

# Making job-sharing a success

**A**s we move into the 21st century more doctors are looking at different schemes of working to achieve a balance between their professional and personal lives. Flexibility in working practice in the workplace is becoming more common because of the diversity of modern lifestyles and the desire to resolve conflict between work and external interests. A number of doctors are finding ways to work fewer hours while maintaining their commitment to training and patient care. The commonest reason for wanting flexible working hours is family commitments, although there are other reasons such as political or sporting commitments.

Job-sharing is the division of a full-time job equally between two people. Job-sharing is a recognized way of working, although there is still some resistance to it.

Whipps Cross Hospital surgical department has recognized these issues and has had a job-sharing partnership at registrar level for the past 18 months in general surgery, one of the most traditional specialities. It is the first of its kind in general surgery at this level. The authors recently appraised job-sharing to identify the features that make it successful both for the trainees and their colleagues. There are many aspects to a successful job-share but there are a number of basic features which act as cornerstones in building one.

## **WHY JOB-SHARE?**

It is important to decide that job-sharing is the right working method for an individual. He or she must understand the pros and cons of job-sharing compared with other ways of flexible working, such as supernumerary positions or sessional working.

The most important advantage for a trainee is that as a job-sharer you have a defined position in the hospital. This ensures commitment from the trainee and improves communication with colleagues. Occupying a core role in the team maintains the trainee's level of responsibility. In a supernumerary post the difference between full- and part-time working can limit the scope of the role in a typical team. Sessional work is appropriate in some situations, although it can be difficult to gain supervised training.

Job-sharing provides continuity of care. When communication is good between the partners, job-sharing brings a wider experience to the management of difficult patients, without lowering the quality of work.

## **FINDING A PARTNER**

Choosing the right partner is fundamental in forming a successful job-share. Partners are dependant on each other and the relationship must be strong and open. A similar level of career progression ensures that neither partner is disadvantaged by unrealistic expectations. Partners also then have similar goals. Job-share partners should discuss this issue before they begin a job-share — both with each other and with their prospective colleagues. In the authors' case, having compatible personalities has been an important factor in the success of the job-share.

Networking during earlier career stages enables identification of potential partners, and job-share registers can be used to bring candidates together.

## **IDENTIFYING A JOB**

Do not underestimate the resistance that traditionalists can have to flexible working. By job-sharing in a speciality

that is resistant to change the authors have demonstrated that there are few medical jobs in which job-sharing cannot be successful. Ideally a job should be busy, with timetabled commitments spread evenly through the week. Both partners can then gain experience and job satisfaction. The location of the work has to be acceptable to both partners, and Calmanisation opened the way for job-sharing at registrar level by ensuring that all higher specialist training is guaranteed within a region.

## **SETTING UP THE JOB**

Plan how the job-share will operate several months in advance, as soon as a suitable post is available. Contact the consultant(s) in writing as a job-share has to work from both sides. Obtain a timetable for the firm and agree how the work is to be divided, both for daily and on-call commitments. Schedule a meeting with the consultants and present your plan to them. Reassure them that a job-share can and will work.

Ensure that the post has educational approval from the relevant authorities. This prevents lost training time in an unrecognized post. In the authors' case the relevant authority was the specialist advisory committee in general surgery. Keep copies of all correspondence as in many fields job-sharing is a new concept and is not widely understood — mistakes can be (and have been) made in calculating the length of training.

## **SHARING THE JOB**

A fixed weekly timetable is essential; regularity of training can significantly reduce stress levels. A fixed timetable lessens confusion for pre-arranged commitments such as clinics. Paper work must be a priority for both partners. It is realistic to assume that the job-share should adapt to the reason-

able demands of others rather than expecting people to adapt to it.

The hand-over is essential, an overlap of the two job-sharers within the timetable helps this. The authors choose to overlap for one whole day per week, this being the regular on-call day with two fixed sessions running concurrently. The overlap means that both members of the job-share understand all patients and can work together to resolve difficult management issues. From a training perspective this is a good introduction to clinical governance. The hand-over time is useful in maintaining a good personal relationship between the job-share partners and also to reassure colleagues that they work as a team.

The importance of communication within the job-share cannot be over-emphasized. There are a number of methods and the authors have found a hand-over book, phone conferencing and e-mail useful. Each evening, patients are discussed in a short meeting with the junior doctors in the firm.

### THE DYNAMICS OF THE JOB-SHARE

In a job-share there are two people doing one job and it is important to recognize this. It is vital that both partners show a united front and one of the first lessons to learn is to respect and

adhere to your colleague's decisions. Any disagreements should be discussed privately. These principles should be easy to maintain if the relationship is a professional one. However, within the job-share framework, each partner should still be viewed as an individual in the hospital. To this end partners should obtain separate bleeps and bleep numbers.

### REVIEWING PROGRESS

The progress of the job-share should be reviewed regularly for adjustments to be made. The first review should be scheduled at approximately 3–4 months into the job-share. Job-sharers take longer to be assimilated in to the hospital, a reflection of the fact that they are there for fewer days each week, and an earlier assessment would probably be premature. The job should be reviewed by the partners, with the consultant(s), with colleagues at the same grade and with junior members of the team. Thereafter, if the job-share is running smoothly, regular 6-monthly training reviews are adequate.

### FINANCIAL CONSIDERATIONS

Separate funds are earmarked by training regions for flexible trainees to safeguard their progression. This ensures that employing a job-share does not disadvantage the trust. In a job-shared

training post the trust pays the standard 10 sessions salary plus additional duty hours. For the extra sessions that are required, in the authors' case three sessions each week, the funds are provided by the flexible training budget held by the regional deanery. In addition the salary is reduced when job-sharing.

### CONCLUSIONS

Job-sharing is still not common and is a new experience for the vast majority of staff in all roles in the hospital.

Although few people opt for job-sharing in the NHS it can be made to work to the satisfaction of all parties. It requires considerable planning and discipline on the part of the job-sharers themselves and a certain degree of openness and flexibility in the firm they work with.

Despite the availability of funds to support job-sharing and assurances of recognition of training, a job-share is difficult to implement but can be achieved.

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### Further reading

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- Dalessandri K (1988) The surgical work force and women surgeons. *J Am Med Women Assoc* **43**(6): 169–70
- National Health Service Executive (1995a) *Job Sharing — How to Present your Case*. Job Share Information packs. Department of Health, London
- National Health Service Executive (1995b) *How to Make it a Success*. Job Share Information packs. Department of Health, London
- National Health Service Executive (1995c) *How to Convince your Organisation that Flexible Working Adds Value*. Job Share Information packs. Department of Health, London
- Royal College of Surgeons of England (2000) *WIST job-share register*. Royal College of Surgeons of England, London

### KEY POINTS

- Agree the goals for the job-share.
- Good communication at all levels is essential.
- View your partner as a friend.
- Trust your partner's judgment.
- Work as a team.