people being discharged to private residential and nursing homes and on their length of stay in hospital before discharge. The rate of discharge to these homes was not substantially affected by the implementation of the act; this suggests that disabled elderly people are not being given the option of receiving their care at home after their discharge from hospital. The differences in the length of stay in hospital for patients before and after the act came into force were well within the margins of variation expected by chance, with no evidence that discharge was being delayed.

More attempts were made to get patients admitted to private residential and nursing homes in the month before the act came into force than during the period of the study as a whole. The effect on total numbers was

small, but the rise in the number of attempts might account for the shorter lengths of stay in hospital for patients discharged in March 1993. Overall, in its first six months the act seems to have had little impact on the patients in the department that we studied. We do not yet know whether this act, which may bring about innovative methods of home support,⁴ will allow more people than in the past to be managed at home.

1 NHS and Community Care Act 1990. London: HMSO, 1990.

2 Welsh Affairs Committee. *Community care: the elderly*. Fourth report. London: HMSO, 1992.

3 Age Concern. *No time to lose*. London: Age Concern, 1993.

4 Challis D, Darton R, Johnson L, Stone M, Traske K. An evaluation of an alternative to long-stay hospital care for frail elderly patients. 1. The model of care. *Age Ageing* 1991;20:236-44.

(Accepted 3 March 1994)

Outcome of flexible training in East Anglian region

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BMJ 1994;309:29

Part time training for doctors, now known as flexible training, began in the late 1960s. This study aimed to find the outcome for part time trainees who had done all or part of their training in East Anglian Regional Health Authority.

Methods and results

In 1993 a questionnaire, with an explanatory letter, was sent to all doctors who had been part time trainees in two training schemes established by the former Department of Health and Social Security.^{2,3}

The total number of trainees during 1972-93 was 101; only one was a man. In all, 69 replies were received from the 84 traceable trainees (response rate 82%); 63 respondents held hospital posts and six worked in public health medicine or in community paediatrics.

The table compares the grade of posts held at the start of part time training with the grade of the first posts held after training and the grade of current posts held. Fifty five trainees obtained part time training posts within 12 months, of whom 30 did so within six months. After training, forty one respondents continued in part time posts, of whom 11 found difficulty in obtaining their next appointment. Fourteen proceeded to permanent full time posts, although four experienced difficulties. None of the 10 respondents who returned to full time training reported any problems. The remaining four respondents worked as locums, did not work, or did not give sufficient information.

Of the 37 respondents who eventually became

consultants or had jobs of equivalent status, 16 worked full time or the maximum number of hours part time; at the start of their training, four were senior house officers, 11 were registrars, and 22 were senior registrars. Thirty six (73%) of the 27 senior registrars and 22 registrars who entered the training scheme eventually held consultant or academic posts. The three respondents currently working as academics worked either as senior registrars (two) or as a registrar (one) at the start of their training. Fifty one respondents had gained postgraduate qualifications.

The specialties of our respondents were similar to those reported in other studies⁴; the most popular choices were anaesthesia, psychiatry, pathology, general practice, paediatrics, and medical specialties.

Comment

Many criticisms have been levelled at part time training. Our study showed that most trainees had little difficulty in obtaining part time training posts. Some trainees, however, had difficulty in obtaining their next post, after part time training, although those seeking full time posts had fewer problems. The main reasons for the difficulties in finding part time posts were that none was available locally, staff resisted having a permanent part time colleague, and delays occurred in a post being created. The trainees' lack of mobility and the uncertainty of their spouses' next career move imposed difficulties for the respondents, but the trainees were frustrated by the lack of efforts by health authorities to solve the problems of creating posts.

One of the arguments against flexible training is that it is too long and that trainees emerge too old. Most respondents, however, had finished their part time training by the age of 40, which is not appreciably different from the age at which some surgical and medical full time trainees end their training.

Our finding justifies the resources given to flexible training and the continuing efforts of trainers and trainees. The part time training schemes have been successful in the East Anglian region if judged by the high proportion of trainees who obtained training posts within 12 months, gained postgraduate qualifications, and are currently employed. What cannot be quantified is the cost of personal sacrifice and anguish on the part of the trainees and their families.

Posts held by 69 part time trainees in East Anglian region at start of training, after training, and at end of survey. Figures are numbers of trainees

Grade of post	Grade of post		
	At start of training	In first post after training	At end of survey
Consultant or equivalent	0	32	37
General practitioner	0	6	9
Associate specialist or equivalent	0	4	9
Senior registrar	27	2	3
Registrar	22	3	0
Senior house officer	13	5	0
Staff	0	1	0
Academic or researcher	0	3	3
Other	7	13	8

1 NHS Management Executive. Flexible training: report of the joint working party. London: HMSO, 1993. (Dd 8369079 7/93 C60 1679.)

2 Department of Health and Social Security. *Re-employment of women doctors*. London: DHSS, 1969. (NHS HM(69)6.)

3 Department of Health and Social Security. *Opportunities for part-time training in the NHS for doctors and dentists with domestic commitments, disability or ill-health*. London: DHSS, 1979. (PM(79)3.)

4 Jessop EG, O'Brien M, Parkhouse J. Part-time training: experience in the Northern Region. *Public Health* 1984;98:134-8.

(Accepted 16 March 1994)