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Job sharing

Despite being a relatively new concept in medicine, job sharing provides an ideal solution for men and women who need to train and work part time in order to combine domestic commitments with the continuity of a career.[1] Clearly an openness to new concepts in employment will be increasingly necessary if highly qualified and experienced staff are to be attracted to stay in busy hospital specialties, particularly as nearly 50% of medical graduates are now women. Successful job sharing schemes have been undertaken in all post-registration hospital grades, general practice, nursing, and management.[2–9]

The table shows the numbers of hospital doctors in paediatrics who work on a full or part time basis. Of these, only four pairs have shared posts to our knowledge.

There are three ways in which part time posts may be created. The first is the conversion of an existing full time post to part time, this being rarely acceptable to the service or to colleagues. Secondly, supernumerary part time posts can be arranged with the help of regional postgraduate deans. At senior registrar level candidates apply for the PM(79)3 scheme[10] which has been in progress for 10 years. Training application having been approved by the regional postgraduate dean, the candidate is referred to a national appointments committee, short listed, and then required to attend for interview, held only once a year. At present there are fewer than 10 posts in paediatrics annually appointed on the PM79(3) scheme, and regional funding is not always available for successful candidates. This scheme is of no help to those seeking part time consultant appointments. The third option, and the subject of this annotation, is to share a full time post.

The advantages of job sharing include the opportunity of applying for full time posts thus increasing the choice of jobs available. Having two sets of experience and background brings a broader base to patient management. There is greater flexibility in duty rostering. Shorter breaks in cover occur due to holiday or sickness, as the other sharer is there at least half of the week. The unexpected bonus to the sharing of problems and management is the reduction of the stress of uncertainties and in the feelings of isolation so often encountered in clinical practice.

Paediatric hospital doctors including paediatric neurology, DHSS review (England and Wales) 1987

Grade	*No of doctors*	*Whole time*		*Part time (%)*	
		Men	*Women*	*Men*	*Women*
Registrar	303	159	92	3 (1)	13 (4)
Senior registrar	171	64	25	0	18 (11)
Consultant	675	390	104	58 (9)	33 (5)

There are some potential problems. Both candidates must be first choice at the job interview in order to be competitive. Different backgrounds could lead to a potential difference in time to accreditation or retirement. Unlike the PM (79)3 scheme for higher specialist training the post is not designed specifically for the individual. Incompatibility is minimised by a joint commitment to making the job share work.

The administrative details of job sharing are easily manageable. The contract essentially means that working hours, pay, and holidays are divided equally. With the Pay As You Earn system, deductions for national insurance and superannuation are made as a straightforward percentage. The cost to the hospital is the same for two job sharers as for one person. If one person leaves the other is still under contract. The remaining partner may choose to take up the post full time, to work with a further part time replacement, or alternatively resign. A significant security came about in November 1988 when the Medical Manpower and Education Division of the Department of Health and Social Security confirmed that at senior registrar level, job sharers are considered eligible for the PM(79)3 scheme in the event of the job share breaking down (personal communication).

The keys to a successful job share partnership are mutual trust, loyalty, flexibility, and a commitment to each other as well as to excellent patient care and specialist training. Impeccable handovers are vital and must cover all responsibilities of the job. Optimal handovers should be in both verbal and written formats. Clear and full completion of patient casenotes provides clarity both for the job sharer and other medical colleagues. Outpatient follow up appointments can be calculated to provide continuity of care with the respective sharer. Handovers should include particular mention of problem outpatients. Availability by telephone is helpful and we spend approximately one hour a week in such discussion. Due consideration must be given to the division of the working week. For junior staff, a block of work may give better continuity of care for inpatients and reduces the handover exercise to once a week. Other staff, including switchboard operators, need to know clear details of the working arrangement. A shared bleep may simplify communications. The on call commitment is normally split, each job sharer working half the on call of full time colleagues. An informal agreement to cover each other's

domestic emergencies may be helpful. At consultant level committee work and teaching can also be shared.

A greater acceptance of the scheme will lead to its wider application particularly at consultant level. Some consultants may need to reduce activities when approaching retirement or when faced with personal disability or significant commitments outside medicine.

There is a job share register organised on behalf of the British Paediatric Association by one of the authors (RJ). It must be appreciated that many people seeking part time work are not only limited in their available time, but are often also restricted geographically and this may severely limit the workings of a register unless it is quite sizable. At training level this problem could be reduced if there was sufficient flexibility in the system to allow for example a senior senior house officer and a registrar, or a registrar and a senior registrar to share the same post. We fear that the system for allocating registrar and senior registrar posts is likely to become more rigid under the recommendations found in the consultative document *Hospital Medical Staffing: Achieving a Balance*.[11] Furthermore there is nothing to suggest, so far, that with the greater autonomy envisaged under the white paper regional health authorities will respond more flexibly to the training needs of their junior staff.

It is to be hoped that manpower planners will significantly increase opportunities for part time or shared training and career posts if the many women graduates with young families are to be persuaded to remain in acute hospital specialties. Such schemes must be made known to students and new graduates before career choices are fixed.

We are convinced from our personal experiences that job sharing does work at training or consultant level and that it enables us to maintain enthusiasm and balance in our working and personal lives.

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