

Recommendations

There is a need for greater attention to anti-muscarinic prescribing at case conferences and the alteration of case conference treatment plans to incorporate this at the State Hospital. There is also a need for further audit or monitoring of anti-muscarinic prescribing practice at the State Hospital.

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Part-time training: will it lead to part-time consultant?

AIMS AND METHOD

To determine the preference of flexible trainees in psychiatry for consultant posts. A questionnaire survey was conducted among all flexible trainees in psychiatry in the West Midlands Region.

RESULTS

The overall response rate was 19 out of 21 (90%). The majority 15 out of 19

(68%) hoped to gain such a post at the end of their training. Of those wanting a consultant post, 15 of the 19 (79%) would only consider working part-time. If such a part-time consultant post was not available, 12 of the 15 (80%) said they would consider a non-career grade post.

CLINICAL IMPLICATIONS

In the West Midlands Region there has been an exponential growth in the number of flexible trainees. Approximately a third are within psychiatry alone and most wish to continue flexible working patterns as consultants. This has major workforce planning implications for the future.

Part-time or flexible training is an increasingly popular and important working pattern. A recent survey by the West Midlands Regional Task Force Planning Group has found that the number of flexible trainees in the region had increased by 275% from 20 to 75 between 1994 and 1997 (Tischler et al, 1998). Approximately a third of the total number of these trainees are within psychiatry. No corresponding growth in part-time consultant posts seems to have occurred. In the West Midlands only one out of 42 (2%) old age psychiatrists work part-time compared with 4 out of 12 trainees (25%). This has serious implications for future workforce planning and for the future careers of the flexible trainees. There has been little research in this area.

Can we assume once training is completed, flexible trainees will wish to return to full-time working in a consultant post? Has any thought been given by the trainees to the availability of such part-time posts on

completion of their training? These questions prompted us to survey all flexible trainees in psychiatry from the West Midlands to ascertain their views.

The study

A one-page postal questionnaire, accompanied by a covering letter was sent to all 21 flexible trainees in psychiatry. Names and addresses were supplied by the Assistant Postgraduate Dean for Flexible Training within the West Midlands Region. After six weeks a second questionnaire was sent to non-responders.

Findings

Nineteen trainees' completed questionnaires were returned giving a response rate of 90%. Twelve of the 19

(63%) of the sample were higher trainees with Certificate of Completion of Specialist Training dates ranging from the 2000 to 2005. The majority of respondents (17/19, 89%) had given some thought to future consultant posts. The remaining two were both junior trainees at senior house officer level. Thirteen out of 19 (68%) intended to apply for a consultant post at the end of their training, with only 1/19 (5%) wanting a non-career grade post, 5/ 19 (26%) were undecided. Those in the undecided group tended to be in the most junior grades. Most trainees (15/19, 79%) wanted a part-time or job-share consultant post; 1/19 (5%) wanted a full-time post and 2/19 (10%) were undecided. Of those trainees expressing a preference for part-time working, 12/15 (80%) said they would consider a non-career grade post if no suitable part-time consultant vacancy existed. Thirteen out of 19 (68%) thought it would be difficult to gain a part-time post, while 3/19 (16%) thought it would be easy. Careers advice regarding future part-time consultant work during their training had only been received by two of the trainees. Only one of the 19 (5%) was aware of any literature on the subject.

Comments

Although our study only covered the West Midlands it confirms our original suspicions that a significant gulf exists between trainee expectations for part-time consultant posts and current availability. The majority of trainees in our survey aspired to part-time consultant posts, but many of these would consider a non-career grade position if a suitable consultant job was not available.

Although our response rate was good (90%), the sample size was small and may not be representative of flexible trainees nationally. Given the popularity of parttime training it is not surprising that the majority of flexible trainees want to continue working part-time, as consultants, on completion of their training.

There is a paucity of literature with which to compare our results. What small amount there is supports our finding that women will choose part-time non-career posts in preference to full-time consultant posts when no part-time consultant option is available.

Davidson et al (1998) found that while approximately 50% of women work part-time within hospital medicine, only 20% of hospital consultant posts are part-time. Recent figures suggest that women are more likely to be offered a place at medical school (McManus, 1998). It is, therefore, conceivable that (given adequate funding) the number wishing to pursue flexible training will increase.

Currently, there is a failure of medical work force planning to acknowledge the demand for a change in working patterns (Richards *et al*, 1997). The issue of parttime working, especially at consultant level is likely to become a serious work force planning issue.

Interestingly, the medical specialities with the highest proportion of female doctors are those which have the most recruitment difficulties (Davidson et al, 1998). Psychiatry already fails to recruit sufficient numbers to fill consultant posts. This situation will be worsened if few current trainees are able to obtain the flexible consultant posts they desire, and opt instead for a sideways move into a non-career post. This may lead to professional disillusionment and job dissatisfaction which will have serious financial implications for both employee and employer. It would seem an inappropriate use of resources to train and then waste these valuable potential consultants in a time of recruitment crisis.



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