- 7 Guidelines for doctors in the new world [editorial]. *Lancet* 1992;339:1197-8.
- 8 Madhok R, Ohnsorg F, Liberati A, Ballard DJ. Practice guidelines. In: Frymoyer JW, ed. *Orthopaedic knowledge update 4*. Illinois: American Academy of Orthopaedic Surgeons, 1993:35-44.
- 9 Department of Health. *Improving clinical effectiveness*. London: HMSO, 1993. (EL(93)115.)
- 10 Department of Health. *Improving the effectiveness of the NHS* London: HMSO, 1994. (EL(94)74.)
- 11 *Effective Health Care. Implementing clinical practice guidelines*. Leeds: Institute for Health, University of Leeds, 1994.
- 12 Clinical Resource and Audit Group. *Clinical guidelines: report of the working group*. Edinburgh: Scottish Office, 1993.
- 13 Grimshaw J, Russell I. Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations. *Lancet* 1993;342:1317-22.
- 14 Grimshaw J, Russell I. Achieving health gain through clinical guidelines. I. Developing scientifically valid guidelines. *Quality in Health Care* 1993;2:243-8.
- 15 Grimshaw JN, Russell IT. Achieving health gain through clinical guidelines. II. Ensuring that guidelines change medical practice. *Quality in Health Care* 1994;3:45-52.
- 16 Russell I, Grimshaw J. Effectiveness of referral guidelines: a review of the methods and findings of published evaluations. In: Roland M, Coulter A, ed. *Hospital referrals*. Oxford: Oxford University Press, 1992:179-211.
- 17 *The Chambers dictionary*. Edinburgh: Chambers Harrap, 1993.
- 18 Field MJ, Lohr KN, eds. *Guidelines for clinical practice: from development to use*. Washington, DC: National Academy Press, 1992.
- 19 McNichol M, Layton A, Morgan G. Team working: the key to implementing guidelines? *Quality in Health Care* 1993;2:215-6.
- 20 Thomas S. Standard setting in the Netherlands: impact of the human factor on guideline development. *Br J Gen Pract* 1994;44:242-3.
- 21 Field MJ, Lohr KN. *Clinical practice guidelines: directions for a new programme*. Washington, DC: National Academy Press, 1990.
- 22 Cluzeau F, Littlejohns P, Grimshaw JM. Appraising clinical guidelines: towards a "Which" guide for purchasers. *Quality in Health Care* 1994;3:121-2.
- 23 Brook RH, Chassin MR, Fink A, Solomon DH, Koseoff J, Park RE. A method for the detailed assessment of the appropriateness of medical technologies. *International Journal of Technology Assessment in Health Care* 1986;2:53-63.
- 24 Hicks N. Some observations on attempts to measure appropriateness of care. *BMJ* 1994;309:730-3.
- 25 Fink A, Koseoff J, Chassin M. Consensus methods: characteristics and guidelines for use. *Am J Public Health* 1984;74:979-83.
- 26 Delbecq AL, Van Der Ven AH, Gustafson DH. *Techniques for programme planning: a guide to nominal group and Delphi processes*. Illinois: Scott Foreman, 1975.
- 27 Linstone HA, Turoff M, eds. *The Delphi method: techniques and applications*. Reading, MA: Addison-Wesley, 1975.
- 28 Hadorn DC, McCormick K, Diokno A. An annotated algorithm approach to clinical guideline development. *JAMA* 1992;267:3311-4.
- 29 Madhok R, Thomson RG, Mordue A, Mendelow AD, Barker J. An audit of distribution and use of guidelines for the management of head injury. *Quality in Health Care* 1993;2:27-30.
- 30 Madhok R, Green S. Orthopaedic referral guidelines: experience in an English health district. *International Journal for Quality in Health Care* 1994;6:73-6.
- 31 Packer GJ, Goring CC, Gayner AD, Craxford AD. Audit of ankle injuries in an accident and emergency department. *BMJ* 1991;302:885-7.
- 32 Brownbridge G, Evans A, Fitter M, Platts M. An interactive computerised protocol for the management of hypertension: effects on general practitioners' clinical behaviour. *Journal of the Royal College of General Practitioners* 1986;36:198-202.
- 33 Lilford RJ, Kelly M, Baines A, Cameron S, Cave M, Guthrie K, et al. Effects of using protocols on medical care: randomised trial of three methods of taking an antenatal history. *BMJ* 1992;305:1181-4.
- 34 Maclaren RE, Ghoorahoo HI, Kirby NG. Skull x-ray after head injury: the recommendations of the Royal College of Surgeons Working Party Report in Practice. *Arch Emer Med* 1993;10:138-44.
- 35 Thomson RG, Cook G, Lelliott P, Baker I, Godwin R. *Audit and the purchaser-provider interaction*. London: Department of Health, 1993. (EL(93)34. Annex B.)
- 36 McKee M, Clarke A. Guidelines, enthusiasms, uncertainty, and the limits of purchasing. *BMJ* 1995;310:101-4.
- 37 Thomson RG. The purchaser role in provider quality: lessons from the United States. *Quality in Health Care* 1994;3:65-6.
- 38 Department of Health. *Clinical audit: meeting and improving standards in health care*. London: HMSO, 1993.
- 39 Shaw CD. Criterion based audit. *BMJ* 1990;300:649-51.
- 40 McKeown T. *Medicine: dream, mirage, or nemesis*. Oxford: Blackwell, 1979.

(Accepted 4 April 1995)

How To Do It

Make an application for flexible (part time) training

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This is an updated version of an article first published in the BMJ two and a half years ago.¹ It has been revised to incorporate changes in the system over the past two years, to include all training grades, and to include information on likely changes flowing from the new specialist registrar grade.

Part time training posts are advertised in the *BMJ* each year in August or September in an advertisement placed by the Department of Health. Although the advertisement is placed by the department and manpower approvals are allocated centrally, each region runs its own scheme, and the first person to approach is the regional postgraduate dean (most regions have an assistant dean responsible for flexible training). If an application is successful then part time trainees are interviewed by the same appointments committee as full time applicants and they are judged by the same criteria. Manpower approval is granted to applicants who reach the same standard as full time applicants, but there may be a waiting list if there are more suitable applicants than training places available. The next stage is to gain educational approval from the relevant higher training committee for the proposed training programme, followed by funding from the region.

Over the past 50 years there has been a radical change in the background of women doctors. They are no longer those few academically minded single women who gave up their potential roles as wives and mothers to compete on equal terms with men. Nowadays, women coming into medicine expect to combine

domestic responsibilities with a successful career. Alas, it is not always that straightforward.²⁻⁵

Nevertheless, it is now recognised that a valuable resource will be squandered if women, or those with a disability, are lost to the National Health Service. Recent research has shown that women rarely give up their careers in medicine but are more often consigned to less prestigious posts in Cinderella specialities. If the gross imbalance in male to female ratios at senior registrar and consultant levels is ever to be redressed it is vital to maintain women in the training grades throughout their childbearing years.

A scheme for part time training has operated in various forms for more than 20 years.⁶ The regulations were revised in 1993, and the new scheme now refers to flexible training. The new scheme acknowledges that, with on call duties, many so called part timers were still working hours unheard of in any other occupation. These new regulations summarise arrangements for the establishment of training posts for doctors and hospital dentists able to work only part time for well founded individual reasons, such as domestic commitments, disability, or ill health. They request health authorities to give every encouragement to such doctors and dentists to continue their training. Flexible training is available to all training grades. Nevertheless, there seems to be widespread ignorance about the scheme and a lack of preparedness for dealing with candidates that can cause great frustration.

As a result of the Calman report, we are poised on the brink of radical changes in specialist education that will affect both part time and full time trainees.⁷ Next year registrar and senior registrar posts will be combined to

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BMJ 1995;311:242-4

Applicants for flexible training should meet the same criteria as applicants for full time specialist training

form a new specialist registrar grade. Flexible training will continue up to and beyond the changes, although detailed arrangements are still being negotiated.

Potentially, the new system could be advantageous for flexible trainees. In future, advertisements will be placed for training programmes, not posts, and all successful applicants will be given a number. Prospective full and part time trainees will be considered alongside each other. This could greatly simplify the process of obtaining part time training and do away with any doubts about part time training being equivalent to full time. It is likely that current part time senior registrars will be allocated a national training grade number. Those considering applying for flexible training would be well advised to do so in the current year. The assistant deans responsible for flexible training are, however, worried about possible discrimination against pregnant women or applicants known to have children or a disability. Negotiations continue to find ways of minimising these problems, and there is now a substantial pressure group lobbying on behalf of flexible trainees.

Here we describe how to apply for senior registrar training, but the system for registrars and senior house officers follows the same pattern. We set out a detailed description of the steps an applicant needs to take, followed by some tips gleaned from our own and others' experiences.

What opportunities are available

Part time training opportunities are available in all specialties, and there is manpower control to ensure that it is "neither easier or harder" to obtain a part time post than it is to train full time. There is competition between candidates, and the same criteria apply to part time and full time applicants.

The scheme is advertised every year in the *BMJ* under the heading "Part time (flexible) training." The Department of Health receives quotas from the central manpower committee on the number of posts to be allowed in each specialty. The numbers are collated quarterly; in July 1994 there were 461 part time senior registrar trainees in England and Wales, out of a possible national quota of 634 places. Only four of these are men. Some specialties such as anaesthetics and psychiatry are heavily subscribed and have a slightly higher uptake than their allocated quota. Many other specialties have few or no flexible trainees at senior registrar level—for example, audiological medicine and occupational medicine. There are only 18 flexible trainees in all the surgical subspecialties, which have an overall quota of 58 places. This is despite the push made by the Royal College of

Surgeons and the Department of Health in their "Women in Surgical Training" programme to increase the number of women surgeons.

The application procedure consists of three steps: manpower approval, educational approval, and funding.

Making an application

Firstly, ensure you are at the right stage to consider higher training: have you the relevant professional qualifications and experience, or are you already in a substantive senior registrar post? Next decide on a centre for training and draft your curriculum vitae. Make contact with the following key people to obtain support and information:

- Dean of postgraduate medicine in the region (most regions have assistant deans responsible for flexible training);
- Designated person at the royal college responsible for flexible training in your specialty to discuss educational approval (obtain the name of the college specialty adviser while talking to the college);
- College specialty adviser in your region to plan an outline for your proposed training programme;
- Designated person in the medical staffing division of the regional health authority to discuss funding;
- Previously successful applicants now training part time in your region for general tips.

Decide on the number of sessions you want to work. The most usual number is five, six, or seven. Exceptionally, trainees take on up to nine sessions—for example, to get accredited in a short period of time. Some on call work may be required, depending on your chosen specialty.

MANPOWER APPROVAL

Look out for the Department of Health advertisement in the *BMJ* in August or September. Applicants are asked to send a curriculum vitae together with a letter setting out their reasons for wishing to train part time to the postgraduate dean of the region in which they wish to train. The closing date varies from region to region and it is important not to miss it. If you are already a full time senior registrar then manpower approval can be sought at any time and should be automatic. There may, however, be a waiting list for manpower approval in any chosen specialty.

The regional postgraduate dean will invite you for interview to consider your eligibility for higher training and give written endorsement of your application. If the dean does not feel able to support you then he or she will advise you why and you should consider reapplying the following year. The dean should also give some idea about the likelihood of obtaining funds.

The postgraduate dean is responsible for ensuring that you are eligible for higher training. Your curriculum vitae will be sent to the next appointments committee for full time senior registrar posts in your specialty in the region and you will be shortlisted alongside the full time applicants. You will be invited for interview only if you are of equivalent calibre to the others on the shortlist. Should there be no such interview scheduled in the next five months—that is, before 31 March—then you will be invited for interview in an adjacent region or a special appointments committee will be set up.

At the interview you will be assessed by the same panel that sees the applicants for full time posts, and your performance will be considered in relation to them. If you are attending for interview out of your own region, however, arrangements will be made for a consultant from your proposed training scheme to join the appointments committee.

For applications to the senior registrar grade, but not to other grades, the panel is instructed by Department of Health guidelines to grade you in the following way:

Grade A—Outstanding and better than candidates normally appointed to full time post;

Grade B—Of equivalent standard to full time appointees;

Grade C—Failing to reach level required.

Should there be more than one part time applicant then you will be ranked against each other. (It is not clear, however, to what extent the part time applicants should be considered in relation to a "national average" for full time applicants or compared with those full time senior registrars appointed to local training schemes. Potential part time trainees might be penalised in their application to prestigious schemes which have high numbers of first class applicants.)

Following the interviews the postgraduate dean will be informed of allocated manpower approvals. He then informs the Department of Health of the names, grades, and ranks of each part time applicant as soon as possible before 31 March. Manpower approval will not be allocated to those graded C. If there are more suitable applicants than training places available then a waiting list will be established, with preference being given to the highest ranked candidates. Applicants already on a waiting list will take precedence over new applicants. Thus there is no longer the need for trainees to apply every year.

EDUCATIONAL APPROVAL

Inform your college regional adviser of manpower approval and arrange a meeting to complete the detailed proposal for your training rotation. This should cover a period equivalent to three to four years of full time work.

Ensure the clinical tutor submits the detailed proposal to the relevant higher training committee of your royal college for educational approval. These committees meet infrequently, so the timing may be crucial to avoid delay, although it is possible for chairman's action to be taken. Successful candidates will be able to take up their duties as soon as an agreed training programme and funding have been arranged.

FUNDING

Meanwhile, return to the regional health authority, which will have been informed automatically of your manpower approval by the Department of Health. The budget holder varies between regions, but the regional postgraduate dean will request funding. Funds do not come from the Department of Health, as is the popular misconception, but from the region itself. The regions differ widely in their willingness to fund part time posts, but each region has a directive from the Department of Health to establish a budget for flexible training.

If funding is not agreed then contact the Department of Health to inform them of your difficulties. Request an extension of manpower approval, as it lasts for only nine months. Thereafter write to, and try to gain support from, anyone who is interested. This could include the postgraduate dean, the college specialty adviser, the regional chairman, your royal college, and even the secretary of state for health.

Important points

- Remember to keep closely in touch with the assistant postgraduate dean responsible for flexible training in your region. Between you, you take responsibility for the overall organisation or coordination of the process.
- Be careful not to miss the deadline for application.

The advertisement in the *BMJ* appears only once a year and missing it will mean a long delay.

- In the past the procedure has not been uniform. Regions have differed in their approach, and, although recent changes may have improved the system, you still need to find out how the system works in your region.

- Keep a copy of all correspondence about the application and maintain close contact with your college regional adviser for support and advice.

- Remember it is a long haul and there is no assurance of funding even if manpower approval is granted. Therefore do not pin your hopes on the scheme or rule out other jobs. Look for alternative employment such as job shares, locums, or clinical assistant posts in the meantime to survive financially during the procedure. At the same time beware of spending many years in a job that will not promote your training.

- Although experience in clinical assistant posts will not be recognised by colleges as accredited training, the duration of any part time senior registrar training need not be strictly pro rata, and allowance can be made for commitment to the specialty and use of non-sessional time for continued study.

- Remember that if you move to another region during your period of flexible training then manpower approval moves with you. The educational approval and funding, however, will need to be renegotiated.

- Do not delay your application for fear of it being affected by the Calman reforms to specialty training. Look out for information on the new regulations and keep informed of the changes.

- Do not give up. Remember that you have gained a great deal of knowledge and experience in manpower issues and the workings of the region. This is excellent first hand management training for your future consultant post.

Part time training is not just a ghetto for women

With ever increasing numbers of women graduating from medical schools, we hope that facilities for part time training will be incorporated into all training rotations. To quote the former secretary of state for health, Virginia Bottomley, in her letter to regional chairmen, "The joint working party on women doctors and their careers reported in January 1991 and found that part time candidates for senior registrar training are of high quality. They have well rounded individual reasons for wishing to use the part time option in training for consultant posts and are a major resource and asset and a long term investment for the NHS which cannot be wasted."

Finally, it must not be forgotten that this is an issue for both men and women in medicine. In the past, long and antisocial hours have made it hard for many highly motivated fathers to take much responsibility for the day to day care of their families. The proposed reduction in junior doctors' hours may allow the medical profession as a whole the space and time to recognise the importance of life outside medicine and lead to an increased interest in part time training for both men and women.

- 1 Morrell J, Roberts A. How to do it: making an application for part time senior registrar training. *BMJ* 1992;305:1411-3.
- 2 Bolton-Maggs P, Van Somerson V. The need for part-time work: a survey of doctors 10 years after graduation. *Br J Hosp Med* 1988;39:413-6.
- 3 Warren VJ, Wakeford RE. "We'd like to have a family"—young women doctors' opinions of maternity leave and part time training. *J R Soc Med* 1989;82:528-31.
- 4 Proctor S. Hard times—hard choices: positive decision-making for part-time women doctors. *Med Educ* 1987;21:260-4.
- 5 Gath A. Part-time senior registrar training in child and adolescent psychiatry. *Bulletin of the Royal College of Psychiatrists* 1988;12:368-9.
- 6 Working Group on Specialist Medical Training. *Hospital doctors: training for the future*. London: Department of Health, 1993. (Calman report.)
- 7 Department of Health and Social Security. *Personnel memorandum*. London: DHSS, 1979.