Flexible training in psychiatry

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The Royal College of Psychiatrists and the speciality of psychiatry has a long history of support for part-time or flexible training. The motivating factors for this support were a recognition of the demand for flexible training among the trainees themselves, a large proportion of whom were women, and an acknowledgement that psychiatry was a shortage speciality and needed to recruit and retain the best possible doctors. The College, working together with the Department of Health, was enabled to set relatively high quotas for part-time trainees and thus psychiatry became known as a speciality in which young doctors could, if they so wished, train on a part-time basis. Those hospital specialities which have encouraged flexible training have a higher proportion of women doctors than those which do not. In a survey in 1994 of career destinations of doctors who graduated in 1983 (Lambert *et al*, 1996), the most common career destinations for women were general practice, followed by psychiatry. In both general practice and psychiatry the percentage of women training in these specialities exceeds that of men. Doctors who anticipated that they might wish at some stage to work on a flexible basis have known that this is a strong possibility in psychiatry, provided that they meet the required standards.

Developments in flexible training

Flexible training is becoming more widespread in all specialities. It is no longer regarded as a fringe activity but an established training option which will increase in importance (Mulligan, 1995). This is reflected in the overall numbers of doctors now training flexibly. These have increased by over 30% across all grades and in all specialities over the last two years. In July 1996 there was a total of 626 part-time senior registrars and 426 part-time registrars in England and Wales (National Health Service Executive figures, July 1996). Across all specialities, 8% of all doctors in higher specialist training have chosen to train on a flexible basis. In the psychiatric specialities, 14% of doctors in higher specialist training are training flexibly, with the highest number in psychotherapy (45%) and the lowest in adult mental illness (12.6%). It is of particular interest to see the variation in the uptake of flexible training in the various regions of the country. In the psychiatric specialities this number varies from 26% in the region with the highest proportion of flexible trainees in higher specialist training, to 3.5% in the region with the lowest. This variation can be attributed to a number of different factors including the availability of a budget to support flexible training, the attitude towards flexible training of key people in a region, the awareness of flexible training opportunities within each region, and the demand for flexible training from the trainees themselves. Even where the figures from the regions are small, it is still interesting to see clusters of flexible trainees in particular subspecialities of psychiatry, and these would seem to be associated with support and enthusiasm from one or two key people in a unit. When potential flexible trainees have the option of where they could train, it might be prudent to examine the track record of the relevant region.

What happens to these doctors? In recent years they have moved through the training grades and into the consultant grade. In the Thames Regions, accounting for a third of all trainees in the country, none of the flexible trainees in psychiatry has been lost to medicine in the last three years and all of those who wished to get consultant posts have done so. This has been very much facilitated by the initiative from the Department of Health to encourage the establishment of part-time consultant posts. The very factors which make doctors opt for part-time training are often still in place when they come to apply for the consultant grade. They therefore seek good part-time consultant posts. These still do not meet the demand from our current flexible trainees, and with large numbers of full-time psychiatric consultant posts not filled, this is an issue which needs to be addressed with some urgency.

The implementation of the European Community Directive (93/16/EEC, 5 April 1993) and the Specialist Registrar grade with an identified end-date for training have meant major changes in the management of both full-time and part-time training. Eligibility for flexible training is for "a well founded individual reason", and undertaking other paid work in addition to flexible training is no longer precluded. The responsibility for determining who is eligible for flexible training rests with the Postgraduate Dean of each Region. Broader interpretation of eligibility requirements means that more people

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are seeking flexible training, including more men. However, we are unlikely to see the majority of trainees opting for less than full-time training when the consequences are a considerable lengthening of the training programme, usually at about half the rate of pay.

Recruitment into the specialist registrar grade for flexible trainees is on the same criteria as recruitment to full-time training programmes, and thus competition is seen to be much more open and fair than previously. Training programmes will include rotations in the same way that full-time training programmes do, and job-sharing is likely to become an increasingly common method of training flexibly as an adjunct to, rather than replacing, the supernumerary posts.

All those doctors training flexibly, the majority of whom are women, will wish to obtain appropriate career grade posts within the speciality. If flexible training has played a part in enabling women to gain consultant posts, it has had little impact as yet on the numbers of women in the senior ranks of academic medicine, including academic psychiatrists. Surveys from the US have illustrated differing career pathways and different rates of progress for male and female academic clinicians. A survey focusing on the influence of gender on the careers of full-time academic psychiatrists (Leibenluft *et al*, 1993) showed that in an 11-year follow-up, men had consistently attained higher academic rank than the women, although these authors were not able to comment on those doctors in part-time practice. In the UK the number of women professors in psychiatry is small, although there have been some outstanding and strikingly successful appointments of women professors in recent years. If academic psychiatry is to be able to choose the most appropriately able trainees, it will need to recognise the changing composition of the medical work force, and further research needs to be done to determine why women are not represented in greater numbers in this area. It could be that this is another challenge for flexible training opportunities.

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