

Career success after flexible training in psychiatry: a survey of former flexible trainees in the Thames regions

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This article outlines the findings of a study which indicate that flexible training in psychiatry was considered adequate to prepare doctors for both full-time and part-time work and that those wishing to work part time had no difficulty in finding jobs after accreditation. However, there was evidence to suggest that part-time consultants experienced more problems and less job satisfaction and that part-time training and working may restrict opportunities for an academic career.

INTRODUCTION

There have been considerable developments in flexible training from its inception 30 years ago. Goldberg (1997) reported an overall increase of 30% in the number of doctors training flexibly across all grades and all specialties in the previous 2 years. Flexible training is no longer considered a peripheral activity but a valid training option alongside full-time training.

A number of studies (Dean et al, 1999; Herzberg and Goldberg, 1999) indicate that flexible training offers good training opportunities and that it attracts high-quality trainees. A report from the Junior Doctors' Forum (British Medical Association, 1999) on the future of flexible training found that 73% of doctors' intentions on completion of flexible training was to work part time. Psychiatric and paediatric specialties were the most popular trainees' choices, with the lowest proportion in the surgical specialties. A Department of Health document, *Working together — Securing a Quality Workforce for the NHS* (Department of Health, 1998), highlights the importance of providing flexible working patterns to encourage the retention of doctors in the workforce.

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THE AIM

The aim was retrospectively to survey the progress of flexible trainees in psychiatry into the consultant grade in the two Thames regions. The authors were keen to gather the views of these consultants on various aspects of their career development including:

1. How flexible training had prepared them for their consultant aspirations
2. Details of the first consultant post held and how that had been obtained
3. Whether their consultant post was full time or part time
4. The job satisfaction at consultant grade.

METHOD

Forty subjects (including two men) were identified with the help of the Flexible Training Office, Thames Regions, as former trainees who had obtained their Certificate of Completion of Specialist Training (CCST) in psychiatry between April 1994 and April 1999. A 33-item questionnaire (a copy is available from AE) was designed and distributed with a covering letter assuring confidentiality as well as with a stamped addressed envelope for return. A second postal reminder was sent to non-responders. The data were analysed by AE and FS.

FINDINGS

After two mailings, 31 completed questionnaires were returned (78% response rate).

General information

Of respondents, 25 (81%) were between 36 and 45 years of age, and 30

were female (97%). Five people (16%) started flexible training at senior house officer or registrar level. Most had accredited between 1996 and 1998 (only one had been a specialist registrar in the sample, the rest training as senior registrars). Twenty nine (94%) gave family reasons for training flexibly.

Obtaining a consultant post

Twenty seven (87%) started to look for a consultant job in the year before accreditation, and 24 (77%) stated that they had not required a 'grace period' in order to find a suitable post, i.e. they had not required an extension of their training. Trainees used a wide range of professional supports to look for an available job that would be suitable for the NHS, would be appropriate to their professional aspirations and would be compatible with their needs.

In addition, they were proactive, with two thirds of the sample applying for carefully selected posts and six approaching the Chief Executive of an NHS trust with a job proposal. Three respondents had been approached by a hospital trust with an offer of a part-time post.

First substantive post

Out of the 31 respondents, 29 obtained consultant posts after accreditation. Two doctors did not become consultants, having to relocate geographically for their husbands' careers. Therefore, the following percentages refer to 29 doctors. Of these, 23 (79%) found a job within 3 months of finishing training. Eighteen (62%) were in part-time posts, and three (10%) worked in job-share posts. Eight

doctors worked full time (28%). Only one doctor had been unable to find a part-time position and had taken a full-time post as a second choice. *Table 1* shows the main distribution of jobs within the psychiatric specialties.

Overall experience of flexible training in preparing doctors for consultant posts

Of respondents, 26 (90%) felt that flexible training was satisfactory in enabling them to get the job of their choice. While only two (7%) felt that it had hindered their progression in mainstream psychiatry, nine (31%) felt that flexible training had adversely affected their progression in academic psychiatry.

The following vignettes illustrate some positive and negative aspects.

‘I was very satisfied with my flexible training. My trust has been thoroughly supportive of my part time job, and some months ago, I was appointed clinical director in mental health, which reflected their commitment. Although it is a juggle to fit work commitments around the school hours and work, the fact that this can be done should be an encouragement to others.’

‘I have been very lucky to get the post I wanted, but I put in a lot of groundwork beforehand and manoeuvred myself into a strong position. I also had a lot of support from my professor.’

‘I was very fortunate when training flexibly to have a peer group with women ahead of me who advised and encouraged, so that I never felt the obstacles were too great. In turn, I was able to advise and encourage those coming after me.’

‘Flexible training hinders progression directly and indirectly in many ways: You have less chance of being in the right place at the right time, i.e. you miss out on opportunities to be involved in projects or training.

‘The rate of achieving goals, e.g. publications, is slower. Although these can be adjusted (to full-time equivalent), it is usually impressions and overall achievements that count.

‘The psychological impact of these factors, combined with being seen as different and sometimes peripheral to the service, can be very demoralizing and damaging to your confidence, unless you are very secure in your view of your abilities.’

Full-time or part-time consultant posts

Twenty-one doctors (72%) in this sample were in part-time consultant posts; eight (28%) in full-time posts. The vast majority of doctors (seven) now working in full-time posts had changed to a full-time commitment because of either a change in family circumstances or for financial reasons. Only one doctor had not been successful in finding a part-time job and had to take a full-time position as a second option. They had felt equipped to take on full-time responsibilities.

All of those in part-time consultant posts gave family commitments as the main reason for their choice, but two added that illness or disability had compounded their reasons for the part-time option. The average number of part-time sessions worked was six per week.

Job satisfaction

Thirteen (62%) of those consultants working part-time felt that they had not encountered any disadvantages as a part-time consultant. However, closer examination revealed differences between full-time and part-time work (*Figure 1*). Those working part time reported more problems with lack of junior colleagues and administrative support as well as more difficulties with study leave, continuing professional development and excess workload than their full-time colleagues.

Five doctors (18%) had left their first consultant appointment. All had been in part-time posts, working in various different specialities. One person had moved abroad with her husband and was temporarily not working, while another now worked in her own private practice. The others all continued to work as part-time NHS consultants, and had been dissatisfied with their first jobs for the reasons discussed above (two gave multiple reasons for moving). One person felt in particular that she had felt barred from academic psychiatry and reported that she continued to have problems with protected study sessions in her new post. Another commented that she had been appointed for six sessions, but that her service had needed at least one, if not two, full-time consultants to deal with the workload.

DISCUSSION

This paper focuses on two issues: the extent to which flexible training prepares doctors for their further work as consultant psychiatrists and the problems with part-time work at consultant grade in the psychiatric specialties.

The 78% response rate was good, and demonstrates the motivation and interest of this group of doctors (Norcliffe and Finlan, 1999). The cohort consisted mainly of women training flexibly because of family commitments, as reported in other recent studies (Dean et al, 1999; Norcliffe and Finlan, 1999). These commitments also continued to determine work patterns after accreditation, although other factors such as financial reasons and ill health were also mentioned.

TABLE 1.
Distribution of main psychiatric specialties among respondents

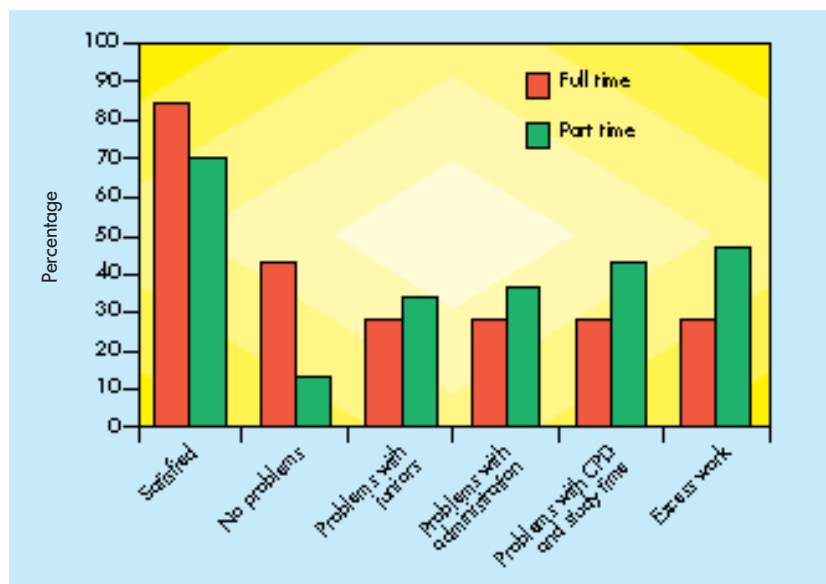
| Speciality | Number of doctors working in that field (n=29) |
|---------------------------------|--|
| General adult psychiatry | 12 (41%) |
| Child and adolescent psychiatry | 9 (31%) |
| Psychotherapy | 4 (14%) |
| Other | 4 (14%) |

Caswell and Lowe (2000) expressed concern that flexible trainees might not be able to find part-time consultant posts. This was not borne out by this study, with 29 obtaining a consultant post (94%) and only one respondent saying that they had accepted a full-time post but would rather have worked part time. Further studies on a larger scale are needed to examine this further, but this finding supports the view that to invest in training for flexible trainees, and then not to provide suitable career grade posts, is 'a costly blunder' (McGraw, 2000). In the Department of Health (1999) paper *Improving Working Lives in the NHS*, the introduction of more flexible working patterns was recognized as a help to recruitment and retention of staff. This is of critical importance in the psychiatric specialties where there are many unfilled consultant posts.

It was reassuring that 23 trainees (79%) had found a job within 3 months of accreditation. The demand for part-time career grade posts was being fulfilled in different ways, including people being successful in persuading Chief Executives to create part-time jobs to suit their needs, organizing job shares or successfully negotiating a change from a full-time to a part-time position. Only one doctor in this sample had been unable to secure a part-time job and had to opt for a full-time position. It was also interesting to note that most part-time work was not in job-share arrangements.

These findings indicate that more part-time consultants were dissatisfied with their jobs, and workload appeared to be even more of a problem for them. Interestingly, no full-time consultants moved to other jobs in this survey, which again may suggest more job satisfaction. The four doctors who moved to other posts remained part time. This finding may indicate that, in spite of difficulties encountered, part time remained the preferred option for the great majority of doctors.

The overall experience of flexible training seemed to be good and equipped doctors to move into the consultant grade. However, nearly a third of the respondents (nine) felt that their



progress in the academic field had been adversely affected by flexible training. This pattern continued after accreditation, and it was noted that the two consultants with academic sessions were full time. This problem has been previously raised and continues to be of concern (Richards, 1997; Goldberg, 1997, 1999). Unless flexible training can incorporate academic opportunities, flexible trainees will be disadvantaged, and academic medicine will be the poorer.

CONCLUSIONS

This study indicates that flexible training is regarded as adequate to prepare doctors for both full time and part-time work. These findings show that people who wished to work part time managed to find a job soon after accreditation. However, the findings also suggest that consultants in part-time jobs as currently arranged report more problems and less job satisfaction. Part-time training and working may limit opportunities for a career in academic psychiatry. **HM**

Figure 1. Job satisfaction and problems. CPD = continuing professional development.

Conflict of interest: none.

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KEY POINTS

- A survey of consultant psychiatrists who had undertaken their training on a flexible basis was carried out.
- There is a high success rate in achieving consultant status.
- Some concerns are noted about job satisfaction when in a part-time consultant post.
- Opportunities in academic work may be limited for flexible trainees.