

# Part-time working: full-time professionalism

Jean R McEwan

Professor Ian Gilmore, president of the Royal College of Physicians (RCP), opened this conference explaining how it would address several areas of interest to the RCP and the Intercollegiate Improving Working Lives Committee simultaneously, encompassing issues relating to women in medicine, medical professionalism and medical leadership. He explained how the RCP saw the necessity of engaging those who wished, or required, a more flexible working pattern, but retaining all of the qualities of the modern doctor in the modern NHS.

## Changing demographics

Dr Andrew Goddard set the scene with new data derived from the consultant census, indicating that in 2008, the majority of consultant physician appointments were of women.<sup>1</sup> Thirty per cent of female consultants currently work less than full time at any one time but a larger proportion will work part time for part of their career. This clear illustration of the changing demographics of the medical workforce must be taken into account not only by the NHS employers, but also by the profession and women themselves as the creation of a balanced workforce and a representative leadership will require participation by all.

## Flexible training

Professor Sarah Thomas summarised the progress that had been made in increasing accessibility to flexible training. There has been particular progress since 2005 and flexible trainees now make up 6% of all trainees with 97% of those flexible trainees being female. The main reason for requiring flexible training remains childcare. Thomas drew attention to the need for more information to be available to trainees about the various options, including slot sharing and, where funding allows, supernumerary appointments. A major focus of the Flexible Forum over the next 12 months will be to improve the information on deanery websites about the opportunities available.

## Making part-time work

The 2008 report from the Medical Women's Federation was summarised by Dr Helen Goodyear.<sup>2</sup> The Making Part-time Work project surveyed 86 doctors, who were working flexibly, in order

to identify indicated key areas considered as important by those working part time or flexibly. Goodyear explained how there is a need for a positive attitude and part-time working should be considered mainstream. It is particularly noticeable that a large number of those working less than full time have reduced only a couple of sessions and will not infrequently work 80% of the contracted hours of a full-time doctor. In addition, they will often be working for extra unpaid hours, particularly if involved in quality issues, governance and audit. Despite their undoubted commitment, many doctors working part time felt that they were not consulted or considered in the way that full-time colleagues were and life could be made particularly difficult when group or divisional meetings were consistently timetabled outside of normal working hours, making participation difficult.

It was also felt that there was scope for innovative job design including annualised job planning. Goodyear drew attention to the importance of induction and re-induction after career breaks and to the fact that RCP guidance on part-time working, particularly in relationship to supporting programmed activities, would be most welcomed.

## Portfolio careers

Dr Jean McEwan's talk took a fresh look on part-time work, drawing attention to the need to consider a lifelong career pathway with periods of flexible or part-time working as part of a portfolio of experience. She drew attention to the importance of networking and mentoring and encouraged part-time doctors to become both mentors and mentees. There is a need to participate in active professional and career development and to volunteer for the 'extras' that are so essential in building contacts and experience that can ultimately lead to leadership roles.

## Women in medicine

Research undertaken by Dr Mary-Ann Elston from the Royal Holloway looked carefully at entry into medical school and the career choices made by women. Comparison with international perspectives in medicine and also other UK professional groupings will help predict the important issues relating to the changing demographics. It is clear that women are becoming consultants and partners in general practice. Establishing the final career level of general practitioners (GPs) is still quite difficult as the organisation of the discipline is evolving with many more salaried GPs being employed. There are also concerns about the evolution in hospital medicine, with the possibility of a two-tiered system of trained doctors and the development of a sub-consultant grade that may be seen as a useful niche for women. There continue to be considerable gaps in the

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**Jean R McEwan**, improving working lives officer, Royal College of Physicians

This conference took place at the Royal College of Physicians (RCP) on 21 April 2009 and was organised by the RCP

information that is available and there are no large cohort studies, yet this information will be required for workforce planning and for economic considerations.

The data from the study suggest that women currently are tending to choose areas of specialisation that are more people orientated and less technical. However, changes in working patterns (partly driven by the European Working Time Directive) and new innovations in, for example, imaging are

leading to more predictable working hours and altering the attraction of these specialties to those with family responsibilities. There is a clear need for career guidance for all doctors, both early and also later in their careers. As well as reconciling less-than-full-time work with service requirements, a representative and balanced leadership for the profession also needs to be developed.<sup>3</sup>

## Conference programme

### Welcome and opening remarks

Professor Ian Gilmore, president, Royal College of Physicians

### Introduction

Dr Andrew Goddard, director, Medical Workforce Unit, Royal College of Physicians

### Flexible training comes of age

Professor Sarah Thomas, postgraduate dean, Yorkshire and the Humber Deanery  
Dr Melanie Jones, associate dean and flexible training advisor, Wales Deanery

### Making part time work

Dr Helen Goodyear, president, Medical Women's Federation

**Chair:** Dr Mike Cheshire, clinical vice president, Royal College of Physicians

### The portfolio career

Dr Jean McEwan, improving working lives officer, Royal College of Physicians

### Women in medicine

Professor Jane Dacre, vice dean and director of education, UCL Medical School

### Session 1 – Arranging and managing your flexible training

### Session 2 – How to reduce your work hours but develop your career

**Chair:** Professor Geraint Rees, Institute of Cognitive Neuroscience, University College London;  
Professor Neena Modi, Imperial College London and vice president, Science and Research, Royal College of Paediatrics and Child Health

### Academic medicine: flexible or fixed?

Dr Anita Holdcroft, formerly reader at Imperial College

### What is professionalism?

Dr Susan Shepherd, senior policy officer, Royal College of Physicians

### The medical leadership framework

Winnie Wade, director of education, Royal College of Physicians

### Summary

Dr Jean McEwan

## Clinical academia

Academics may be seen as the ultimate in flexible workers with a need to balance service, research and teaching. Dr Anita Holdcroft outlined how the difficult pressures on clinical academics are amplified in the training years, and many of the issues and concerns are important to men as well as women. The paucity of women who reach the highest level of clinical academia is indicated by only 10% of professors of medicine being female. This career is highly competitive throughout its course, yet many women who start off in the academic track still leave. More information on the career trajectory of high flying training fellows and reasons for a change in their pathway would be helpful. The 2007 women in academic medicine report indentified that imparting information on the criteria and indications on which promotion is based is essential to keeping all academics focused, particularly when clinical service is required through complex arrangements and may distract from research and writing.<sup>4</sup> It also indentified a need to recognise the intermittent slowing of publication rates that comes with part-time working or career breaks. There is a particular issue of the lack of role models and for this reason active mentoring and support of women is required in universities.

## Professionalism

Dr Susan Shepherd gave the conference delegates food for thought and self-reflection and indicated the importance of sustaining our professional values. This is sometimes seen as difficult because of pressures of service and economic requirements, though the patient continues to be at the heart of all professional endeavours. It was interesting to recognise that medical management often evolves from academic leadership and drew attention to the potential for a continuing gender imbalance. Shepherd emphasised the need to participate in extra, unpaid activities in professional bodies, specialist societies and voluntary and charitable organisations in order to support the profession in its wider role. These activities have the advantage of allowing networking and leading to personal recognition and should be seen as an investment for the future.

## Medical leadership

Delivery of the service is at the centre of the medical leadership framework and this is increasingly recognised as part of being a good doctor. However, while leadership in medicine may involve management within the NHS, it clearly involves much more,

including governance and quality issues and ensuring the future of the profession through education and training. Winnie Wade introduced the opportunities for training and development in medical leadership. Where previously one tended to learn on the job and by example, there are now new opportunities for modular training and development through the RCP joint MSc in partnership with Birkbeck College and the London School of Hygiene and Tropical Medicine. It may be difficult for a doctor trying to balance work and life to consider personal development, but a longer term personal view is essential and the time investment in focused training may be even more beneficial to those whose balance also requires compartmentalisation.

## Workshop sessions

Separate sessions were arranged for trainees and those trained and working less than full time. The trainees identified a paucity of consistent and high-quality information on the opportunities for flexible training and this will be conveyed by conference delegates to respective deaneries. Helpful, committed personnel in the deanery are seen as key to smooth transition in and out of flexible training. An additional role for the royal colleges was seen as providing supplementary advice and encouragement and potentially acting as a source of mentors, particularly to those in small specialties, perhaps through advice networks. This will also be conveyed by conference delegates. Trainees were directed to their British Medical Association representatives for issues such as pay, banding and monitoring.

The trained doctors were particularly concerned about the conflicts of supporting programmed activity (PA) and clinical PAs. Many described financial constraints of trusts putting them under pressure to reduce supporting activities. Yet all doctors must contribute to training and teaching, governance, audit and management. Negotiation and planning ahead were seen as key to taking advantage of the benefits that exist in job planning. The participants indicated that they wished to see the royal

colleges issue guidance for part-time job planning that illustrated idealised ratios of supporting and clinical PAs. Again, there was an emphasis on the need to squeeze in a little extra investment of time in participating in the 'extras' in order to expand experience, but also on the need for self-recognition and confidence to apply for increased responsibility and promotion, even from a less-than-full-time perspective.

## Summary

This one-day conference brought together around 100 doctors from a wide range of specialties and at different stages of their careers to examine areas that are of increasing importance to the profession as a whole. Information gathered and imparted to institutions such as the postgraduate deaneries, royal colleges and specialist societies will add to the impetus for cultural and organisational changes so that the real potential of doctors working less than full time is not lost to the economy, NHS or patients.

## References

- 1 Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians in the UK, 2007: data and commentary*. London: Royal College of Physicians, 2008.
- 2 Medical Women's Federation. *Making part-time work. Full report*. London: Government Equalities Office, 2008.
- 3 Royal College of Physicians. *Women in medicine: the future*. London: RCP, 2009.
- 4 British Medical Association. *Women in academic medicine: developing equality in governance and management for career progression*. London: BMA, 2007.

**Address for correspondence: Dr J McEwan, Medical Workforce Unit, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 4LE.  
Email: J.McEwan@ucl.ac.uk**