training programmes that take account of the particular needs of women doctors with children. Specialty choice seemed to be more dependent on conditions of work and compatibility with married life and caring for children than on particularly feminine interest in the work. Home commitments were important influences on respondents' career choices and caused one-third of respondents to change their career choice (most changes being from group 1 specialties to group 2 or general practice). Comparatively few respondents were intending to enter the high-prestige specialties with much private practice, where competition is intense, hours of work often long, on-call commitment substantial, promotion slow, and examinations considered difficult. In contrast, many respondents intended to make careers in group 2 specialties, geriatrics, and general practice. These include the shortage specialties for which there is little competition (our respondents were well aware of this fact) and in which, therefore, training programmes are more likely to be flexible to the individual's needs, and in which hours of work, on-call commitment, and examinations are generally regarded as less arduous. The choice of group 2 specialties more often than group 1 is particularly striking when the work content of each is considered. Whereas group 1 specialties mean direct relationships with patients, much of group 2 is highly technological medicine with little or no continuing relationships with patients—for example, laboratory specialties, and to a less extent anaesthetics and radiology). The former type of work would probably generally be considered of more interest than the latter to most women. Group 1 specialties, which will need to attract more women doctors as the proportion of doctors who are women grows and the number of foreign graduates working in the National Health Service decreases, may have to provide training programmes which are more compatible with these doctors' family lives. A quarter of the respondents with children stated that they were not available for night and weekend work; training programmes in clinical specialties may therefore have to include the possibility of periods with no on-call commitment.

A further incentive to women doctors to enter particular specialties is remuneration, which was particularly important to respondents intending to enter general practice. In a previous

study¹³ financial considerations were important to men doctors choosing general practice; presumably financial incentives could aid recruitment of both sexes to other specialties. Financial considerations also influence the extent to which women doctors work in medicine at all. As one doctor commented, "it is difficult to justify the nuisance value to the family of mother working if there is no financial benefit." The size of the medical manpower pool could probably be increased rapidly, were this desired, by greater financial incentives to work (either direct or via tax relief) for women doctors.

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Survey of part-time senior registrar anaesthetists

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In 1960 less than 25% of medical school entrants were women. By 1978 this figure had risen to 37% and in some centres—for example, University of Bristol Medical School—it has now reached 50%. A large percentage of these graduates will marry (roughly 80% in one recent survey¹) and have children, and many will feel unable to continue in full-time employment at least for a time. The establishment of part-time posts in the training grades may allow such women to continue their careers. The Department of Health and Social Security has set out its most recent proposals for the part-time training (at SHO, registrar, and senior registrar level) of doctors with domestic commitments, disability, or ill-health in PM(79)3.²

Anaesthesia may be considered a "front-line" specialty in respect of part-time posts in that it is possible, to a certain extent at least, to organise the work load on a sessional basis. It is also a specialty which attracts relatively many women (about

30% of senior registrars and 18% of consultant anaesthetists are women³).

The purpose of the present survey was to gather information from part-time senior registrar anaesthetists to assess the general pattern of their careers, the adequacy of their training, and their future aspirations.

In June 1979 a questionnaire was sent to the 35 part-time senior registrar anaesthetists enrolled with, but not yet accredited by, the Joint Committee for Higher Training of Anaesthetists (JCHTA). They were asked for an outline of their experience, their reasons for opting for part-time employment, the details of their present job, and their future plans. Comments on part-time training were also invited.

Results

Thirty-one questionnaires were returned (a response rate of 88.5%) though two were incomplete: one respondent had not taken up her post and the other had only just started her job and felt unable to comment on it. All the respondents were women. Thirty were married and one was widowed. Twenty-six were between 30 and 39

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years, four were between 40 and 49 years, and one was in her early 50s. Twenty-eight of the group had children ranging in age from 4 months to 18 years, most being under 6. The remaining three respondents had no children.

QUALIFICATIONS AND PREVIOUS EXPERIENCE

All the respondents held the FFARCS. Fourteen also held the DA or DRCOG or both. Only four of the group had worked full time in anaesthesia for less than two years. Twenty-two had worked full time until obtaining the FFARCS. Seven had also completed part of their senior registrar training on a full-time basis. Five had been part-time registrars and one had been a part-time SHO.

Some respondents gave more than one reason for working part time. Caring for children was cited 25 times; husband's commitments, six times; health, twice; and distance, three times. The respondents who cited husband's commitments included those women who could not obtain a full-time job in the same area as their husband (usually medical) and also those who found they saw little of their husbands when both were working full time. All those women without children fell into this group. The respondents who gave distance as a reason either lived too far from their main hospital to commute daily or full-time jobs in the area meant rotation to a distant hospital.

The length of time to establish a part-time job varied from six months to three years. In 11 cases it took more than one year.

JOB DESCRIPTION AND TRAINING

One part-time senior registrar was employed for nine sessions a week; the remainder worked five, six, or seven sessions a week. All the respondents provided emergency cover, the majority (18) being on call one night a week. All had opportunities for general and specialist experience. If necessary the latter was gained by rotation or secondment to another hospital. Two of the group had to work full time for short periods of their training—for example, for experience in intensive care units. Twenty-two of the group were actually "in theatre" for all their sessions; only three had a specific session for preoperative and postoperative work.

The time allocated for research was variable but for the group as a whole did not amount to half that recommended for full-time senior registrars. Fifteen respondents had not undertaken a research project, though seven of these stated that opportunities were available if desired. Administrative experience was also poor.

Twenty respondents thought that the training they were receiving was satisfactory. A further seven cited specific deficiencies—for example, research, cardiac surgery, ICU, paediatric surgery, and teaching hospital experience. Only two thought they were being used as a "pair of hands."

The time to be spent in a part-time senior registrar post for accreditation with the JCHTA varied from 18 months to six years, depending mainly on the number of sessions worked and the amount of previous full-time, post-FFA experience.

Eleven respondents thought that there was inadequate recognition of the amount of work undertaken by part timers. Thus, in comparison with full-time colleagues, they spent more of their time in clinical work with no half-days—for example, after a night on call—and relatively little time was allocated for study and preoperative and post-operative work, which was often done in their own time. Several respondents thought that greater recognition of these facts might well shorten the period for accreditation by the JCHTA. Three respondents also thought that extensive experience in non-training grades should have been taken into account for accreditation. Other complaints included inadequate extra units of medical time (UMTs)—(four), lack of responsibility—(two), too much travelling—(two), too many or too few sessions—(three), and a feeling of inferiority to full-time colleagues—(two).

FUTURE

Four of the group intend to acquire further qualifications (MD, MRCP, PhD, and MSc). Two respondents were taking up nine-session consultant posts at the time of the survey. Of the remaining 27 respondents, 25 intend to apply for a consultant post and the other two might apply. All 27 would prefer a part-time post (most expressed a preference for five to seven sessions, possibly rising to full time later). All the group were asked their preferences if no part-time consultant

job was available. Twelve would prefer a full-time consultant post, seven a part-time post with subconsultant grade, and five would consider either option. Geographically, only one of the group would be mobile when applying for a consultant post. The rest were fixed though two could cover quite a wide area.

Discussion

As expected, all the part-time senior registrars surveyed were women. They represent roughly 10% of the total senior registrar stock in anaesthesia.³ At present a husband's career usually takes precedence over that of his wife's, especially if they have children. An interesting finding of the survey, however, was that three of the group had no children. In each case they had followed their husbands (two of whom were full-time senior registrars) to an area where they were unable to find a full-time job. Even if the latter is available rotations to distant hospitals may make it an impossibility for the married women. At least one of the three would have preferred to work full time if it had been possible. As the number of women in medicine increases, such rotating posts may pose more and more of a problem.

The most common career pattern of the respondents was for them to be full time until obtaining the FFARCS—that is, at least four years postqualification—and only then to opt for part-time training owing to the arrival of children. This is important because it means that these women will still have relatively young children when they are ready to apply for a consultant post. Establishing a part-time job may take many months, if not years, of frustration. Several of the group had moved during the course of their senior registrar training and experienced a further long delay. I hope that approval by the Central Manpower Committee (under the terms of PM(79)3) will facilitate such moves in the future. For new candidates, however, the fact that they may apply for such approval only once a year could result in even longer delays. Based on the results of this survey the six months allowed by the CMC for the establishment of a job once approval has been granted will certainly not be long enough. Lack of funds regionally may also be a problem.

The impression gained from the survey was that most part-time senior registrars were happy in their jobs and satisfied with their training. They represent good value for money to the Health Service in that they spend relatively more time in clinical work. Only a minority felt inferior to their full-time colleagues and several emphasised the amount of extra work they contributed. The opportunities for research available to the part timer seemed poor. Many of the group were not, however, strongly motivated in this direction. Though a cause for complaint was the disproportionate length of time to be spent in post for accreditation with the JCHTA, this begs the question "What next?" Twenty-five of the group definitely intend to apply for a consultant post but they would all prefer to work part time, at least for the first few years. Thus the need for part-time employment does not end when training is completed. It is now mandatory to advertise a consultant post in such a manner that an applicant unable to work full time may apply, but, because of service requirements, it would seem unlikely that such a candidate would often be successful.

The geographical limitations of married women are a further problem which is unlikely to diminish. Having completed their higher professional training, most of the group would be reluctant to accept a subconsultant grade even if this were part time and available. Possible solutions to these problems include two part timers sharing a full-time consultant post, an arrangement which may present legal and practical difficulties, or a greater willingness to appoint candidates offering a limited number of sessions. Such candidates may, of course, be able to increase their sessions at a later date if there is a service requirement. It is debatable, however, whether the concept of totally free competition for consultant posts is compatible with the widespread employment of married women in the consultant

Government stops EEC doctors' language test

BMA regrets decision

The Government announced last week that EEC doctors would be exempted from the GMC's language tests. In a statement the BMA has said that it regrets this decision and has asked the Government to ensure that there will be adequate safeguards for the public.

The Government's statement made it clear that if doctors from the EEC applied to work in the NHS "they will have to satisfy the NHS authorities concerned that they have the necessary knowledge of English for the work they will have to do. For all other overseas qualified doctors, language requirements will continue to apply before they can be registered. . . . Dentists and nurses from Community countries will also be exempt from any language requirements linked to registration. For them as for doctors language requirements will instead be related to the particular work they will do."

The medical and nursing Acts will have to be amended as will NHS legislation to enable the new arrangements to cover general practitioners as well as hospital doctors. The necessary order will be introduced into Parliament later this year, and the new arrangements will come into effect in 1981. By the end of 1978 language requirements as a condition of registration applied to all doctors who qualified abroad. In 1979 the European Commission notified the UK Government that, in their view, the requirements, as applied to doctors from Community countries, were contrary to Community law. If the Commission had referred the matter to the European court a ruling of the court would have had legal force in the UK and might well have made it difficult to make fully effective arrangements to replace registration-linked requirements.

Less NI certification for doctors

From 14 September 1980 doctors will no longer be required to issue National Insurance certificates—sick notes—for periods of three days or less. Under the Social Security (No 2) Act 1980 claims for benefit will be acceptable only where there are four or more consecutive days of incapacity. The change in the rules will, the Government states, simplify administration by eliminating the need to deal with about half a million claims to sickness, invalidity, or injury benefit for short periods each year.

From the same day, 14 September, the linking rule is being changed in accordance with the new Act. Claims for sickness, maternity, injury, invalidity, and unemployment benefit are "linked" if they are within a certain number of weeks of each other. At present claims not more than 13 weeks apart are linked; from 14 September that period is being reduced to eight weeks. Relatively few people will be affected since most claims do not link under the present rules, but the possible effect on the chronic sick with invalidity benefit who are able to work for short periods will be monitored. The new rules will not affect most claimants for incapacity benefits but they will, however, reduce social security administration and the burden of certification on doctors. There may also be implications for some occupational sick pay schemes, particularly where payments are related to the National Insurance benefit system.

BMA Notices

Group committee elections

Nominations are hereby invited for the undermentioned vacancies on group committees. The vacancies are caused by the retirement every other year of one-half of the members of the group committee or are casual vacancies, and retiring members are eligible for re-election. Nomination forms are available from the undersigned. Each nominee, and his proposer, must be members of the group concerned in the appropriate constituency.

In the event of a contested election all members of the group in the relevant constituency will receive ballot papers. Nominations should reach the Secretary, BMA, BMA House, Tavistock Square, London WC1H 9JP, by Friday, 3 October 1980.

Group committee	No of vacancies	Period of office	Constituency
Radiologists	1	1980-4	Northern and Yorkshire
	1	1980-4	Oxford and Wessex
	1	1980-4	Wales and West Midlands
	1	1980-4	West Scotland
	1	1980-4	Northern Ireland
Diseases of the Chest ..	1	1980-4	Wales
	1	1980-4	London
	1	1980-4	Northern
	1	1980-4	South-western
	1	1980-2	Northern Ireland

London weighting

The Joint Negotiating Committee for hospital medical and dental staff and the Joint Negotiating Body for doctors in community medicine and the community health services have reached agreement on revised rates of London weighting effective from 1 July 1979. The new rate is £527 a year. Resident staff, other than those compulsorily resident, will receive £147. The rates for locum staff will go up pro rata. The Advance Letter on the new arrangements, which will be issued shortly, will make provision for authorities to pay any arrears due to staff who have left their employment. Nevertheless, members who have been employed by one or more of the London authorities since 1 July 1979 would be advised to claim back pay for London weighting from their previous employer(s).

Talking Point—continued from previous page

grade. It is hoped to follow up all the part-time senior registrars in the survey.

Though all the senior registrars in this survey were women, PM(79)3 does not restrict part-time training to women and it will be interesting to see whether, if "role sharing" becomes more common in the future, we shall see any men with "domestic commitments."

I thank all my colleagues who completed the questionnaire and Miss Ann Maggs for her secretarial help.

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