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## Flexibility in Medical Work and Training Practices

**2005**

### Preamble

The provision of quality and safe medical care is the highest priority of the medical profession. Medical work and training practices should reflect this priority, while recognising the broader social context in which medicine is practiced.

Changes in the demographics and composition of the Australian workforce and changes in societal attitudes to the balance between work, family and other responsibilities, are driving moves to greater flexibility in work arrangements across the community. In this environment, the introduction of flexible medical work and training practices will serve to enhance the participation of doctors in the workforce and the delivery of high quality medical care and medical training.

New medical work and training practices should be implemented that meet the medical profession's quality and safety objective, while enabling doctors to participate in the improvements to workplace flexibility these broader societal changes are bringing about. The implementation of flexible work and training practices should have regard to the particular characteristics of each medical discipline, the circumstances of the workplace setting and the medical workforce issues impacting upon it. It should also be recognised that medicine is practiced in the context of a broader health workforce. The initiatives below aim to provide a framework for adaptation and implementation in this context.

### 1. Access

Infrastructure should be in place to facilitate doctors' access to flexibility in medical work practices and training.

- 1.1 Policies on flexibility should be promoted in both work and training environments.
- 1.2 Application and assessment processes for access to flexible work and training practices should be simple and clearly articulated. Practical support and assistance should be offered by employers and training providers to doctors seeking to apply for flexible work and training arrangements.
- 1.3 Systems should be in place to facilitate doctors seeking job-share partners.
- 1.4 Hospital staff and senior medical staff should be educated in flexibility policy and should have an understanding of the needs of doctors to access flexible provisions.
- 1.5 Systems need to ensure that all doctors have access to flexible work and training practices, and that no excessive burden falls on any one group.

### 2. Communication

- 2.1 Doctors should have ready access to up to date information and promotional material on employer and training provider policies relating to flexibility at their place of work. This information should be available on a 24-hour basis.
- 2.2 Employers and training providers should actively communicate on flexibility policy and in relation to individual doctor's applications for flexible work and training arrangements.
- 2.3 Training providers should communicate with each other in the development of flexibility policy and to facilitate a candidate's application to move between training providers.
- 2.4 On-going contact and support should be maintained between employers, training providers and doctors making use of flexible provisions.
- 2.5 Advertised medical positions should identify the options for flexibility available.

### 3. Evaluation

- 3.1 There should be regular evaluation by both employers and training providers of the effectiveness of their flexibility policies to ensure they reflect the needs of doctors, their patients and the objectives of both the employer and training providers.
- 3.2 Employers and training providers should keep records on the success or otherwise of flexibility policies, including the number of doctors accessing flexible provisions, the type of

provisions utilised and the circumstances where applications for flexibility have not been met.

#### 4. Training

- 4.1 Training providers should have clearly defined and communicated training objectives for all training programs.
- 4.2 Training should aim to achieve defined professional standards and competence assessed by the relevant training provider.
- 4.3 Training should be made as modular and transferable as possible to facilitate movement between training programs.
- 4.4 Employers should enter into a 'training compact' with their doctors-in-training. The 'training compact' should set out the employer's undertakings with regard to the delivery of the training as well as the doctor's undertakings in relation to the way in which they will approach the training.
- 4.5 Employers should protect the training time of doctors-in-training, for example, by removing the pagers of doctors-in-training prior to educational activities, by ensuring other staff are aware the doctors will be unavailable and through the employment of medical education officers to ensure the quality of junior doctor training.
- 4.6 Where possible, skills centres should be utilised to supplement the training process and be accessible during extended hours.
- 4.7 The introduction of flexible training arrangements should not diminish the quality of medical training.
- 4.8 Best practice clinical handover guidelines should be developed and included in training programs.

#### 5. Workplace Organisation

- 5.1 Employers should openly and actively communicate with all doctors regarding the structure of rosters and working arrangements.
- 5.2 Detailed and well-structured orientation programs should be provided for all doctors when commencing employment or new terms with hospitals. Orientation programs should provide doctors with an overview of hospital policies, processes and administrative procedures and should introduce new doctors to key staff in the work area.
- 5.3 Hospitals should have adequate staffing levels and relief staff to accommodate requests for flexibility and accrued leave. Doctors who are not currently utilising flexible provisions and the responsible senior medical staff should not be excessively burdened to accommodate the absence of other doctors due to training or family commitments..
- 5.4 Hospitals should create part-time positions rather than rely solely on job-sharing for doctors seeking to work less than full-time hours.

#### 6. Physical Facilities

The AMA position statement *Workplace Facilities and Accommodation for Hospital Doctors - 1999* establishes a minimum standard of workplace facilities and accommodation to be provided in hospitals to ensure doctors a safe and productive working environment. Factors particularly important to facilitate flexibility include access to:

- 6.1 On-duty rest rooms to enable doctors to sleep during periods of extended duty.
- 6.2 Study facilities located in a quiet area of the hospital on a 24-hour basis. These facilities should include access to hospital library facilities, a work station and computers equipped with word processing and Internet access.
- 6.3 Taxi vouchers for doctors working periods of extended duty to enable them to get to and from work safely.
- 6.4 Child-care facilities at or in the immediate vicinity of the hospital and arrangements to facilitate 'nanny sharing'.
- 6.5 A family room with adequate supervision to enable doctors to care for dependants while carrying out regular duties, where no other alternative arrangements can be made. Family rooms should provide facilities including a bed and/or cot, TV and video etc.
- 6.6 High quality and nutritious food available during work periods.

6.7 Video and telephone conference facilities, particularly in rural areas.

**7. Flexible Initiatives**

Flexible provisions that could be implemented in the workplace include:

- 7.1 Technology to enable doctors to telework (work from home) for some aspects of their job.
- 7.2 Carer's leave for doctors who require time off from work to care for sick family members.
- 7.3 Career breaks, to enable doctors to pursue different interests or experiences such as working in a rural environment or overseas.
- 7.4 Flexibility of working hours/weeks through initiatives such as flexitime, purchased leave, compressed weeks, part time work and training, deferred training and job sharing.
- 7.5 Paid parental leave (maternity, paternity and adoption leave) where required.
- 7.6 Communication between employers, training providers and doctors on other possible flexible initiatives that may be suitable in their environment.

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