Psychiatric Bulletin (1990), **14**, 677–685

Correspondence

Flexible opportunities for part-time training in psychiatry

DEAR SIRS

I became concerned last year when I learnt that the College was now taking the view that clinical assistant sessions could no longer be judged to offer equivalent training experience for the purposes of the MRCPsych examination.

It occurred to me that many married women's careers had survived as a result of the flexibility which these sessions had offered in the past.

I sent a questionnaire to all the women consultants in the South West Region (30) asking them to give me a brief outline of their career moves and if they had been clinical assistants, to indicate the usefulness of this grade to them personally.

I had 24 replies and 15 had used the clinical assistant grade either as a stop gap for temporary periods or for longer term employment.

They described the advantages of these sessions as follows:

(a) an opportunity to remain in the specialty while a husband was climbing his own career ladder (one doctor described herself as a "camp follower")
(b) time to both care for a family and to study for examinations
(c) possibilities to match the school week timetable
(d) special training opportunities not available through training grades. (This seemed to be especially true of the South West Region where isolation and geographical disturbance featured as a training problem)
(e) a preferred income which contributed to child minding cost.

I asked them to describe the problems which they might anticipate in today's training schemes and the following points were made:

(a) part-time training posts require advocates and persistence
(b) there can be long waits for the DDC Scheme, both for manpower approval and funding
(c) today's part-time training can be more demanding when the family are young.

They commented that clinical assistant sessions now represent "pairs of hands". This grade does not attract study leave and posts are becoming more isolated.

Generally there was a sense that part-time training posts must be a better option but without greater flexibility the hurdles seemed considerable. A tribute was paid by one doctor to the Oxford Regional Part-time Training Scheme where sessions could be increased or decreased according to need. I understand that this policy is also seen in some European countries.

Advice used to be given that a married woman doctor required seven years longer than her male counterpart to achieve specialisation. Are we ignoring this wisdom by tightening the rules for entry to the MRCPsych examination?

I would like to recommend greater use of the part-time SHO option and job sharing where appropriate. This could at least make it possible for the trainee to take Part I MRCPsych without too much inconvenience. However in the South West Region we are already being told that part-time SHO posts cannot be set up as supernumerary to the existing SHO posts and must be arranged under equivalent rules to the DDC scheme.

The part-time registrar option is likely to prove more complicated with the constraints of *Achieving a Balance*. (In spite of the proposed allocation of a percentage of posts to post part-time training).

The staff grade post is not the answer for the able career woman who can take on greater challenges and responsibilities.

I would strongly recommend therefore that the College addresses the problem of flexible training opportunities for married women. Otherwise I fear we will lose the contribution of able doctors who might otherwise choose to follow a career in psychiatry.

M. HINCHLIFFE
Postgraduate Tutor

Barrow Hospital
Barrow Gurney
Bristol BS19 3SG

DEAR SIRS

I am delighted to have had the opportunity to respond to Dr Mary Hinchliffe's interesting letter. I share her concerns for the limited opportunities