

Outcomes of flexible training compared to full time training during the Specialist Registrar Grade in the UK

Selena F. Gray*, Helen M. Goodyear†, Melanie J.T. Jones‡

*Professor, University of the West of England, Bristol & Associate Postgraduate Dean, Severn and Wessex Deanery

†Associate Postgraduate Dean, West Midlands Deanery

‡Associate Postgraduate Dean, Wales Deanery

What is flexible training?

Flexible (part time) training for junior doctors in training was first introduced in the United Kingdom (UK) in 1969¹ and further developed in 1993.² In the UK, the Specialist Registrar (SpR) is the main training grade for consultants, with doctors usually training for 4 to 5 years in their chosen speciality. At the end of this period, they are awarded a Certificate of Completion of Training, which enables them to register as a specialist with the General Medical Council and to practice as a consultant in the National Health Service (NHS). Flexible trainees generally work 60% of the time of their equivalent full time colleagues with a pro-rata amount of on-call and out-of-hours work. There has been a substantial rise in the total number of SpRs undertaking training on a flexible (part time) basis in the UK. Up to 14% of all SpRs are now training in this way, although there is considerable variation by region and speciality.³

What is the outcome of flexible training?

One study suggests that over 60% of those who undertake flexible training go on to take up consultant posts,³ but there is little published data. We aim to examine outcomes of training in a cohort of flexible SpRs compared to SpRs undertaking training on a full time basis. A postal survey of all flexible SpRs and matched full time controls who left the training schemes in the South West, Wales and West Midlands Postgraduate Deaneries in the UK between April 1996 and March 2004 was conducted. Individuals were identified from the databases used by deaneries to manage training. For each flexible SpR, 2 controls were identified by selecting the next 2 full time trainees in the same speciality to leave the training scheme in the same deanery. A short questionnaire and cover letter was sent between June and October 2004 to all identified SpRs. A second mailing was sent to non-responders 6 weeks later. All responses were anonymous, and data were entered into an Access database.

Of 540 questionnaires sent out, 304 (56%) were returned, 113 (37%) from flexible and 191 (63%) full time SpRs. Trainees represented a wide variety of specialities including anaesthetics, paediatrics, general medicine and related specialities, psychiatry, surgical specialities, microbiology, radiology, histopathology, and others including public health and accident and emergency (A&E). As anticipated, due to matching, there were no obvious differences in the proportion of flexible and full time trainees by speciality or by year of leaving the scheme.

Outcomes of training were broadly similar with 92% (104/113) of flexible SpRs obtaining a Certificate of Completion of Training compared to 90% (172/191) of full time SpRs. Similarly, 81% (91/113) of flexible SpRs worked as consultants compared to 77% (147/191) of full time SpRs. However, flexible trainees were much more likely to take part time rather than full time consultant posts (see Table 1).

Table 1. Immediate destination of Specialist Registrars on leaving training scheme

Outcome	Flexible No (%)	Full time No (%)	Total No (%)
Full time consultant post (locum or permanent)	32 (28.3)	135 (70.7)	167 (54.9)
Part time consultant post (locum or permanent post)	59 (52.2)	12 (6.2)	71 (23.4)
Non consultant career grade post	1 (1.0)	3 (1.5)	4 (1.0)
Transferred training to another region	13 (11.5)	3 (1.5)	16 (5.0)
Other/not given	8 (7.0)	38 (19.9)	46 (15.1)
TOTAL	113 (100.0)	191 (100.0)	304 (100.0)

The duration of part time training for flexible SpRs was variable. Almost half worked part time for less than 3 years, a third for 4-6 years, and less than a fifth for over 7 years. Almost 40% envisaged that they might wish to continue to work part time for 15 years or more.

Individuals were asked what they would have done if flexible training had not existed. About 30% of flexible SpRs reported that they would have continued to work full time. Approximately 40% would have either taken a career break or moved into

a non-career grade post, while 8% would have considered leaving medicine for an alternative career. Three respondents specifically commented that they would not now be in consultant posts if flexible training had not been available.

Implications of findings

This study demonstrates that Specialist Registrars in the UK who undertake their training on a flexible basis are as likely as their full time equivalents to acquire a Certificate of Completion of Training and to take up a consultant post within the NHS. However, flexible trainees are much more likely to take up part time consultant posts. Without access to flexible training, a substantial proportion of SpRs would have looked for alternative options such as extended career breaks, non-training posts, or a complete change of career. These findings are consistent with studies of UK medical school graduates⁴ and have profound implications for the medical workforce.

This study has a number of limitations. First, it was done in only three postgraduate deaneries in the UK, and the response rate was only 56%. No data on gender was collected. Therefore, it is not possible to analyse the results of full and flexible training differentially by gender. In practice, virtually all the flexible trainees were female (personal communication, authors), but it is not possible to estimate the proportion of full time respondents who were female. This means it is difficult to generalise more widely from these findings.

The demography of UK medical schools has been changing with an increasing number of mature graduate and female entrants. Over 60% of medical students are now female.⁵ Work by Lambert et al shows that child bearing patterns of female doctors are delayed compared to the general population. However, two-thirds of women doctors have children by their mid-30s,⁶ a stage when most will still be in training posts. Given the current trends in medical school intake, adequate provision of flexible training opportunities is essential to ensure that the needs of both women doctors and the NHS' current and future workforce are met. There may be scope for other countries to consider the introduction of similar systems of part time medical training.

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Correspondence

Correspondence concerning this article should be directed to Professor Selena Gray, University of the West of England, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD or via email to selena.gray@uwe.ac.uk.