Batava was found to have been deserted by the Dutch, so Leyden busied himself in exploring it. One day searching for a valuable library he went to a low, unventilated house which contained some interesting manuscripts and books. He became sick and pyrexia on leaving and for three days his fever continued. He died on 27 August 1811, ten days short of his 37th birthday.

Leyden's knowledge was thought by some to be superficial and imperfect. What he did know he learnt accurately and with facility. In judging his power as a linguist, it is necessary to bear in mind that most of his researches were in areas in which Europeans had not previously worked. His poetry is more difficult to assess. James Hogg wrote of Leyden—

Leyden came from Borderland,
With dauntless heart and ardour high,
And wild impatience in his eye.
Though false his tones at times might be,
Though wild notes marred the symphony,
Between the glowing measure stole,
That spoke the bard's inspired soul.

"I knew him, a lamp too easily quenched."—Scott.

Reference

¹ *The Poetical Works of Dr. John Leyden*. London, William P. Nimmo, 1875.

Medical Education

Married Women Doctors as Part-time Trainees

TOM ARIE

British Medical Journal, 1975, **3**, 641-647

International Women's Year and the Secretary of State's recent conference on married women in medicine¹ makes it timely to report our experience in employing married women as part-time trainees at Goodmayes Hospital. In the six years since it was set up our psychiatric unit has had 10 part-time trainees, including the two who are with us now. From our point of view the employment of these doctors has been an unqualified success, and in the early days they comprised most of our staff. Training opportunities for married women (and other doctors who can work only part time) are of urgent importance for the doctors themselves; for the nation, bearing in mind the heavy investment in their medical education that it has made; and for the health service, in which the problems of psychiatric staffing are of "serious proportions"² and other specialties have similar difficulties.³ There are many problems in the employment of part-time trainees and they deserve to be clearly identified and faced; judging from our experience they can be solved.

Origins of the Goodmayes Scheme

Our department is a general psychiatric unit, but our special interest is in providing a comprehensive psychiatric service for the elderly.^{5 6} A month after our unit was set up in January 1969 the Government launched its scheme for the re-employment of married women,⁷ which encouraged the provision of part-time posts for individual doctors who came forward, these posts being supernumerary and tailored to the circumstances of the women themselves. Authorities were encouraged to consider dividing up established posts between more than one candidate when this was feasible, and in particular when posts were difficult to fill with a full-time doctor. Provision was made for the periodic regrading of the posts in the light of the doctors' increasing experience and qualifications and for the creation of part-time consultant posts (though these would be advertised and open to competition).

When the scheme was launched display advertisements appeared in the main medical journals inviting women doctors to approach local hospitals or regional boards. Contemplating the "Everest of psycho-geriatrics" in company with a single registrar, 350 inpatients, and heavy pressure of referrals, my thoughts were fixed on finding effective medical colleagues to help. Even before I took the job I suspected that married women doctors might be a group with whom it should be possible to strike a bargain: as the husband of a doctor I knew how difficult it was for them to find jobs which also offered training. I hoped that by offering to train them as psychiatrists I could entice some women who were unemployed or whose part-time jobs offered only routine without training.

The launching of the Government scheme thus came exactly at the right moment for us, and I immediately advertised for interested women to contact me. To my delight a splendid candidate presented herself and I applied for permission to employ her as a part-time senior house officer. The application was turned down. It seemed that lack of funds was the reason, for the scheme authorized the creation of posts but provided no extra money. This was clearly a fighting issue, and in time the application was granted.

At about the same time we had been granted three clinical assistant sessions, designed for general practitioners to give physical care to elderly patients in our long-stay wards. I decided against such dichotomy of staff—trainees in the acute wards and general practitioners in the long-stay wards. I believed at the time, and in large measure still believe, that it is wrong to "hive off" the long-stay work from the acute work and that all our doctors should work as a team in all aspects of the care of our patients.⁶

I therefore offered these three sessions to another married woman doctor who wished to train as a psychiatrist. So by the end of our first year we had two part-time doctors, one coming for four days a week and one for two short days (arriving after she had taken the children to school and returning home before the rush hour). Since then the number of clinical assistant sessions in our unit, the work of which has greatly increased, has risen to nine and these we have always given to married women trainees. In addition, the regional board eventually agreed to establish seven further clinical assistant sessions which are officially reserved for married women (or similar people who are able to work only part time, though only married women have as yet appeared). These 16 sessions have generally been divided between two doctors, but sometimes between three; all have been encouraged to take part so far as possible in every aspect of our work (acute geriatric psychiatry, general psychiatry of younger patients, long-stay work, outpatient work, and domiciliary work). We have made it a condition that all of them regard themselves as trainees and intend to study for higher qualifications.

Goodmayes Hospital, Ilford, Essex IG3 8XJ

TOM ARIE, M.R.C.PSYCH., F.F.C.M., Consultant Psychiatrist

During these six years the unit has developed greatly, and there are now two consultants, a senior registrar, a registrar, and two senior house officers; the part-time staff are thus part of a well-established team.

Part-time Doctors

Doctors have come forward through advertisements, by personal contact, or on the "grapevine." (Attempts to persuade women registered in our region under the "retainer scheme"⁸ to consider regular sessions have not been successful.) Most of the doctors have been in their 20s or early 30s with small children, but two were rather older, with teenage children. Most of them could previously find only work of a "non-progressive" sort: family planning or local authority clinics or occasional general practice surgeries and the like—useful and often rewarding work, but not work that enabled them to develop their careers. Only one woman had previously had a personal part-time job (in geriatrics in the Oxford region). One woman had not worked since her preregistration posts while her children were at the preschool stage, and another had spent the previous three years taking a degree at Birkbeck College (and had obtained first class honours). One of the women was a fully-trained specialist with her Fellowship in another field, but amazingly, though to our great advantage, had found it impossible to find part-time consultant work and had decided to retrain in what she hopes will prove a more hospitable specialty. Six were the wives of doctors.

Most of the women came to us with the intention of training as psychiatrists, but not all. The doctor who had previously held posts in geriatrics was not sure whether she wished to specialize in that field or in our own but felt that a period in a psychiatric unit which was particularly concerned with the elderly would be valuable for her training. Another had just completed a traineeship in general practice and wished to spend six months in psychiatry before probably entering general practice with her husband. Our only overseas doctor came for an extended locum period while temporarily in this country; she was a fully trained gynaecologist but wished to acquire some experience of psychiatry. The work which each of them has undertaken with us has been similar; we did not attempt to provide different training for women with different career intentions, and career intentions have sometimes changed during the period, though not, so far as I am aware, ever away from psychiatry.

Our hospital is in east London, but the women have come from many different places in and around London and have often spent quite long periods travelling. One doctor travelled 25 miles each way for nearly three years (and in this time, while running a large household, obtained her M.R.C.Psych. and was co-author of two papers).

What Are the Doctors Doing Now?

Apart from the doctor who had been a general practice trainee and came for a fixed period of six months most of the doctors have stayed for over a year and four of them for over two years. Some of those who left did so because their husbands took jobs in other parts of the country, especially those who were the wives of trainee doctors whose promotion took them out of London. One doctor left after a year for a full-time post at the Maudsley Hospital. Two doctors, both of whom had been with us for two years, left chiefly to work much nearer to their homes but also because they needed experience in a different setting anyway. In individual cases there were other particular reasons, and no doubt in others reasons were mixed. At the time of writing four of the women doctors had posts in teaching hospitals, one had definitely committed herself to geriatric psychiatry and two others were thinking of doing so, though they were neither expected, nor particularly encouraged, to make the unit's special geriatric interest their own. We aimed to provide a training in psychiatry, and the special emphasis on geriatric psychiatry these days is relevant to all psychiatrists.

Training

As our part of the bargain we undertake to offer these doctors a training on terms of parity with our other trainees. The part timers have the same duties as the full-time trainees; each has a ward of her own, shares in taking acute patients in the admission ward, and is encouraged to come on home visits (and with increasing experience to make such visits on her own). They also take part in the care of our

younger inpatients and outpatients, in holding the outpatient clinic for the elderly, and in the care of day patients. Several have been interested in attending committees and meetings concerned with local services (an important and often neglected part of the experience of trainees). All take part in the internal teaching of the unit, presentations at our unit discussions and journal meetings, and the general educational programme of the hospital. The only work which they do not normally share is night duty, though they have occasionally opted to take part in this.

They are encouraged to attend courses and lectures at other centres in the same way as other trainees. Sometimes these are in their sessional time (for which, in general, they more than make up in the quality and quantity of their work) and sometimes on their own days off, depending on when the course takes place. Some have attended residential membership courses elsewhere, and some find time to attend meetings of relevant societies in the evenings. Apart from the part-time doctor who completed her training up to the M.R.C.Psych. within the unit, others have taken parts of the membership or D.P.M. either with us or in subsequent posts; we put no pressure on them to take the exams at any particular speed, but we do expect them to be working towards them and to be studying and attending courses at a planned rate that is realistic in relation to their family commitments.

Issues Within The Unit

The women have naturally been of widely differing personalities, but they have generally been of high ability and great devotion; most have been the sort of people who, if they had not needed to work only part time, would have had successful careers on the teaching hospital ladder. Many of them, as married women and mothers of families, have brought to the job qualities which are highly relevant to any form of medical work; most have got on easily with people and have been very popular, particularly with the nursing staff. Perhaps the two qualities which have been most evident have been practical good sense, and conscientiousness, and to this one could add a feeling of involvement and appreciation of their work which perhaps derived from the fact that their days with us represented their total professional outlet. Perhaps their work satisfaction was enhanced by knowing how much we depend on them.

There have also been difficulties. Dividing up work which is normally done by full-time staff, particularly work that requires continuity, poses problems of effective handover and communications. A work pattern which includes all aspects of psychiatric work is much more difficult to organize for part-time staff than would be the case if—for example, they merely came for outpatient clinics on a particular afternoon. The full-time staff of the unit necessarily have to look after some of their duties on the days when they are not there, but they have never shown any unwillingness to do this. And, of course, the part-timers often "cover" for each other. An interesting discovery, not wholly unexpected, was that those long-stay wards whose doctors are part-time tend not to have many crises on the days when their regular doctors are not there; having their "own" regular doctor they manage to collect most of the medical work for the days on which she is there. Many of the doctors spend time at home telephoning the hospital or outside agencies which they had not been able to contact on their working days. As one would expect, the extent to which they let their hospital work overflow into their home days has varied from one doctor to another.

Attendance at courses elsewhere has not been without its problems, both for the women and for the unit, particularly in the case of those who did relatively few sessions; sometimes it might mean that they were unable to attend a regular ward round or other meeting for several weeks. Most of the doctors would choose occasionally to leave out a training session in order not to lose continuity with a regular unit event; there has had to be give and take on both sides. No doubt occasionally outside colleagues have been irritated by phoning to speak to one of the doctors and finding that it was "not one of her days", but difficulty in contacting colleagues elsewhere is not peculiar to staff who work only part time. On Mondays, a busy day both for picking up the threads after the weekend and for new referrals, all members of the medical staff come for the whole day, and we have a doctors' meeting and tutorial.

General Issues

Some specialties obviously lend themselves more readily to part-time training than do others, but with give and take and

goodwill part-time training should be feasible in any specialty. The most difficult problem is likely to be that of night duty and there is likely to be some bias towards specialties in which out-of-hours work is not too burdensome; but doctors in normal full-time training no doubt also often make their choice of specialty with an eye to this. Recent changes in attitudes to the extensible duties of junior staff, and their imminent new contract and extra-duty payments, may help by making it easier for women to take jobs with out-of-hours duties since these should now be clearly defined (and the problem is not so much out-of-hours duties themselves but rather their unpredictability and the consequent uncertainty about the times at which one will get home). On the other side of the coin, the stricter definition of duty hours may well cause an even greater shortage of staff to do the work and thus greater readiness to accommodate part-time married women.

Willingness to alter one's routine to accommodate these women probably derives most often from self-interest; "prestigious" units or very competitive specialties have little difficulty in attracting a wide choice of staff, and so may be less likely to put themselves out to offer training for part-time doctors; units which find difficulty in attracting able staff, or any staff at all, are likely to be more flexible.

It has puzzled us that we have never had a large response to our advertisements, even though we made it clear in them that the unit is readily accessible from most parts of London and emphasised the training opportunities. Latterly applicants have been even fewer. This may be because more such posts are now available, including some in teaching hospitals; and "psychogeriatrics" in a mental hospital hardly has a glamorous image. In the course of studies of the work satisfaction of our staff, Clarke found that several of the part-time doctors said they had originally been daunted by the "image" of psychogeriatrics.¹¹ Another practical difficulty may be that it is not easy for an intending candidate to identify those posts which might be suitable for her, still less those full-time posts where she might be able to persuade the hospital to employ her on a part-time basis or on a shared basis with another woman. Often a candidate might be less interested in any particular specialty than in the right sort of job. It would be a sensible step if advertisement columns were to include a section which brings together the posts in different specialties which offer part-time training or where a part-time candidate might be acceptable for a full-time post.

There are other difficulties. The Government scheme⁷ provides for periodic review and regrading on the training ladder of the women in relation to their growing experience and qualifications. There is some evidence, however, that health authorities sometimes apply a more exacting standard to married women trainees than to their full-time colleagues. The only fair basis on which a woman's grading should be determined is by the sort of job that she would be likely to get if she were applying in open competition with other people. If a woman were likely, were she offering herself for normal full-time employment, to obtain a registrar or senior registrar job, then surely that is the touchstone which should be applied—rather than some theoretical view of what ought to be the qualifications of a doctor for that particular grade. As explained, our own part-time doctors have been clinical assistants, since we had difficulty in persuading women to accept the relatively low pay (as calculated on a sessional basis) of a senior house officer or registrar. I am not impressed with arguments that, being trainees, they

must expect to be paid less than a normal working wage; these days such arguments cut no ice. Moreover, the hospital service needs the women at least as much as they need it, and their pay should not be less than that for other sessional work—for example, in general practice or public health clinics. The Oxford region⁹ pays women as clinical assistants but grades them on the training ladder and this seems the fairest arrangement for sessional work.

The devolution of funds by central government to the health authorities may make it more difficult now for personal senior registrar posts to be created (such posts were previously centrally funded), since any money would now be out of the existing local pool; central funding made it possible for such new posts to be created without detriment to existing local priorities. Full central data on the number of posts under the scheme are available only for registrars and senior registrars. In 1972, 1973, and 1974 63, 72, and 36 new registrar posts were created respectively: the corresponding figures for senior registrars were 30, 33, and 45.¹⁰ The sharp fall in the new registrar posts is surprising but may be due to a "pump priming" effect in the earlier years of the scheme, and the increase in senior registrars may reflect the movement of this earlier cohort. Fuller data would make it possible to interpret the working of the scheme more adequately, and it would greatly help if data on posts for senior house officers and clinical assistants were also available. Similarly, it would be most useful to be able to link the records of individual women so that their movements through the scheme could be monitored. Certainly in some regions the scheme is in active operation,¹¹ and, indeed, the Oxford region's scheme⁹ preceded and no doubt stimulated the 1969 recommendations.

Above all other considerations is the fact that with sex discrimination legislation there will inevitably be a growing proportion of women entering medical schools; already a third of entrants are women and in at least one school women are 40% of new entrants. It follows that all training programmes (and other conditions of service, including the provision of hospital crèches) should consider the needs of women, who are likely to marry and have children. The health service has problems enough of lack of resources without adding to them by wasting this important and expensively trained group of skilled staff; and it has problems enough of morale without dispiriting this so often gifted and enthusiastic group of doctors.

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