

Flexible (part-time) preregistration house officer training: review of Thames and London deanery experiences

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Flexible training has been in greatest demand at the specialist registrar grade, and to a lesser extent in the senior house officer grade. This article describes the experiences of a much smaller group, flexible preregistration house officers.

INTRODUCTION

Flexible (part-time) training for junior doctors and dentists has been well established in the UK, having taken place for over 25 years. Currently, approximately 5–10% of junior doctors train in this way with a large variation dependent on the speciality, e.g. 1% of those training in surgery, 25% of those training in paediatrics and 50% of those training in palliative medicine (unpublished data, London Deanery, 2003). Effective programmes were developed initially for senior registrars and specialist registrars and, more recently, for senior house officers (SHOs). There has, however, been little reported experience of flexible training (Draeger et al, 2002) at the preregistration house officer (PRHO) grade, although this is the initial and often most hard-pressed phase of clinical training.

This is also not infrequently the stage at which recently graduated doctors leave medicine, often permanently. It may be that their perception of a full-time PRHO post in the face of other family commitments, ill health or other interests contributes to this decision. The more widespread availability of flexible PRHO posts would help to retain these doctors within the profession. With increasing numbers of women, mature students (>30 years of age) and postgraduates in medicine, this situation is likely to become more of a challenge. This article reports the

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experience of the Thames and London Deanery in arranging 35 PRHO posts for flexible training and offers advice on improving their placements and facilities.

SUBJECTS AND METHODS

A total of 35 doctors have applied to undertake at least part of their preregistration year on a part-time basis during the past 3 years (2000–2003): all had well-founded reasons for being unable to work full time. Placements were organized by the deanery flexible training office in collaboration with teaching hospital deans or with district hospital clinical tutors. The relevant university approved the doctor's timetable and training programme in light of General Medical Council requirements for full registration.

Retrospective analysis of their records, including their initial interview, was undertaken to ascertain their sociodemographics, reasons for requesting flexible training, details of their posts and future plans. In addition, ten of fifteen individuals who had completed their preregistration training on a part-time basis completed a questionnaire asking for details of their training and attitudes of themselves, their peers, and their consultants to flexible training at the PRHO level.

RESULTS

Sociodemographic data

Six (17%) of the 35 doctors were male with a mean age of 32 years (range 26–45 years); twenty (57%) of the trainees were aged 30 years or above. Six doctors were overseas graduates and two were interdeanery transfers

from elsewhere in the UK. The majority was from the four of the five London medical schools. Thirteen (37%) were from ethnic minorities. Eighteen (51%) of the trainees had premedical or intercalated BSc degrees and seven had postgraduate qualifications, e.g. MSc, PhD.

PRHO training

Twenty-four (69%) reported young children, family or domestic issues as reasons for training flexibly. Six (17%) had previous mental health problems and five (14%) had a physical disability. Four gave other reasons, e.g. outside interests, religious or personal development (complementary medicine, athletics, music), with some doctors having more than one valid reason for wishing to train flexibly.

Almost two-thirds (23) of posts were supernumerary and nearly a quarter (8) were job shares, with four recent graduates currently waiting to take up a post. The majority (74%) had been contracted to do 5–6 sessions and 14% had been contracted to do 7–8 sessions per week: five trainees undertook a GP PRHO post. Future career plans were general practice (51%), hospital practice (31%) and the remainder (18%) were undecided.

A large number of hospitals participated in the scheme; some hospitals were particularly helpful and took up to eight trainees. Few (three) placements were in inner London principal teaching hospitals.

Qualitative data

The individual experiences varied widely and are reflected in *Figure 1* which lists representative individual

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favourable and unfavourable comments. The following points emerge:

- Traditional non-teaching hospitals were more supportive than major teaching hospitals
- There were more unfavourable comments about surgical posts with regard to quality of training and general support
- General practice placements were perceived as valuable and well supported
- Scattered unfavourable comments on attitudes to flexible training were received from all medical grades, from fellow PRHOs to consultants.

The response to the question relating to how the trainee had heard of flexible training was varied. Some were advised by their clinical tutor, or medical school adviser, as students but many heard by 'word of mouth' or from friends. The deanery staff, including the flexible training office, were generally viewed favourably, although one PRHO was 'surprised that she had to do a great deal of the ground work herself'.

Generally PRHO in job shares commented more favourably on their experiences than those in stand-alone supernumerary posts. None regretted taking up a flexible post, and several doctors commented that they would have left medicine if they could not train flexibly. One doctor has so far failed to complete the PRHO year.

DISCUSSION

This article presents the first report of significant numbers of junior doctors undertaking their first year of clinical practice leading to full registration with part-time training. The conclusions are that this is a viable alternative for individuals unable to work full time but some lessons (see later) have been learned and need to be implemented to enhance the educational experience of a flexible PRHO post.

As expected the majority of the trainees are female with family and domestic reasons for wishing to train flexibly. A small number of trainees had concurrent mental or physical health problems.

It is important that all potential applicants for flexible training meet with an experienced member of the deanery staff (usually the flexible training department). During this interview the advantages and disadvantages of flexible training, e.g. lengthening of training, are discussed with the applicant and the possibility of returning to full-time training subsequently is stressed. Several PRHO flexible trainees have moved to full-time training on securing the SHO or specialist registrar grades.

Owing to current financial and other pressures, postgraduate deans can only offer flexible training to doctors who are unable to train full time for well-founded reasons within the internal category I criteria, i.e. those

with young children, personal ill health or who are primary carers for close relatives with current illnesses. Although personal development, e.g. international athletics, performing arts or religious ministry training, was previously an accepted reason for flexible training (category II), it is not currently possible to support such applicants. It is hoped that this situation will be reversed in the near future.

Four of the five London medical schools have graduates who have undertaken flexible PRHO training with one college a notable exception. The reason for this is not clear. The relevant deans are aware of the facility; it would be interesting to determine whether there is any relationship between graduate drop out from medicine and the take up of flexible training by individual schools. The latest survey by the Flexible Working Group of the Conference of Postgraduate Medical Deans (unpublished data, 2003) indicates that there are 38 flexible PRHOs in the UK, of whom the majority are in south-east England.

The flexible PRHOs are clearly a talented and mature group of doctors, half of whom have additional degree qualifications. Mature students are generally more focussed in their career intentions and thus support of this group where appropriate gives a small but dedicated group of trainee doctors. It is noteworthy that only one of the PRHOs did not complete the training, but opted for a career in complementary medical practice.

Some useful observations arise from the placements and in particular the comments of the trainees who have completed their placements. Some hospitals have extensive experience of taking flexible PRHOs, mainly the non-major teaching hospitals. This interest usually arises from a personal commitment of the senior clinical tutor in the hospital (Peters et al, 2000). Experience with successful PRHO training increases familiarity with their needs, and better orchestrated training. This in turn attracts potential applicants. It might be argued that as flexible trainees repre-

Figure 1. Flexible trainee's comments on preregistration house officer (PRHO) experience.

Favourable comments

- A valued 'bonus' with same status as other PRHO (medicine)
- A doctor who needed more support than the registrar, but highly valued (general practice)
- Good group and bedside teaching (general practice)
- Excellent experience, well supported, very enjoyable (general practice)

Unfavourable comments

- A poorly tolerated workhorse (medicine)
- Someone who let them down by missing 2 days a week (medicine)
- Very much welcomed, except by other PRHO who felt threatened (medicine)
- Perceived status: almost non-existent (orthopaedics)
- Don't be the first 'flexible' in a hospital (supernumerary)
- Sometimes I felt like a senior medical student (supernumerary)

sent an additional fully funded resource this sympathetic attitude has a purely financial basis. This is unlikely, as the out-of-hours costs have to be borne by the trust, part-time working does make particular demands on those responsible for creating rotas and there is a significant amount of additional paper work in taking on flexible trainees.

Most flexible trainees are following pro-rata timetables which in some cases did not include night time or weekend working: this has obvious implications for both the trust and the doctor in view of the current pay arrangements for flexible trainees (Houghton and Eaton, 2002).

As a result of some unfavourable comments flexible trainees have been sent to more sympathetic departments.

General practices are particularly welcoming. As many of the trainees intend to work in general practice this offers them early first-hand experience in this area (Illing et al, 1999, 2003; Williams et al, 2001).

An important initiative has been the placing of pairs of flexible trainees in so-called slot shares. At present because of geographical constraints and the small number of applicants this has only been possible with a small number of trainees. It has been highly successful for two husband and wife pairs who elected to train flexibly for child-care reasons. This arrangement, where achievable, has been particularly welcomed by trainees, other junior doctors and their relevant consultants (Goldberg and Paice, 2000). It is intended to encourage job sharing

where possible in the future. By these means it is hoped that the unfavourable comments from flexible trainees will decrease.

CONCLUSIONS

Flexible training at the PRHO level is a viable alternative often to leaving the medical profession. Concentrating their placements in sympathetic trusts, use of GP placements and detailed deanery support is a necessary adjunct to a successful educational experience. **HM**

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KEY POINTS

- A total of 35 doctors applying for flexible (part time) preregistration house office posts were retrospectively reviewed.
- Twenty of the trainees were aged 30 years or above.
- The principal reasons for requiring flexible training were domestic (child care) (24), previous mental health problems (6) and physical disability (5).
- Questionnaire review of the 10 doctors who had completed their preregistration house officer training indicated the value of the opportunity and particularly favoured slot shares as compared to supernumerary placements.