FIG 2—Three curricula model of any medical course

concerned with integrating the basic sciences and clinical teaching. By the mid-1980s, however, it was apparent that the course was still overloaded, and the teaching committee was also concerned that students were not developing their self learning potential properly. The committee examined the factual content of the first year of the course and succeeded in redefining the core of factual information to be included. The formal, timetabled element of the course was thus reduced by a quarter, and about half of the total teaching time in the week is now available for private study. Dr Jordan thinks that as well as defining core knowledge clearly schools have a duty to "make a clear statement about what students do not need to learn" as this helps to reduce student anxiety in courses with a large element of self directed learning.

During the most recent reorganisation of the Newcastle curriculum the teaching committee also introduced a new system of student assessment in the hope of shifting the emphasis from rote learning of facts to the development of learning skills and deeper understanding of underlying principles. More emphasis is now placed on "open book" in course assessments by means of essays, longer dissertations, and practical projects. These are supplemented by more traditional multiple choice question papers, data interpretation and objective structured practical examinations, short answer papers, and essays.

The first group of students to complete the new course is due to graduate in 1992, so formal evaluation of the success of the approach is still limited. So far, however, feedback from the students has been encouraging, although some members of staff are still worried that there has been "change for change's sake." Dr Jordan emphasises that it is often impossible to prove that a particular way of teaching is "better" than any other but that it "feels more sensible to teach this way."

The developments at St Bartholomew's and Newcastle prove that if a few key members of staff are willing to make a stand the required factual content of the undergraduate medical course can be defined and reduced. This is encouraging, given the caution expressed by some respondents to the King's Fund inquiry.² Nevertheless, it may still be more effective to set up a national advisory panel to define the core required of all students, as suggested in the King's Fund report, than to leave the brave to introduce change and the cautious to do nothing.

The three curricula model

It is not enough merely to define the teaching content of a course. What teachers teach and what students learn may not be the same. Dr Colin Coles, from Southampton, suggests that the education process can be illustrated by a three curricula model (fig 2). One curriculum is that which the faculty intends should be taught (the "planned" curriculum); another consists of what the teachers do, in fact, teach (the "taught" curriculum); and the third is what the students actually learn (the "learnt" curriculum). The degree of overlap among these curricula will vary, and any attempt to change a course needs to take account of all three aspects. Concentrating solely on what you plan to teach may have little impact on what students learn.

Many strategies have been adopted to try to implement desired change. Next week, I shall examine some of these and discuss their value in reforming medical curricula.

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2 Towle A. *Critical thinking: the future of undergraduate medical education.* London: King's Fund Centre, 1991.

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How To Do It

Making an application for part time senior registrar training

J E Morrell, A J Roberts

Part time training is a valuable career option for men and women, but it is taken up most frequently by women with young children. Two large surveys of doctors showed widespread support for part time posts,^{1,2} even though Warren and Wakefield found almost half their respondents believed part time training to be difficult either to organise or to undertake.² A report by Isobel Allen, commissioned by the government in 1988, highlighted the second class image of part time workers.³ This problem also emerged in work with doctors conducted by Proctor,⁴ Roberts,⁴ and Gath,⁵ though they found the women they studied to be well qualified, motivated, and aiming for consultant posts.

The structure for setting up a part time training has operated in various forms for more than 20 years,⁶ although the first part time general surgical trainee has only just been appointed. The regulations are now known as PM(79), a reference to the original memorandum in 1979 from the then Department of Health and Social Security to regional health authorities and other relevant bodies. This summarises arrangements for the establishment of training posts for doctors and hospital dentists able to work only part time for reasons of domestic commitments, disability,

or ill health. It requests health authorities to give every encouragement to such doctors and dentists to remain in the NHS. Here we will deal only with senior registrar training. A new simplified scheme for part time registrars has recently come into operation.

How the scheme works

Part time training opportunities are available in all specialties and there should be manpower control to ensure that it is neither easier nor harder to obtain a part time post than it is to train full time. There is competition between candidates and the same criteria are applied to part time and full time applicants.

The Department of Health advertises the scheme every year and receives quotas from the Central Manpower Committee on the number of posts to be allowed in each specialty. The numbers are collated quarterly; at present there are only 380 part time trainees in England and Wales.

The application procedure involves three steps: manpower approval, educational approval, and funding.

There appears to be widespread ignorance about the scheme and a lack of preparedness for dealing with candidates that can cause great frustration. Below is set

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Obtaining a part time training post is a long and often frustrating struggle

out a detailed point by point description of the steps an applicant needs to take, followed by some tips gleaned from our and others' experiences.

Making an application

Firstly, ensure you are at the right stage to consider higher training: have you the relevant professional qualifications and experience, or are you already in a substantive senior registrar post? Next decide on a centre for training in the region where you live, usually the local teaching hospital.

Make key contacts to obtain support and information:

- Dean of postgraduate medicine in the region
- Designated person at the royal college responsible for part time training in your specialty to discuss educational approval (obtain the name of the college specialty adviser while talking to college)
- College specialty adviser in your region to plan an outline for your proposed training programme
- Designated person in the medical staffing division of the regional health authority to discuss the possibility of funding
- Previous successful PM(79)3 applicants in your region in your own or another specialty for general tips (names may be available from the postgraduate dean).

Decide on the number of sessions you want to work. The minimum is five and the maximum nine. If you are uncertain it is best to consider starting at a higher level as sessions may be dropped, but it is hard to increase them.

Manpower approval

Look out for the Department of Health advertisement in the *BMJ* in August or September. If you are already a full time senior registrar then application for manpower approval can be made at any time and should be automatic. Send off to the Department of Health for an application form, complete the form, and prepare your curriculum vitae.

Next arrange to meet the regional postgraduate dean, who will consider your eligibility for higher training and give written endorsement of your application. If the dean does not feel able to support you then he or she will advise you why and you should consider reapplying the following year. The dean should also give some idea about the likelihood of obtaining funds.

Return your form to the Department of Health by the specified deadline.

If you are shortlisted then you will be invited to attend nationally organised interviews in the new year. Interviews will probably be held in an area outside your own region. Any travel expenses will be reimbursed by your own regional health authority.

If you are successful at interview the Department of Health grants manpower approval and you will be notified by post. Manpower approval is valid for nine months. Your region will also be informed but will take no action.

Educational approval

Inform your college regional adviser of manpower approval and arrange a meeting to complete the detailed proposal for your training rotation.

Ensure the clinical tutor submits the detailed proposal to the relevant higher training committee of your royal college for educational approval. These committees meet infrequently so the timing may be crucial to avoid unnecessary delay.

Funding

Meanwhile return to the regional health authority, which will have been informed automatically of your manpower approval by the Department of Health. Contact the regional specialist in community medicine responsible for medical staffing to request funding. Funds do not come from the Department of Health—as is the popular misconception—but from the region itself. The regions differ widely in their willingness to fund part time posts. Following the NHS reorganisation there may be a trend towards districts or hospital trusts providing funds, so approach these if your region is unhelpful.

If funding is not agreed then contact the Department of Health to inform them of your difficulties and to request an extension of manpower approval. Then write to, and try to gain support from, anyone who is interested. This could include the postgraduate dean, the college regional adviser, the regional chairman, your royal college, and even the secretary of state for health.

Once funding has been established and educational approval obtained then you will need to attend a local interview to assess your suitability for your own self made post. This is arranged by the region.

You may then need a holiday before taking up your post.

Important points

- Remember it is all down to you. No one else takes responsibility for the overall organisation or coordination of the process
- Be careful not to miss the deadline for application. The advertisement in the *BMJ* appears only once a year and missing it will mean a long delay
- The procedure is not uniform. Regions differ in their approach, so find out how it works in your region
- Attendance at the national interview may require an overnight stay some distance from home (possibly difficult if you have young children). Some regions may consider rescheduling the interview time if requested for personal reasons
- Keep a copy of all correspondence about the application and maintain close contact with your college regional adviser for support and advice
- Remember it is a long haul and there is no assurance of funding even if manpower approval is granted. Therefore do not pin your hopes on this or rule out other possible jobs. Look for alternative employment such as job shares, locums, or clinical assistant posts

in the meantime in order to survive financially during the procedure

- Although experience in clinical assistant posts will not be recognised by colleges as accredited training, the duration of any part time senior registrar training need not be strictly prorated and allowance can be made for commitment to the specialty and use of non-sessional time for continued study
- Do not give up. Remember that you have gained a great deal of knowledge and experience in manpower issues and the workings of region: This is excellent first hand management training for your future consultant post.

With ever increasing numbers of women graduating from medical schools, we hope that facilities for part time training will soon be incorporated into all training rotations and that there will be a greater recognition of the validity of part time training and support for the national scheme fostered by the higher training

committees and royal colleges. To quote Virginia Bottomley in her letter to regional chairmen, "Candidates for part time senior registrar training are of high quality. They have well founded individual reasons for wishing to use the part time option in training for consultant posts and are a major resource and asset and a long term investment for the NHS which cannot be wasted."

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Job share a consultant post

Graham Thornicroft, Geraldine Strathdee

Job sharing offers advantages to both employer and employee but it is still uncommon in medicine. Based on the experiences of two psychiatrists sharing a consultant post this article describes some of the problems in obtaining a job share. The most difficult part can be getting an interview, and once a post has been obtained the terms and conditions of service may have to be modified to suit job sharing. Getting on well with your job sharing partner and good communication will not only help overcome the obstacles but ensure that the sharing is successful.

Job sharing in medicine is still a rarity, although the NHS is now beginning to make it easier. We successfully applied together for a single consultant post in community psychiatry and we describe here our experiences of how job sharing a consultant post can be made to work. Our reasons for job sharing were different: one of us has interests in community clinical service development and wanted to retain formal training links with the London School of Economics and the Open University and the other wanted to combine clinical work with research interests in mental health service evaluation and psychiatric epidemiology.

Defining job sharing

Job sharing is an arrangement "whereby two people voluntarily share the responsibility of one full-time position. The salary and benefits are shared between them according to the time they work, and each holds a permanent part-time post."¹ It differs from part time work, which is not shared; joint appointments, in which more than one post is shared; and job splitting, where an existing full time post is split specifically to make work available to more people.

During the past 15 years job sharing arrangements have become much more common. Within the NHS 92 health authorities and boards throughout England, Scotland, and Northern Ireland employ job sharers. Hospital medical posts are shared at every level of seniority, including the consultant grade, in the following specialties: psychiatry, obstetrics and gynaecology, anaesthetics, radiology, and paediatrics. Many general

Advantages of job sharing to employers

- Job sharers' previous work experience is often complementary, and they bring to a single post a wider range of skills and experience than could an individual¹
- Job sharers are able to sustain a higher level of commitment and productivity in the longer term than can one employee, and in some cases staff turnover is reduced¹
- The arrangement increases flexibility: post holders can often cover for each other during leave without having to rely on cover provided by other colleagues, as is usually the case with full time post holders¹
- In practice the job sharers often work far more than their allotted sessions and together contribute considerably more than one person in post²

practitioners job share, and the BMA runs a partnership scheme to match sharers.

Job sharing arrangements are also operating successfully for nurses, occupational therapists, pharmacists, medical social workers, and psychologists in the NHS.² Indeed the post of chief executive of the Lambeth, Southwark, and Lewisham Family Health Services Authority is held on a job sharing basis. Other public services are now well ahead of the NHS: in local government there are over 2000 job sharing employees, and more than a third of local authorities have such arrangements.

Effect on employers

Although employing authorities are often initially cautious, job sharing offers considerable general advantages to them: there is reduced staff turnover and absenteeism, increased staff flexibility, increased productivity, greater continuity, and enhanced availability of skills. Organisations as diverse as the Stock Exchange and the Equal Opportunities Commission have conducted studies of job sharing. Their findings agree (box).

The three main concerns often voiced by employers about job sharing arrangements are poor communication, greater overhead costs, and clinical responsibility.

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