. on maternity leave). Of the remaining 190, 28 were currently in job-share posts. The job sharers were more recently qualified than the others: the mean time from qualification for SHOs in job shares was 4.8 years while that for other flexible SHOs was 6.9 years. For SpRs in job shares the mean was 9.7 years compared with 11.8 years. This probably reflects the fact that it has proved easier to arrange job shares for new entrants to flexible training.

There were no significant differences between those in job shares and those in supernumerary posts with regard to the standard working hours, additional duty hours, educational objective setting, consultant feedback, induction, hands-on experience acquired in the post, clinical supervision, hours of formal education or their overall rating of the post. Training in both job-sharing posts and supernumerary posts compared very well with training in full-time posts (Goldberg and Paice, 1999).

Informal discussions with trainees suggested that although there was anxiety about loss of flexibility and individual choice, job sharers appreciated the sense of being an integral part of the team in 'a proper job'.

## DISCUSSION

Organizing a significant proportion of flexible training through job shares in established posts has proved both feasible and educationally satisfactory. The scheme may be easier to run in and around London than it might be elsewhere, since we manage a large number of trainees in a relatively small geographical area. As numbers of women in medicine rise, the proportion of doctors seeking to train flexibly is likely to rise also, and with it the feasibility of job-share schemes in other less densely populated regions.

The introduction of structured specialist training intended a more trainee-focused training with the implications of flexibility in training programmes for all trainees according to their needs. Thus the distinctions between full-time and less-than-full-time (flexible) training become less marked: flex-

**TABLE 1.**  
**Specialty distribution of job share pairs**

Specialty	Senior house officer pairs	Specialist registrar pairs
Accident and emergency	2	0
Anaesthetics	0	4
General medicine	4	0
General surgery	0	1
Genitourinary medicine	0	1
Neurology	0	1
Paediatrics	7	5
Psychiatry	2	3
Obstetrics and gynaecology	2	0
Ophthalmology	0	1
Radiology	0	3
Total	17	19

ible trainees are obtaining training of at least equal quality to full-timers whether in supernumerary posts, in job-sharing posts, or in substantive posts with reduced sessions; and the time commitment from flexible trainees may range from 50% to 80% of that expected of full-timers.

A weakness of the evaluation is that we did not formally invite the views of consultant trainers, as has been done elsewhere (Valentine and Martin, 1996). There was initially some resis-

tance from consultants who saw their opportunity of having a fully funded additional 'pair of hands' receding. However, trainers in specialties with increasing numbers of women have appreciated that the rising demand for flexible training can best be accommodated by good job-sharing arrangements. Such arrangements require for their success the commitment of trainers and trainees concerned and the operational support of the postgraduate dean's offices. **HM**

### KEY POINTS

- Thirty seven job shares were successfully arranged for 74 trainees in the first 2 years of the project.
- Trainee satisfaction with their posts was comparable with that of trainees in supernumerary flexible training posts and full-time posts.
- Management of the scheme was through the flexible training office of the deanery which helped link appropriate trainees into job shares.
- Overlapping sessions in order to accommodate proper clinical handover and funded training activities were supported from the flexible training budget.
- Job-sharing has enabled proper use of funded educationally approved full-time posts, helping to accommodate flexible trainees within clinical departments and helps maximize the limited budget for flexible training.

*Conflict of interest: none*

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