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## Part-time working in psychiatry in Northern Ireland

### AIMS AND METHOD

To establish the proportion of psychiatrists in Northern Ireland who currently work part-time and the proportion of those working full-time who wish to work part-time. A postal questionnaire was forwarded to psychiatrists and repeated 30 months later.

### RESULTS

In 2004, only 18.3% of respondents were working part-time, and 26.8% in 2006. A great majority stated their intent was to always work part-time, the most frequent reason being to achieve work–life balance.

### CLINICAL IMPLICATIONS

A significant number of staff working part-time will have implications for the staffing of the service. Policy makers must plan for the adequate provision of part-time working arrangements.

Part-time working opportunities have been available for a significant period within the National Health Service (NHS), not least in psychiatry. In recent years, more and more doctors are interested in reducing their working hours. This results from a combination of factors, including the growing salience of 'work–life balance', the increased proportion of women in the workforce, a shortages within the medical workforce and the focus on reducing excessive hours of work.

There is a perception that increasing numbers of staff of all grades are working part-time, while many others are reported to be contemplating it. The British Medical Association Cohort Study (2005) of 1995 medical graduates reported that in 2004 a third were currently working part-time, an increase from 13% in 2001; as many as 75% of those surveyed indicated that they would like to work part-time, either now or at some point in the future.

Psychiatry in Northern Ireland, as elsewhere, has a relatively high proportion of female staff and women now contribute 40% of the Royal College of Psychiatrists' membership among the British and Irish graduates (Royal College of Psychiatrists, 2006).

An increasing demand for flexible training posts is reported nationally, with a 30% increase throughout all specialties (Goldberg, 1997). In Northern Ireland there is a waiting list for flexible training posts for specialist registrars across all specialties funded by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

The aim of the study was to establish the proportion of psychiatrists in Northern Ireland who currently work part-time, the proportion of those working full-time who wish to work part-time either now or at some point in the future, to estimate for how long most of them intend to work part-time, and finally to ascertain reasons why part-time work is selected.

### Method

In April 2004 a one-page postal questionnaire was forwarded to 180 psychiatrists in Northern Ireland identified from the Royal College of Psychiatrists and NIMDTA databases. Thirty months later (in 2006) a follow-up questionnaire was forwarded to 246 members of the

Royal College of Psychiatrists (excluding retired members) and 34 trainees on the NIMDTA regional senior house officer training scheme.

After piloting, the structured questionnaire was forwarded along with a stamped addressed envelope and a covering letter explaining the purpose of the study and assuring confidentiality and anonymity of responses. No attempt was made to contact those who did not reply.

### Results

In 2004, 126 out of 180 questionnaires were returned giving a response rate of 69%: 18.3% of respondents ( $n=23$ ) were working part-time. In 2006 there was a response rate of 40% ( $n=112$ ) with 26.8% of respondents ( $n=30$ ) working part-time. Respondents' characteristics (distribution by grade and gender) and the percentage of those working part-time within each grade are presented in Tables 1 and 2.

Of the respondents working part-time who answered the question about their gender (22 out of 23 in 2004 and 24 out of 30 in 2006), 4.5% in 2004 ( $n=1$ ) and 12.5% in 2006 ( $n=3$ ) were male.

In 2006, those working part-time worked an average 6.8 sessions (range 2–9) per week, which was a slight increase on the average number of 6 sessions (range 2–9) worked as shown in the 2004 study. The majority of part-time respondents in both surveys were working within their contracted sessions (78.3% in 2004 and 70% in 2006) and a high proportion stated their intent was to always work part-time (95.7% in 2004 and 86.7% in 2006).

For those working full-time, when asked if they would like their current post to be part-time, 26% in 2004 (26 out of 99 who responded to this question) and 16.7% in 2006 (13 out of 78 respondents) replied in the affirmative. In the 2006 survey, 45% of full-time workers (37 out of 82 respondents) stated they would like to work part-time at some point in the future, with a further 25.6% (21 out of 82 respondents) stating they were as yet undecided. Those who would consider part-time work in the future would like to work an average of 6.4 sessions for an average duration of 9.8 years (range 2–20 and over).

**Table 1. Respondents' characteristics**

	2004 <sup>1</sup> n (%)	2006 <sup>2</sup> n (%)
Grade		
Consultant	61 (48.4)	57 (50.9)
Associate specialist	2 (1.6)	3 (2.7)
Staff grade	4 (3.2)	9 (8)
Specialist registrar	28 (22.2)	19 (17)
Senior house officer	8 (6.3)	14 (12.5)
Questionnaire not completed	23 (18.3)	10 (8.9)
Gender		
Male	55 (43.7)	32 (28.5)
Female	60 (47.6)	53 (47.3)
Questionnaire not completed	11 (8.7)	27 (24.1)

1. n=126.

2. n=112.

**Table 2. Part-time workers within each grade at the time of the study**

Grade	2004 <sup>1</sup> (%)	2006 <sup>2</sup> (%)
Consultant	20	32
Associate specialist	50	100
Staff grade	25	33
Specialist registrar	18	26
Senior house officer	0	7
Grade not completed	4	0

1. n=23.

2. n=30.

What was consistent to both surveys was that none of the part-time trainees wanted a full-time consultant post. Of the full-time trainee respondents, 37.5% in 2004 and 48.4% in 2006 indicated they wanted a part-time career post, with a further 18.8% and 9.7% remaining undecided. In 2006 we asked trainees to choose the main reasons for wishing to work part-time; these are outlined in Table 3. Work-life balance was cited more frequently than any other factor here.

## Discussion

There are several important findings to emerge from this study. Part-time work continues to remain popular among psychiatrists in Northern Ireland, with an 8.5% increase in those working part-time within the 30-month interval between both surveys. An increasing number of men now work part-time and constitute at least 10% of part-time psychiatrists in Northern Ireland. This trend seems set to continue, with a further 27.5% of men who currently work full-time expressing a desire to work part-time either in the immediate future or at some later point.

One assumption underpinning much of the drive to provide part-time work has been that this would facilitate women who wished to reduce hours while their children were young, returning to full-time employment in later

**Table 3. Reasons for working part time (2006 survey)**

Reasons	Frequency of response (n)		
	Overall	Men	Women
Work-life balance	50	8	42
Childcare	40	4	36
To pursue other interests	24	8	16
Private/portfolio working	9	4	5
Preparation for retirement	9	1	8
Caring for a dependent relative	6	1	5
Illness	4	1	3
Other	0	0	0

years. We found that although provision of childcare is a popular reason, it is only one of several factors leading individuals to choose to work part-time, with the most frequent reason selected being to achieve work-life balance. It can of course be assumed that for many individuals both reasons may play equal part.

Another reason frequently selected was the opportunity to pursue other interests outside work. For men this was chosen more frequently than childcare and as frequently as private/portfolio working. Therefore it appears to be becoming increasingly acceptable to work part-time for a variety of reasons.

The Improving Working Lives for Doctors standard recognises that staff work best for the patient when they strike a healthy balance between work and other aspects of their life outside of work (Department of Health, 2001). It seems psychiatrists are increasingly recognising this, as more and more want to work part-time. In both the 2004 and 2006 surveys those working part-time wanted to continue doing so and rarely wanted to return to full-time work. In general, most individuals working part-time manage to achieve this within their contracted sessions. However, up to 30% are working beyond their sessions, in spite of the introduction of the new consultant contract and monitoring of junior doctors' hours.

To avoid future workforce pressures, policy makers must plan for the adequate provision of part-time working arrangements to prevent dissatisfaction among psychiatrists and to avoid the potential loss of skilled clinicians.

Future workforce planning should also consider the views of trainees in relation to part-time working – the waiting list for flexible training posts in Northern Ireland has already demonstrated the demand for such working arrangements. What is surprising from this study is that every part-time trainee and almost half of full-time trainees in the 2006 survey responded that they would like a part-time consultant post. Such findings are nevertheless consistent with the existing literature – approximately 75% of female and 25% of male specialist registrars in medical specialties are considering working part-time as consultants (Mather, 2001). An earlier study of flexible trainees in psychiatry found that 79% wanted a part-time or job share a consultant post (Caswell & Lowe, 2000).



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Current job provision suggests that not all trainees will achieve this desired outcome and it is possible some will change their view on this as they approach the end of their training. A study of 300 female psychiatrists who had been flexible trainees (Mears *et al*, 2004) reported that less than a half (43%) had moved into full-time posts, with 73% reporting they had achieved their first choice of working pattern.

It is undoubtedly good that many staff are being accommodated with part-time working arrangements, as it clearly retains in the workforce those who would otherwise leave the service. However, in the context of an increasing number of vacant posts in Northern Ireland (as throughout the whole of the UK), a significant number of staff working part-time will have implications for the staffing of the service.

### Limitations

One limitation of this study was the poorer response rate in the second survey as compared with the first survey. However, both the original and the follow-up questionnaire had a good sample size. It is our intention to repeat this study to monitor trends in the working hours of psychiatrists in Northern Ireland within the next 5 years.

### Declaration of interest

None.

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