Evaluation of flexible (part-time) training in anaesthesia

P. M. SCRIVEN

Summary
One hundred and six former or current flexible trainees in anaesthesia responded to a questionnaire evaluating their part-time training (a response rate of 71%). They were compared with a group of 32 flexible trainees in obstetrics and gynaecology. Anaesthetists were more satisfied than obstetricians and gynaecologists with their training (96% compared with 84%); opportunities to publish (75% and 63%); research training (63% and 48%); and monitoring of their progress (78% and 67%). Without flexible training, 20% of the anaesthetists would have ceased to train, compared with 9% of the obstetrics and gynaecology group. Nearly all those who had finished their training were working as consultants (54% of the whole group); 4% had either retired, become a clinical assistant or a locum consultant. The remainder (42%) were senior registrars. (Br. J. Anaesth. 1998; 81: 268–270)

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It is important to retain as many doctors as possible within medicine. Each doctor is expensive to train (approximately £180,000 over 5 yr). If a doctor is unable to continue in medical practice, there is a waste of investment, and also of the skills and potential of the doctor involved. For women pursuing careers in medicine, the biggest problem is the conflict between family and career.1–3 Long, demanding hours at work may lead to postgraduate trainees giving up a medical career. Flexible (part-time) training may retain some of these doctors, as most flexible trainees are women with small children. Other reasons for both men and women choosing flexible training include disability, ill-health, or caring for a dependent relative.

Criticisms of flexible training include doubts about the quality of training, and therefore of the quality of the doctors produced.4 Part-time senior registrars in obstetrics and gynaecology evaluated the quality of their training and 81% of the doctors concerned thought their training was as good, or better, than full-time training.5 In the South West region of England, 18 of the 26 senior registrars who had trained flexibly were appointed to consultant posts.6 Flexible training must have produced doctors capable of being appointed to the consultant grade.

As medical schools in the United Kingdom are admitting more women than men, the number of flexible trainees can be expected to increase. This study was designed to evaluate higher professional training in anaesthesia from the perspective of the flexible trainee, and compare this with the findings of Fiander's group in obstetrics and gynaecology.7

Methods and results
Fiander's questionnaire was modified so that it was appropriate for anaesthesia. It includes sections on personal details, reasons for choosing flexible training and attitudes related to part-time training. Respondents were asked to comment on deficiencies and difficulties encountered and the quality of training received. Outcome was assessed by asking about current post or career aspirations. Open and closed sections were used and opportunities provided for respondents to supply further details. The potentially misunderstood statement "I do not regret training part-time" was replaced by "I regret training part-time." Quantitative data were analysed by frequency analysis and qualitative data by categorizing the content analysis, categorization and summary. Twenty attitudinal statements were analysed by frequency analysis.

To preserve confidentiality, the Royal College of Anaesthetists agreed to distribute the questionnaire to all current and previous flexible higher specialist trainees. Of 151 questionnaires, 106 were returned complete: a 71% response rate. In addition, one questionnaire was returned unanswered as the doctor had retired and felt the information would be irrelevant. Demand for flexible training has increased, with 43 (40%) of the anaesthetists questioned starting flexible training from 1991 to 1996, and the remaining starting from 1969 to 1990.

GROUP CHARACTERISTICS
Nearly all of the doctors were married, 99 of 106 (93%), and just over half, 56 (54%) were married to other doctors. The size of the family depended on parental age, so many of those who had started flexible training recently were younger and had one very young child. Overall, 62 (59%) had two children, and only two had more than four children.

PATRICIA SCRIVEN, MB, CHB, FFARCS, Postgraduate Dean's Office, Medical School, The University of Birmingham, Edgbaston, Birmingham B15 2TT. Accepted for publication: March 16, 1998. Correspondence to P. S.
BACKGROUND TO PART-TIME TRAINING

More of the doctors, 66 (63%), had taken a career break, usually because of having children. Family commitments were given as the reason why 101 (96%) wanted to train flexibly. Other reasons were partner’s career; improved hours; disability and ill-health; and geographical restrictions.

Fifty-two (49%) had encountered delays before starting part-time senior registrar posts. These were mainly because of maternity leave, funding or educational approval. This was a particular problem in Scotland where one doctor had had to wait three years.

PART-TIME POSTS

The majority, 80 (74%), worked between five and seven sessions per week, with 20 (19%) working eight sessions. Only three worked less than five sessions, and three worked nine sessions. Up to 16 additional duty hours per week were worked by 71 (67%) of flexible trainees. At the time of the survey 57 (54%) were working either full-time or part-time as consultants; and 45 (42%) were working as senior registrars, with 4% either retired or working as a clinical assistant or locum assistant.

QUALITY OF TRAINING

One hundred flexible trainees (96%) were satisfied with their training and of these, 39 (37%) were very satisfied. Ninety trainees (86%) in anaesthesia usually had protected teaching sessions (that is, not changed to cover service requirements); 83 (80%) considered they had adequate training in teaching; and 51 (48%) adequate management training responsibilities. Seventy-eight trainees (75%) had opportunities to publish research, and 66 (63%) reported that they had adequate research training.

Progress was thought to be monitored adequately by 81 trainees (78%). Despite the generally positive reports on flexible training, 61 (58%) considered there were deficiencies in it.

IMPROVEMENTS TO PART-TIME TRAINING

Some respondents commented that the general quality of training had improved since they had been flexible trainees. Some trainees in anaesthesia wanted more supervision and guidance. A few trainees wanted better recognition of the hours worked, and recovery time after a night on-call.

ATTITUDES TO PART-TIME TRAINING

The responses to attitudinal statements, arranged in order of agreement/disagreement are shown in table 1. In addition, these statements were grouped into those dealing with issues of quality, prejudice or problems related to part-time training, and the scales were collapsed into agreement, unsure, and disagreement.

Quality of training: Ninety-three trainees (88%) thought that the quality of part-time training was as good as full-time training. The development of sub-speciality interests was thought to be as likely for part-timers as full-timers by 89 (84%) of those questioned. Eighty-four trainees (79%) considered that the end-product of part-time training was the same as that of full-time training. By contrast, the likelihood of a part-timer getting the job they wanted was less certain; 55 (52%) thought that they would.

Prejudice: 83 flexible trainees (79%) thought this was present. Discrimination was experienced by 48 (45%).
Problems: 104 (98%) of anaesthetists disagreed with the statement that part-time training is an easy option. Similarly, 96 (91%) disagreed with the statement that clinical competence suffered as a result of part-time training. Seventy-three (69%) disagreed that continuity of care was a big problem. A further 63 (59%) thought part-time training takes too long.

From analysing free text comments, prejudice and negative attitudes were reported as problematic for 22 (21%) and time conflicts/exhaustion for a further 20 (19%). Scheme administration, problems with arranging domestic support, and low pay were other difficulties. Stress was mentioned by 17 anaesthetists (15%). Geographical difficulties, such as transferring regions, were also mentioned.

ALTERNATIVES TO PART-TIME TRAINING
Twenty-one trainees (20%) would have given up medicine if they had been unable to train part-time; 40 (38%) would have stayed at a lower grade or worked as locums; and only six (5%) would have changed specialty. Forty (38%) would have worked full-time although two respondents predicted personal disasters would have happened as a result of that decision. Fifty-seven (54%) were working or intended to work full-time later in their careers. For those doctors who continue to work part-time, seven sessions (28 standard hours) was the preferred option for 44 (42%).

RECOMMENDING FLEXIBLE (PART-TIME) TRAINING
Part-time training would be recommended to a colleague by 101 anaesthetists (96%), and the remaining five would do so with reservations. The perceived disadvantages were reduced remuneration (and pension rights), discrimination and lack of status, and the prolonged training time.

Discussion
Part-time training has been available in anaesthesia for many years, and so the group studied was considerably larger than that in obstetrics and gynaecology. The poorer response rate from anaesthetists compared with obstetricians and gynaecologists may have been because of the single mailing, and the inability to follow-up non-respondents.

The number of doctors choosing flexible training has increased over the years, and the situation in anaesthesia follows this trend. The group characteristics and background to part-time training for anaesthetists were very similar to those in obstetrics and gynaecology.

On-call commitments for anaesthetists training flexibly were less onerous than that for obstetrics and gynaecology trainees, of whom 50% were on-call for more than 16 ADHs per week. There were many similarities between the two groups. The main difference was that the anaesthetists reported a consistently higher satisfaction with the quality of training: 100 (96%) compared with 24 (86%) obstetricians and gynaecologists. Continuity of care in anaesthesia was not perceived to be a difficulty whereas it was in obstetrics and gynaecology.

Flexible trainees were well motivated and satisfied with the content of their training, with the possible exception of management. Opportunities to publish research were good and trainees were encouraged to undertake it. Supervision was monitored adequately. Flexible trainees choose part-time in preference to full-time training. Thus surveys of flexible trainees usually report good satisfaction ratings. Despite the generally positive attitude to quality, deficiencies in training were noted by over half of the doctors in anaesthesia and obstetrics and gynaecology. However, prejudice towards flexible trainees appears to persist with significant numbers in both groups of trainees reporting possible discrimination.

Flexible training in anaesthesia is effective at retaining doctors: otherwise 20% of trainees would have given up, and 38% would have remained at a lower grade, thus wasting the skills and potential of over 50% of the respondents. Nearly all the anaesthetists leaving flexible training achieved career grade posts as consultants suggesting that they were of satisfactory quality.

Appendix
ADDITIONAL INFORMATION
HM(69)6 Established supernumerary posts at any level for part-time doctors. Ad hoc arrangements. Regions varied in uptake.
PM(79)3 Official part-time training for doctors. Senior Registrars only. National scheme.
EL(94)86 Flexible training.

References