Letters to a Young Doctor

Part time work for women

PHILIP RHODES

When children are growing up and achieving a degree of independence women may wish to return to medical work part time. There is a scheme for this too. It comes under the famed PM(79) 3—Personnel Memorandum No 3 of 1979—which deals with part time work for doctors with domestic commitments. It is a very flexible instrument, and within reason a job can be tailored for the individual. To find out about the system contact the postgraduate dean of your region and the specialist in community medicine concerned with medical staffing at the region. Part time posts may be arranged at any grade according to your previous experience and qualifications. When you go to see either of these people take a copy of your curriculum vitae, since this saves time at interview working out just what you have done in the past. This obviously determines the plans that may be made for you.

Any post that is set up in the National Health Service needs approval by the appropriate manpower and educational authorities and appropriate finance. It is ultimately your duty to see that you have all three, though various people will help you with this. The first thing to realise is that part time posts are supernumerary. Thus some consultant has to be persuaded that he wants to have you. You should therefore discuss with a consultant what you want to do. If you do not know a consultant locally see the clinical tutor of your local postgraduate medical centre, who will help. Then when you see the dean or the specialist in community medicine (staffing), or both, you will be able to say that you know where you want to work, in what subject, and at what grade. But you may wish only to discuss generalities with them before making specific arrangements. Nevertheless, at some time in the negotiations a willing consultant has to be found.

Manpower approval

Getting manpower approval for part time work may or may not be difficult. There is great anxiety now about manpower because in certain subjects more people seem to be in training than there are career posts available for them in the future. This is worrying to the whole profession but particularly so to many junior doctors. Some of these—and others—feel that supernumerary part time posts increase the numbers of people in training and provide unfair competition since those who obtain part time posts get them on a personal basis and do not have to compete with others for them. Moreover, the posts are specially arranged in places that the incumbent chooses, which is different from posts on the open market. Because of this you have to realise that you will not always be welcomed everywhere and may not get all the cooperation you would wish for.

Senior house officer posts can be approved by regional health authorities. Yet many authorities have imposed a moratorium on new posts and some are hoping that senior house officer posts in their regions may be reduced. Much depends on attitudes to these problems when you apply for a part time post. For the moment, however, many supernumerary part time posts escape the manpower control net, largely because they are usually for general training leading to a higher diploma and so are not easily identifiable with a specialty that may already be overcrowded with trainees.

Many registrar posts are similar to senior house officer posts since the part time incumbent is not yet in a specialist subject and so she may be reading for a higher diploma. It is unlikely that such a post can be arranged unless she has part I of the diploma, though long experience may be a substitute for part I. On the other hand, some registrar posts will be arranged for those who already have a higher diploma. These may be in an overcrowded specialty, and so setting them up might be opposed. So far there have been few difficulties in arranging these posts, but there are clouds on the horizon. At the least they may have to pass the scrutiny of the regional medical manpower committee, and it is probable that this will become more and more difficult except in shortage specialties.

The specialty in which you wish to train should therefore be chosen with care. Factors in this choice have been outlined in earlier articles. If much of your further training is to be part time it is unwise to go for such things as general medicine, surgery, or obstetrics and gynaecology, and indeed many others. You would then be in competition with those who have followed an intensive, more orthodox training than yourself and thus you will almost certainly fail to make headway. This probably explains why women consultants tend to be found in such subjects as anaesthesia, paediatrics, family planning, and school health services rather than in the overcrowded branches of medicine. Moreover, many of these specialties may be relatively limited in the hours worked or may be practised part time so that career and family may each have a proper share of a woman doctor's time.

These shortage specialties may not always appear as glamorous as some of the others, but they too are vital to the medical body politic. General practice also claims the attention of more and more women and work in it is sometimes easier to arrange to suit a variety of circumstances, including running a home, than work as a consultant in hospital. For the immediate future radiology, radiotherapy, and branches of pathology excluding haematology might be worth considering for part time supernumerary posts.

Senior registrars are very definitely headed for a specialist career, even when they are part time. They are taken into account in the manpower statistics nationally and the posts are under the control of the central manpower committee, but as the system is likely to be modified no details will be given here. The specialist in community medicine (medical staffing) at region will tell you of the mechanisms in being at any time you apply. It demands an application from yourself to the central manpower

University of Southampton, South Block, Southampton General Hospital, Southampton SO9 4XY

PHILIP RHODES, MB, FRCS, professor of postgraduate medical education, and dean of graduate medicine for the Wessex region

committee for approval of your part time supernumerary post. If there are more applicants in a particular subject than may be accommodated then a national panel is convened to determine which candidates shall be allowed to train part time. This means that a few will be disappointed, and the only thing to do then is to switch your specialty to one of the shortage ones. But by a little forethought you can find out which these are before you apply, and then you should be sure of obtaining approval. With this written approval you may return to the specialist in community medicine (medical staffing) to obtain the finance for your proposed post, and on his recommendation the regional health authority provides the funds for your salary.

Educational approval

With manpower approval and finance you need educational approval from your royal college or faculty or, in the case of some senior registrars, a joint higher training committee. This approval is needed to allow you to sit for a higher diploma or to obtain accreditation in your specialist subject. This marks the end of your training and shows any consultant appointments committee that you have completed it. It is not absolutely necessary now to have such accreditation, but college and faculty representatives on committees are asking for it more and more. In 1982 the General Medical Council debated whether accreditation shall be registrable, and in the next few years the General Medical Council may start a specialist register, as in some other countries, when accreditation may be required for entry to it. At the start of any senior registrar post, full time or part time, it is therefore wise to enrol for accreditation with the appropriate royal college, faculty, or joint higher training committee. When you have obtained the requisite experience then apply to them for accreditation. Accreditation normally requires about four years in post as a full time senior registrar. For a person working half time the experience required will normally be eight years, and pro rata according to the amount of part time work. Previous experience as a registrar may be allowed to count towards accreditation. Only the royal college or faculty can determine how much previous work will be allowed, so you must contact them to find out about it. Do not guess—ask.

Educational approval for your part time supernumerary post is sought from the college, faculty, or joint committee through your postgraduate dean. He will ask you and your receiving consultant(s) for a programme of work that you will undertake over the next few years. The duration will vary with the grade of post you will be in and whether you seek approval for experience leading to a higher diploma or accreditation. The programme will also vary with the subjects being studied, but for clinical work it must normally include inpatient, outpatient, and emergency work, during which time you will be resident in hospital. Theatre or laboratory work must also be included. The time table should be laid out for a whole week listing morning and afternoon sessions and emergency sessions. There will also be rotations to other firms and hospitals and clinics occurring at intervals, and these must be specified. There must also be entries with details of educational opportunities in, for instance, postgraduate centres and university centres for teaching undergraduates and postgraduates, and for research and study.

The object is to write a full and proper job description such as is required for any post. It must show that the woman doctor and her consultants fully understand the intentions of the training: it is to provide full and varied experience and the acquisition of suitable qualifications. If the proposed job does not do this it will be turned down by the educational body whose approval is being sought. As well as this very full job description there must be an accompanying description of the hospital(s) in which the job is offered and of the staff of the department and its resources, facilities, and workload. All these may be culled from the job descriptions of similar full time posts in the department. A useful aide memoire about job descriptions is in

the *BMA Junior Doctors' Handbook*, which should be followed closely so that nothing is forgotten. Salary here is important and will have to be worked out with the specialist in community medicine (medical staffing) together with appropriate amounts for units of medical time (UMTs) for emergency duties. A full curriculum vitae on the lines suggested in the article on applying for jobs is also needed.

All these documents—description of hospital, description of department, workload, staffing, job description of the part time post, curriculum vitae of the applicant—should be sent to the postgraduate dean with a copy for the community medicine specialist (medical staffing). They will check it, return it if necessary for any amendments, or if it is suitable will forward it to the appropriate educational body. The two regional officers try to make sure that there is the minimum of delay in approving the post by the central educational institution. Many hold ups occur there. The dean and community medicine specialist can often prevent them since they can act relatively quickly whereas the central bodies have to await the meetings of committees.

Part time posts are subject to review just as are other posts, to see that the incumbent is making satisfactory progress. This, of course, will be relatively slow, perhaps taking twice as long as for those in full time posts. The educational requirements demand this. Some regions are quite strict in that they will not allow a woman to work part time for more than five sessions a week. Others might allow up to eight sessions but the stricter regions argue that their money goes further and more trainees may be taken on. Also, restriction prevents unfair competition or at least reduces it for those who have full time posts and who are relatively more inconvenienced in their posts than part timers. Undoubtedly, a few women have manipulated the system to their own advantage, taking on eight or nine sessions a week, thus escaping competition, and unfairly manufacturing highly suitable jobs for themselves.

Part time training tends to be discouraged by obstetricians and gynaecologists and surgeons. They feel that their work requires a high degree of commitment and attendance at emergencies that is incompatible with part time training. Nevertheless, a few women attain consultant posts—mainly in other disciplines—after prolonged part time experience together with acceptable qualifications. The number is likely to increase as more women enter the manpower pool and undertake part time work and training.

Full time work

These schemes designed to help women are very valuable for them and they should certainly take advantage of them. Yet the sooner a woman can return to full time work the better her career prospects are. For many reasons this may be impossible. The husband's work may fix him in one area of the country, so that his wife has to find work in the same area. This is understood, but there may be difficulties when the training period is over, since the woman then wishes for a consultant or principal post (the two career grades) in her own area. These cannot be manufactured for her. They have to be advertised and competed for. A trainee who has had more orthodox education and experience may then oust the part time local trainee at the very last hurdle. At present this is a problem that simply has to be faced, for there are no easy solutions. The woman has by now become so specialised that she cannot easily enter any other specialty, she cannot move away from her geographical area, and there are no posts for her there. She has few choices left.

One unfortunate choice is to leave medicine entirely, and some women have had to do this. Another choice is to become a clinical assistant in the specialty, which may not be very satisfactory but it is a job, it is paid, and it does use skills hardly gained. It requires negotiation with the consultants concerned in the discipline, the district health authority for finance, and the regional medical manpower committee. Provided not too

many sessions are asked for this has a chance of success, though it may be blocked at any point in the negotiations for good reasons.

The third choice is to apply for a personal associate specialist post. You have to get the consultants to agree so that they may give your application written approval and support. Your application must go to the postgraduate dean or specialist in community medicine (medical staffing) at region. Your district health authority must know of your application since they may have to provide the finance one way or another, and they must feel that there is a proper place for your services and resources to help you with them. From the dean and community medicine specialist your application will go to the regional medical manpower committee. Full time trainees serve on this committee and they may try to persuade the committee not to accept the application. They often feel, with some justification, that if an associate specialist is appointed there will be little chance of expansion of the consultant establishment in that district in that subject. This then limits the chances of junior doctors obtaining career posts. If the application surmounts this regional hurdle it goes on to the central manpower committee. This is even more formidable for the same reasons. Nevertheless, if your only opportunity for a career post is as an associate specialist you will have to test the system. It is of little use trying to become an

associate specialist unless you have been a registrar in your subject for two years or more or its equivalent. The regulations are quite clear on this, and there would have to be very special circumstances for this to be circumvented.

The scene in manpower, grades of staff, and education is changing fast. Advice given here is applicable only to the present. The people in your region likely to know what is possible at any given time are the postgraduate dean, the regional adviser in general practice, and the specialist in community medicine (medical staffing). Local branches of the BMA may provide advice and the Medical Women's Federation has an adviser in every region who can often give help. Apart from the bureaucratic maze through which you have to thread your way, there are political factors of which you may be only dimly aware that may have to be taken into consideration. These policies may take a long time to come to fruition but so may your career. The future might bring you some unpleasant surprises unless you read it with some care. There are some people, such as those mentioned, whose job it is to keep an eye on the future so that they may be in a position to guide you.

In the next two articles I shall discuss what to do if you are an overseas doctor.

Medical History

Mastectomy in the 1880s

CHARLES FLETCHER

When we moved house last year the terrible business of clearing up resulted in some interesting discoveries for I was led to look through old correspondence. Among my father's letters I found one from his father, a chemist by profession, written to him when he was aged 13 from their home at 57 Gordon Square, London WC in March 1886. The letter runs as follows:

"My dearest Walter,

You must have been sadly grieved to hear of your dear mother's suffering—so sudden to us all. It was only on Tuesday I think she first mentioned the small lump in the breast at the place of the old operation. Fearing that this might indicate a return of the old enemy I took her to Mr Thornton, the surgeon who operated formerly. He said it was so—but that he would do nothing without consulting Sir James Paget. So a time was fixed on Friday afternoon and both doctors came to the house here. They examined dear mother and agreed that it was a return of the cancer and that an operation was necessary.

On Saturday morning we consulted Dr Kidd—he too agreed and gave your mother minute directions as to diet. The operation was fixed for 2.30 Tuesday—was this not quick? but a longer suspense would have been unbearable.

Oh, Walter dear, you have a brave mother, few could

Walter Fletcher, aged 13.

have gone as she did with a firm step into that terrible room and meet those three surgeons standing beside the terrible table which had been prepared close by the window, it was in Ruth's bedroom, the one next to ours. There is a good light there and the room is quiet being at the back of the house.

London SE11 4SN

CHARLES FLETCHER, MD, FRCP, emeritus professor of clinical epidemiology, University of London