

## Trainees' forum

### Part-time training in psychiatry: what trainees want

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The proportion of female medical graduates has steadily risen in the past decade. Although it may be argued that men should take on an equal share of the child-rearing and housekeeping roles of the housewife, there is evidence that women doctors are falling behind in their careers because of domestic pressures (Rhodes, 1990). Part-time work is perceived in theory as being a suitable option for women doctors with domestic commitments, but the number who choose this option in practice is surprisingly small. The following study sought to establish what demand there is for part-time training in psychiatry among junior doctors and whether what is on offer meets that demand.

#### *The study*

A questionnaire was sent to all the career senior house officers and registrars in psychiatry employed full-time within Mersey Regional Health Authority.

The following items were covered in the questionnaire: sex, marital status, year of graduation, details of current work schedule and on-call commitments, previous career breaks of more than one month, attitudes to part-time training, and knowledge about how to obtain part-time training. The responses were anonymous. (Questionnaires are available from the author).

#### *Findings*

Of 66 questionnaires sent out, 45 (68%) were returned. Twenty-eight respondents (64%) were male and 16 respondents (36%) female; one did not answer this section. Respondents ranged from first year SHO to fourth year registrars, although there was only one female higher than second year registrar level. The difference in grade between male and female respondents was highly significant ( $\chi^2 = 23.72$ ;  $P < 0.005$ ; d.f. = 7).

Twenty-two trainees (51%) were married, and 21 (49%) single (two did not answer): there was no difference between men and women as to their marital status. Three had qualified before 1980 (the earliest was 1973), 13 in the years 1980 to 1985, and of the remaining 26 who qualified more recently, three had qualified in 1989. Thirty-one trainees (69%) had had

no break in their career: of the 14 (31%) who mentioned career breaks, at least two had had more than one break. Four trainees had breaks due to maternity leave, three due to illness, while seven described the break as due to 'other' reasons (one of these was due to travel abroad, and one due to emigration from Ireland; the other five did not specify). Career breaks ranged from two to 11 months; and the average length was 5.7 months.

Twenty-five of the respondents were doing resident on-call, and 16 (36%) were non-resident (four answers were ambiguous). The majority (26; 62%) were on a 1-in-4 rota (18 of whom were resident); 4 (9%) were on a 1-in-3; 9 (20%) on a 1-in-5, and 6 (13%) on a 1-in-6.

Eleven (25%) said they had wanted to work part-time in the past. Marital status did not seem to affect the reply. Females were more likely to reply in the affirmative to this, though this trend was not significant.

Twenty-eight (64%) stated a wish to work part-time in the future. Married men and women were equally likely to want to work part-time; but there were significantly more single women than men who perceived this as a future need ( $\chi^2 = 6.30$ ;  $P < 0.01$ ; d.f. = 1).

The most popular option of the different ways of working part-time was to job share (18; 40%); 4 (9%) would prefer a supernumerary post; while 3 (7%) would prefer to stop work altogether. In addition 11 (24%) opted for some form of part-time working other than what is now available; 9 (20%) were undecided, and 7 (16%) failed to respond to this section. (Some respondents indicated more than one preference).

When asked if they would be interested in applying for a part-time post on a hypothetical rotational training scheme lasting a number of years and designed entirely for part-time trainees, 19 (42%) replied "Yes"; 24 (54%) "No", and 2 (4%) were unsure, or did not reply. Significantly more women than men expressed an interest; this was especially so for the single women ( $\chi^2$  for married men and women = 5.50;  $P < 0.05$ ; d.f. = 1;  $\chi^2$  for single men and women = 10.52;  $P < 0.005$ ; d.f. = 1).

When asked who they thought arranged part-time training posts, 14 (31%) were unsure; 1 (2%) replied no-one; 5 (11%) replied trainees themselves; 5 (11%) erroneously stated some other person, and only 16 (36%) correctly suggested the clinical dean or the regional health authority.

Nine respondents made additional comments about part-time training, and these fell into three categories. The first revealed fundamental misunderstandings about the current availability and nature of part-time posts. For example, that part-time posts did not involve training or were not recognised by the Royal College of Psychiatrists. One respondent replied that he was unaware any part-time posts were available at all.

Another category of comments were swingeingly critical of the current arrangements, notably that part-time should really mean that, and not "a part-timer trying to do a full-time job". One respondent had tried for a supernumerary post but been unable to obtain one because of lack of funds for the PM(79)3 scheme. A few comments were made about current part-time posts being "inferior". Several subjects also commented that such posts were available only for women, especially after they had had children, and that part-time posts should be accessible for men too. One commented that "jobs . . . done mostly by women are automatically seen as inferior and not serious".

Further comments concerned the feasibility of part-time work; one trainee foresaw a possible danger in creating part-time posts if they were used to replace full-time posts. Another respondent suggested that the College and health authorities should be more amenable towards flexible working arrangements.

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## The physical examination in psychiatry

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There are many studies in the medical literature attempting to confirm the value of a comprehensive physical examination in the psychiatric in-patient population. An appraisal of the literature and review of psychiatric admissions in a large teaching district offers some evidence to the contrary.

Many papers have focused on the incidence of significant physical illness in psychiatric in-patients (Koran *et al.*, 1989; Merridge, 1960; Snaith & Jacobson 1965). Unfortunately these estimates are often based on figures over 20 years old. With a

### Comment

This survey shows several interesting aspects to attitudes held by junior psychiatric trainees to part-time training. There is widespread confusion about what is on offer, but those who do know what there is consider it to be far from satisfactory. This is perhaps not surprising since all those polled were working full-time, and had not opted for part-time work for some reason. What is surprising, however, is that 25% of these full-timers have in the past wanted to work part-time yet not been able to do so. Sixty-four per cent wished to work part-time in the future, and while being married made such a desire more likely, it is interesting to note that there was no significant difference here between men and women.

It seems clear that the stereotype of a supernumerary part-time post for female trainees with young families is not what the current generation of psychiatric trainees want, or indeed believe should be on offer. Furthermore, the consensus view is that the current provision of part-time posts is qualitatively and quantitatively inadequate.

The need for a review of part-time training in particular for SHOs and registrars, has already been recognised (Hinchcliffe, 1990). It is to be hoped that the opinions of such potential trainees will be taken more into account in the future.

### References

- HINCHCLIFFE, M. (1990) Flexible opportunities for part-time training in psychiatry (letter). *Psychiatric Bulletin*, 14, 677.
- RHODES, P. (1990) Medical women in the middle: family or career? *Health Trends*, 22, 33–36.

greater emphasis on "community care" it may be suspected that today's psychiatric in-patient population differs in some respects from that of the 1960s.

The prevalence of physical illness said to be directly "causal" to an episode of psychiatric illness has been consistently estimated at 5–8% of in-patients in separate studies. The overall prevalence estimates vary more; between 15–50% (Merridge, 1960; Snaith & Jacobson, 1965; Koran *et al.*, 1989). One question this paper attempts to answer is how much unknown physical illness is discovered on routine physical