Flexible training under the new deal

Must be supported to retain women in medicine

Increasing numbers of women are qualifying in medicine—50% of house officers and more than half of medical school entrants are female.[1 2] Most of these doctors will marry and have children, and up to 70% would like to work part time at some stage of their careers.[3–5]

Opportunities for part time training have improved vastly since the first scheme was launched in 1969, and the changing regulations have allowed the number of flexible trainees to increase to 1200 in 2001, which represents 7% of all specialist registrars.[1 6 7]

Part time training is not restricted to women with children—anyone with well founded reasons can apply—but they form by far the largest group.[7] Forty three per cent of women doctors marry doctors.[3] Even more than in other families where both partners have careers, doctors face particular problems of shift work, on-call commitments, and geographical mobility.

If part time work were unavailable, the alternative for many of these women doctors would be to leave the NHS either for some time or forever.[3] At a time when the government is looking for an additional 7500 doctors, the NHS cannot afford such losses.[8]

Flexible training is, however, under threat. The new pay deal—which was intended to bring improved working hours and conditions to junior doctors, with (at last) fairer remuneration for long hours of work—has had the opposite effect on flexible training.[9] Since the new pay deal was implemented on 1 December 2000, trusts in all regions have become unwilling to take flexible trainees. Flexible trainees have experienced refusal to accept them (even on a planned rotation), non-renewal of their contracts, and refusal to allow conversion from full time to flexible training.

The reason, of course, is money. Under the new arrangements, trainees working less than 40 hours a week in posts compliant with the new deal are remunerated in band F; for most, this represented a considerable pay rise, which was implemented overnight instead of being staggered, as it was in other bands.[10] Moreover, a substantial number of flexible trainees are paid above band F, either because they work more than 40 hours a week or because they are working in posts that do not comply with the new deal. In obstetrics and gynaecology most flexible trainees are in "illegal" posts, with inadequate hours of rest while doing on-call duty. Non-compliant posts are automatically banded at level 3—regardless of the actual hours worked—and incur a fixed level of remuneration designed to penalise the employing trusts. It is no wonder that trusts refuse to take flexible trainees.

The requirements of the new deal have now driven junior doctors into patterns of shift work that are completely replacing the traditional rota system in specialties of high intensity such as emergency medicine and obstetrics. These are unpopular with trainees because of the lack of continuity of care and impact on family life, and shifts are particularly difficult for flexible trainees who need to make childcare arrangements around early starts, late finishes, and varying weekly hours.[11] Where facilities for hospital nurseries exist, their opening hours may not cover shift work. Live-in help may be needed to cover a week of nights.

How can this situation be improved? Firstly, flexible training posts must be made compliant with the new deal as soon as possible. Deaneries are now insisting that all new posts are in band F. Deaneries can work with trusts—for example, the appointment of full timers can be linked to acceptance of part timers. After all, any specialist registrar has the right to request flexible training at any stage.[7] But even when the nirvana of compliance with the new deal has been achieved for all, flexible trainees will still cost trusts more per hour than full timers.

Secondly, this crisis presents an opportunity to reconsider out of hours training. This has always been driven by the need to cover the services offered by the NHS for 24 hours a day, 365 days a year. Exposure to emergency medicine out of hours is undoubtedly valuable, but perhaps the colleges could consider how much is needed to acquire competence.

Thirdly, the NHS must make good its pledge to promote family friendly policies. The audit standards set out in *Improving Working Lives* require trusts to show evidence of support for flexible training.[12] Encouragement to trusts from the Department of Health has recently been made more persuasive with financial backing. The Department of Health has identified an additional £7m (€11m; $10m) to enable deaneries to make a greater contribution to flexible training salaries from August 2002, and a further £7m will be available in 2003-4. This will, however, not be sufficient to support all flexible posts, and innovative methods of funding must be explored. Alternatively, the scope for renegotiating the new pay deal in relation to flexible training must be considered. It cannot have been the intention of the original negotiations to cause the current crisis, which has threatened the careers of many flexible trainees.

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Discrimination in medicine

The BMJ careers *discrimination matching scheme could help*

As the current political situation in France shows, discrimination is rife. So why should the situation in medicine be any different? The 50 rapid responses to our recent editorial on racism in medicine are proof that discrimination in medicine is alive and well.[1] This is hardly surprising in a culture where a consultant surgeon thinks there is nothing wrong in saying to a junior: "You are not operating on bloody Nigerians here. You are operating on normal human beings."[2]

But discrimination has many forms, not just racial. At a time where more than 60% of students applying to British medical schools are female, only 6% of consultant surgeons are women.[3 4] In addition, over 90% of women want to work part time, but despite recent efforts to make flexible training more accessible there is still nowhere near the number of places necessary.[5 6] Two women who successfully completed their preregistration house officer jobs by working flexibly said: "The NHS will benefit from having two more doctors, whereas it might have had neither of us."[7]

Homophobia in medicine is also a problem. Again, a consultant apparently sees nothing wrong with telling two of his medical students that he got a nurse taken off his team because he thought the nurse was gay.[8] Only half of clinical students think that homosexual activity could form part of an acceptable lifestyle.[9]

Then, of course, there is disability, or physical or mental illness. Although doctors are aware they should know better, they still discriminate against their ill colleagues, those with mental illness in particular.[10 11] The BMA has recently launched a campaign for allowing disabled students access to medical school.[12] It is exactly a year since we launched the matching scheme for doctors who have a chronic illness, and I have been very moved by letters and emails from doctors all around who have had their lives made even harder by inconsiderate colleagues.[13]

One of the added miseries of being discriminated against is the feeling of isolation it brings. Many doctors feel they are alone in battling against the world, fearing that speaking out could harm their careers. This is where the *BMJ Careers* discrimination matching scheme, (bmjcareers.com/discrimination) launched today, could help (see special issue of Career focus in this week's *BMJ Careers*).

The scheme works in exactly the same way as the chronic illness matching scheme (see box), and it aims to match doctors who feel they are being discriminated against in some way by their specific requirements.

How to use the *BMJ*'s matching scheme

- Go to www.bmjcareers.com/discrimination
- Choose which option applies to you (race; gender; sexual orientation; illness; disability)
- Each option has been divided into specific categories (for example, specific ethnic group) that you can select when you click on the main option
- You can also choose to be matched by gender, specialty, grade, or country, but obviously the more specific you are the less chance you have of being matched quickly
- Submit your electronic form and wait
- When a suitable match for you applies, you will be sent their email address automatically. The rest is up to you

When a suitable match applies, both doctors are sent each other's email addresses so they can contact each other for informal advice and support.

I am aware that we have left out some forms of discrimination, such as religion and age, and the scheme will not stamp out all the evils of discrimination in medicine so prevalent today. Hopefully, though, it will help doctors who are discriminated against to know that they do not have to suffer in silence. So if this is you, please join up or contact some of the organisations in the links. We are here to help you.

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