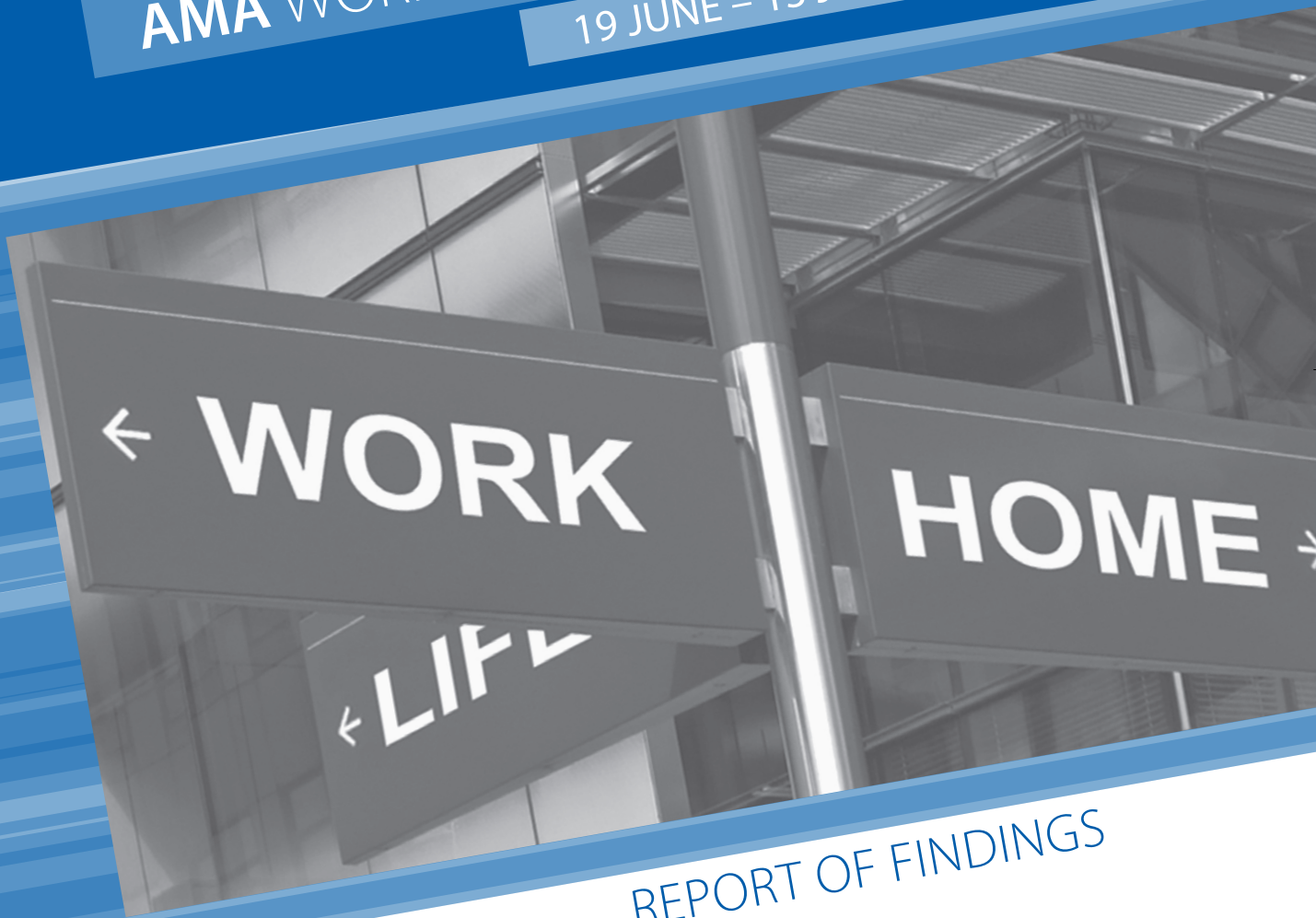


# AMA WORK-LIFE FLEXIBILITY SURVEY

19 JUNE – 13 JULY 2007



REPORT OF FINDINGS



**AMA**

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# Foreword

We are pleased to present the results of the AMA work-life flexibility survey. This report provides important information and feedback on public hospital doctors' access to flexible working and training arrangements and their future aspirations for work-life balance.

Work-life flexibility is about striking a balance between the needs of doctors, employers and training providers while maintaining high quality patient care. Flexible working and training arrangements help doctors to combine their personal, family and work responsibilities. With proper resourcing and by implementing more innovative ways of working, hospitals can attract and retain staff and maintain a happier and more productive workforce.

The findings of this survey confirm some generational trends but also challenge some of the widely held assumptions about work-life flexibility in the medical profession. The generation of doctors now entering the profession are placing great importance on work-life balance and are demanding access to flexible working and training arrangements to achieve this. More surprising perhaps is that the older generations of doctors are accessing flexible arrangements in greater numbers than their younger colleagues, and are just as motivated to find a balance between their personal and professional lives. This is a signal to medical administrators and the medical colleges that a different approach to work and lifestyle is required for all generations of doctors.

A particularly valuable component of this report is the respondents' perceptions on the barriers to flexible working and training arrangements in their workplace. The report also examines the types of flexible arrangements that hospitals in the future will need to introduce to attract and retain doctors.

The issues raised in the report are of primary importance for doctors working in our public hospitals and for those who frame public health policy and future workforce planning. We hope that the findings of this report will contribute to the policy development process.

Finally, we would like to thank those doctors who gave their time to participate in the survey.



**Dr Rosanna Capolingua**

AMA President



**Dr Geoff Dobb**

Chair, AMA Coordinating  
Committee of Salaried Doctors



**Dr Alex Markwell**

Chair, AMA Council of Doctors-in-Training

# Overview and executive summary

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“Most doctors accept that medicine is a life style and not just a job. This is inaccurate; it’s a life, from 6:00am till 11:00pm Monday to Saturday.”

## *Male registrar*

The following report summarises the findings of a survey of 604 junior and senior-salaried public hospital doctors from across Australia. The survey was designed to assess the level of access by public hospital doctors to flexible training and working arrangements in their workplace and their requirements for such arrangements in the future.

The survey was an online self-completion questionnaire conducted by the Australian Medical Association (AMA). Respondents were also invited to comment on their experience with flexible working and training arrangements in their workplace, including their perceptions of the barriers to flexible arrangements. An explanation of the types of flexible arrangements discussed in this report is provided in the glossary.

The survey was conducted between 19 June and 13 July 2007. The AMA was responsible for distributing the link to the survey website via direct email to its members identified as junior or salaried medical officers.

The initial findings of the survey were detailed at the inaugural Postgraduate Medical Education and Training Forum (anzMET) in October 2007. The survey’s major findings are presented below. A more detailed analysis is provided in the pages that follow.

- There is a large unmet demand for flexible working arrangements — 81% of doctors surveyed indicated that they would like greater access to flexible working arrangements.
- Just over half of the doctors surveyed have accessed some form of flexible working and training arrangement in the 12 months preceding the survey. Part-time work is the most commonly used flexible arrangement. Senior doctors are the biggest users of flexible arrangements.
- Flexible working arrangements are more common for female doctors than male doctors; 60% of female doctors have accessed some form of flexible working arrangement in the 12 months preceding the survey compared to 44% of male doctors.
- The demography and attitudes of the medical workforce are changing, in line with societal change. More women than men are graduating from medical schools and all medical practitioners of both genders are seeking a better quality of life and better working conditions. The survey found that the demand for flexible arrangements is evenly divided between junior doctors and their senior counterparts. The needs or motivations for flexible arrangements may change as doctors progress through their careers.
- Flexible working hours is the most commonly sought-after arrangement for doctors of both genders. Junior doctors have the greatest demand for flexible rostering and flexible working hours.
- The most common reasons why doctors want flexible arrangements include time with families and friends, caring for children and reducing work-related stress. The survey demonstrates that doctors value highly time for social activities, personal wellbeing and domestic responsibilities.
- Contrary to popular belief, access to flexible arrangements is not just an issue for female doctors. The demand for flexible working and training arrangements is similar among male and female doctors.

# Overview and executive summary

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“Flexible work arrangements are vital for a healthy, happy life.”

## ***Female specialist***

- Lifestyle and flexible working practices are important issues for many junior doctors, male and female, when determining which medical vocation to pursue.
- Doctors believe that cultural and institutional factors and staff shortages are the major barriers to flexible training and working arrangements in the medical workplace. The ability to access flexible training arrangements is an ongoing problem for junior doctors.
- 85% of doctors believe that they will need some form of flexible working and training arrangement as a legitimate and accessible career option over the next one to 10 years. The impact of this requirement has significant implications for future health workforce planning.
- Hospital and training providers in the future must meet the expectations of the emerging demographic of doctors and deliver a more flexible workplace. Those hospitals that have the most family- and employee-friendly arrangements will become the employers of choice. The medical profession will need to adapt as future graduates demand a workplace that will allow them to achieve a genuine balance between work and lifestyle.

# 1 Introduction and background

“I fully support more flexibility for the medical workforce. I am not fond of the idea that, when I start training, the rest of my life – family, personal and otherwise – has to go on hold for however many years it takes to finish training.”

**Male junior doctor**

“More flexibility would add attractiveness to the medical profession and would decrease work-related stress illnesses and leave.”

**Female advanced registrar**

Flexible working arrangements are changes to working time and leave arrangements, mutually agreed between employees and management, that accommodate both an organisation’s needs and the family or lifestyle requirements of its staff.<sup>1</sup> By allowing doctors to balance work and life, flexible work practices provide many advantages to doctors, hospitals and, most importantly, patients.

Providing high quality and safe medical care is the highest priority of the medical profession. Work and training practices should reflect this priority, while recognising the broader social context in which medicine is practised.<sup>2</sup> The AMA has campaigned over a number of years for more flexible work and training arrangements that enable doctors to find a better balance between their work and personal commitments. Employers and colleges are recognising the importance of the issue.

In 2001-02, the AMA work-life flexibility project was commissioned. It aimed to encourage reforms to work and training practices necessary to meet the changing demographics of the medical workforce and society’s expectations of the balance between work, family and personal wellbeing. The information collected through surveys and focus groups of medical students and junior doctors revealed that lifestyle and flexible working practices are very important issues for junior doctors when deciding on a medical vocation. The report on this research was circulated to medical colleges, health departments, hospital administrators, teaching hospitals and other stakeholders.<sup>3</sup>

In November 2003, the AMA’s Work-life Flexibility Forum identified and further explored key ideas and initiatives for flexible work practices. During 2006, the AMA released a resource kit to help doctors negotiating for flexible work arrangements in their workplace and a guide for managers and supervisors.<sup>4</sup>

In January 2007, the AMA released *Safe Handover: Safe Patients*, a guide on clinical handover for doctors, hospitals and members of the health care team to help them improve patient safety when transferring clinical care.<sup>5</sup> This enables continuity of care rather than requiring continuity of carer and ensures that patient care is not jeopardised by implementing flexible work practices in the medical workplace.

Work-life flexibility remains a high-priority issue for the AMA and its members. It continues to be driven by the emerging trends in the make-up of the Australian medical workforce and the expectations of doctors for work-life balance. The work-life flexibility survey continues the AMA’s activities in this area and is one of largest ever conducted of junior and senior-salaried public hospital doctors on their perspectives of flexible working and training arrangements.

1 *Management Guidelines for Implementing Flexibility*, AMA, 2006, p.4.

2 *AMA Position Statement: Flexibility in Medical Work and Training Practices for Doctors-in-Training*, 2005.

3 *Opportunities and Impediments to Flexibility: Report on Consultations with Key Stakeholders on Flexibility in Medical Training and Work Practices*, AMA, March 2003.

4 *Doctor’s Guidelines for Implementing Flexibility*, AMA, 2006 and *Management Guidelines for Implementing Flexibility*, AMA, 2006.

5 *AMA Clinical Handover Guide – Safe Handover: Safe Patients*, AMA, 2007.

“Currently I am a resident medical officer in a public hospital. I would like to work 40 hours a week so I have time to spend with family, friends and recreation. Presently I have to work approx 10-20 hours of overtime including weekends, which is not a huge workload but it dramatically cuts into the daylight hours and weekend time. I am unable to choose not to do all of this overtime – overtime is part of the contract. If you ask not to do it, it places more work on fewer doctors on the roster and you are labelled as a ‘doctor in distress’ or ‘not coping’ which is not true – just a doctor who wants a life.”

### *Female RMO*

## Aims of the survey

The AMA work-life flexibility survey aimed to:

- determine the types of flexible arrangements that doctors currently use,
- determine the types of flexible arrangements that doctors would like to access but are unable to do so,
- highlight reasons identified by doctors in our public hospitals for wanting flexible working and training arrangements,
- determine doctors’ perceptions on the barriers to accessing flexible working and training arrangements in the medical workplace,
- describe the types of future flexible arrangements identified by doctors, and
- obtain a snapshot of how the profession and administrators are advancing work-life flexibility in our hospitals and the implications for medical workforce planning.

## About the respondents

A total of 604 junior and senior-salaried public hospital doctors completed the survey. This represents 14% of the 4,260 salaried and junior doctor members of the AMA who received an invitation to participate in the survey.

Their gender:

- 46% were female,
- 54% were male.

Their classification:

- 27% were prevocational doctors: interns and postgraduate years 2-4,
- 32% were vocational (specialist-trainee) doctors: basic and advanced registrars,
- 41% were senior-salaried doctors: specialists and career medical officers.

Their location:

**Table 1 Location of respondents by State and Territory <sup>1</sup>**

Australian Capital Territory	2%
New South Wales	20%
Northern Territory	1%
Queensland	30%
South Australia	10%
Tasmania	2%
Victoria	24%
Western Australia	11%

<sup>1</sup> Location of primary employment

## 2 Access to flexible working and training arrangements in the 12 months preceding the survey

"I have personally broached the subject of part-time training with several of my consultants at various times during my training with NO support and therefore felt it useless pursuing the option despite constantly struggling with balance between work, study and caring for my three small children."

**Female registrar**

"It's a great idea to have flexible work, etc, but it just doesn't happen with any real ease. It is nearly impossible to work flexible hours and there is a lot of resistance to change in this direction."

**Female junior doctor**

The current level of access to flexible working and training arrangements recorded by the doctors surveyed is presented in Table 2. Just over half of the doctors surveyed have accessed some form of flexible working arrangement in the 12 months preceding the survey, with part-time work (13%) being the most commonly used arrangement.

**Table 2 Current access to flexible arrangements**

Q1: Please indicate if you are currently accessing any of the following flexible work or training arrangements, or if you have accessed any of the following flexible arrangements in the last 12 months.

Type of flexible arrangement	Respondents <sup>1</sup>
Career break	4%
Employer-assisted child care	1%
Flexible rostering	9%
Flexible working hours	8%
Home-based work	4%
Interrupted training	4%
Job sharing	3%
Maternity leave	1%
Not accessing flexible arrangements	48%
Part-time training	3%
Part-time work	13%
Purchase additional leave	2%
Other <sup>2</sup>	1%

<sup>1</sup> Respondents were able to make multiple selections. Numbers may not total due to rounding.

<sup>2</sup> Extended leave at half pay, leave at half pay/double time, sabbatical leave, time-in-lieu, fatigue leave and locum work.

The access to flexible working training arrangements by gender and doctor classification is expressed in Charts 2.1 and 2.2 respectively.

Flexible working arrangements are more common for female doctors than male doctors: 60% of female respondents had accessed some form of flexible working arrangement in the 12 months surveyed compared to 44% of male respondents. Part-time work (17%) was easily the most preferred arrangement for women (Chart 2.1).

“I was fortunate in that I was allowed a staggered return to duties after maternity leave which allowed an earlier return to work than would otherwise have happened, which I think was a successful arrangement from my perspective.”

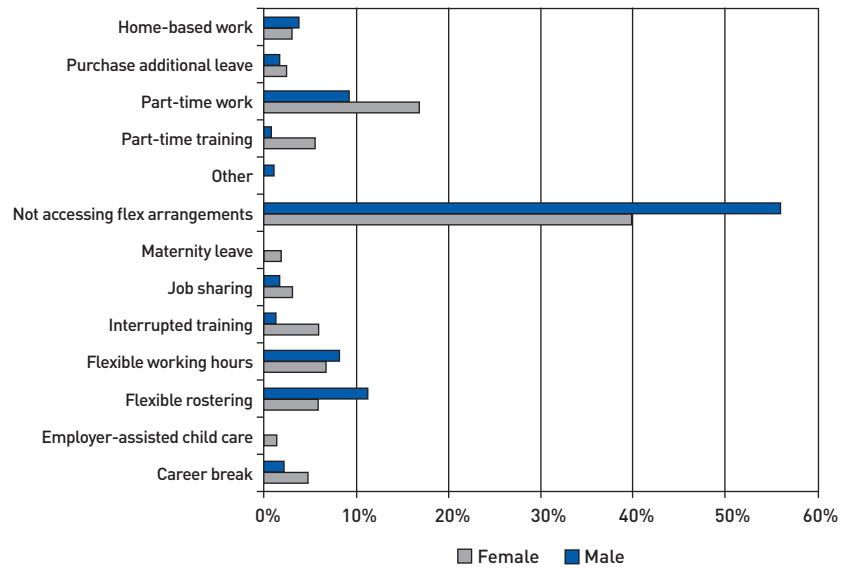
**Female specialist**

“Currently my hospital is so short-staffed that only those with children can access part-time and job-sharing positions. Those who requested leave this year to study for the fellowship exams were denied this.”

**Female registrar**

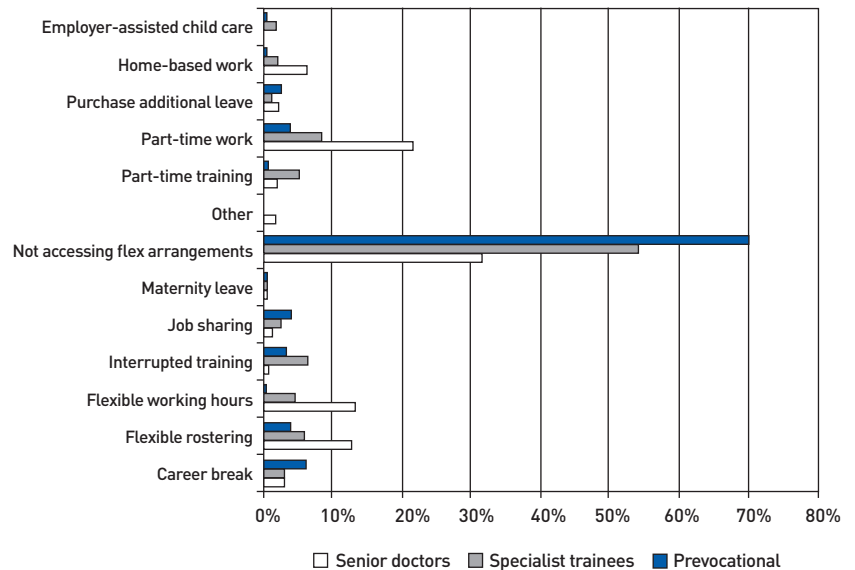
These results are in line with earlier research on the different work patterns of men and women in the medical profession, where female doctors work fewer hours on average per week than their male counterparts. Though not all female doctors work fewer hours, a larger number of women work part-time, reflecting the amount of time they give to family commitments.<sup>6</sup>

**Chart 2.1 Access to flexible working & training arrangements in the 12 months preceding the survey (by gender)**



Senior doctors (68%) were the biggest users of flexible arrangements in the last 12 months. Junior doctors were less likely to be accessing flexible arrangements, reflecting the demands of their medical training: only 45% of specialist trainees and 30% of prevocational doctors accessed some form of flexible arrangement during this time (Chart 2.2).

**Chart 2.2 Access to flexible working & training arrangements in the last 12 months preceding the survey (by doctor classification)**



<sup>6</sup> Opportunities and Impediments to Flexibility: Report on Consultations with Key Stakeholders on Flexibility in Medical Training and Work Practices, AMA, March 2003.

### 3 Availability of flexible working and training arrangements

"I have put off having children until later in my career because of lack of options and will limit the size of my family in favour of returning to work."

**Female junior doctor**

"I have previously tried to negotiate some of these things, but the hospital I work at would not even negotiate with me, let alone provide them. This is despite many years of service to this hospital."

**Male specialist**

"Difficulty accessing flexible working arrangements is a significant barrier to retaining medical staff in rural and remote areas."

**Female registrar**

Table 3 provides details of the preferred flexible working and training arrangements that the doctors surveyed were unable to access. The survey shows that there is a large unmet demand for flexible working arrangements, with 81% of doctors surveyed indicating that they would like to access, or have more access to, flexible working arrangements.

**Table 3 Flexible arrangements not accessed by hospital doctors**

Q2: Please indicate the flexible arrangements that you would like to access but for some reason are unable to do so.

Type of flexible arrangement	Respondents <sup>1</sup>
Career break	4%
Do not want flexible arrangements	19%
Employer-assisted child care	6%
Flexible rostering	15%
Flexible working hours	17%
Home-based work	10%
Interrupted training	3%
Job sharing	6%
Part-time training	7%
Part-time work	8%
Purchase additional leave	5%
Other <sup>2</sup>	1%

<sup>1</sup> Respondents were able to make multiple selections. Numbers may not total due to rounding.

<sup>2</sup> Extended leave at half pay, leave at half pay/double time, sabbatical leave, time-in-lieu, fatigue leave and locum work.

Charts 3.1 and 3.2 show the flexible working and training arrangements to which the doctors surveyed could not gain access, by gender and doctor classification respectively.

Demand for flexible arrangements was evenly divided between junior doctors (69%) and senior-salaried doctors (73%). This finding confirms that the demography and attitudes of the whole medical workforce are changing. The profession is attracting more women into its ranks and medical practitioners of both genders are seeking and expecting a better quality of life and better working conditions compared to earlier generations. A growing number of graduates entering the profession have graduate medical degrees and established families.

“Medicine is still set up around a patriarchal structure of the doctor having a full-time support person to manage their home duties and family duties. This was traditionally a wife. I think that it is sad that training in medicine does not reflect a change in doctors graduating today and that attention to family life is put at the very bottom of the list of priorities. It is actually possible to be a good doctor and a good parent ; it is just not actually supported by the training schemes most colleges have to offer.”

**Female registrar**

“It would be great if we could stop talking about just women working full-time - lots of blokes don't want to do crazy hours anymore - it is a generational change.”

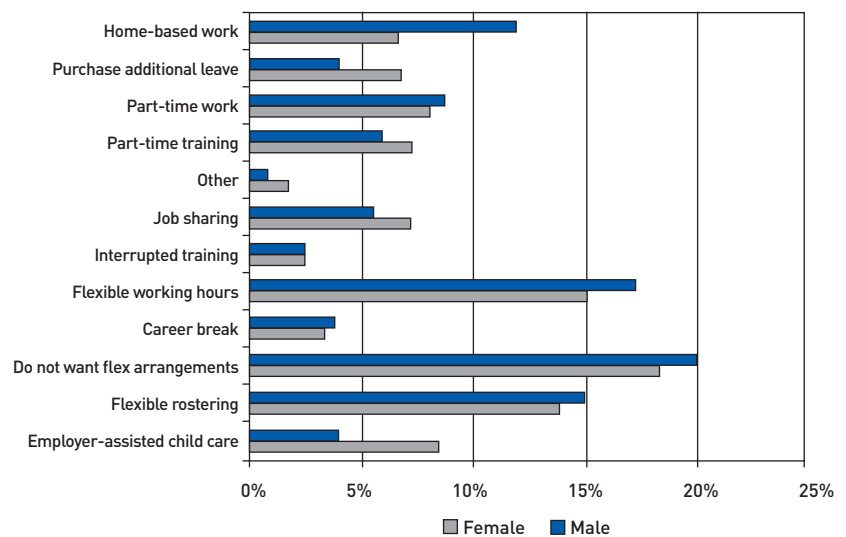
**Female registrar**

Flexible working hours is the arrangement with the highest level of demand for both for male respondents (17%) and female respondents (15%). Similarly, 15% of men and 14% of women would like to use flexible rostering arrangements.

More male doctors (12%) were seeking home-based work than women, while female doctors (8%) have a stronger preference for employer-assisted child care. The gap between the genders for other forms of flexible arrangements is relatively small (Chart 3.1).

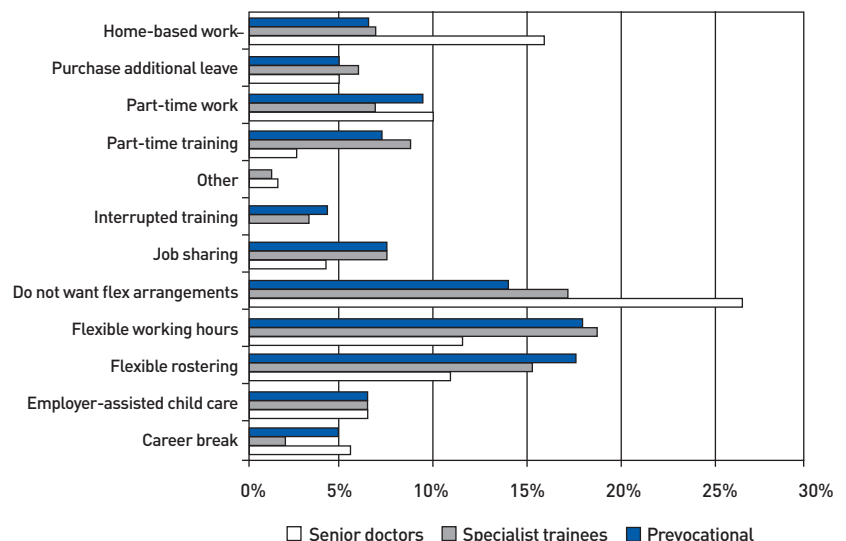
Junior doctors had the greatest demand for flexible rostering and flexible working hours (Chart 3.2). This correlates with the well-researched philosophies of young doctors – the “Generation X” and “Generation Y” component of the workforce – who rate a healthy balance between work, leisure, study and family life as important as professional achievement. These doctors do not accept that an exploitative culture of excessive working hours, long shifts and unpaid work needs to be accepted by the profession.

**Chart 3.1 Flexible arrangements that respondents could not access (by gender)**



All classifications of doctors indicated that they would like greater access to flexible working arrangements (Chart 3.2). Senior-salaried doctors (16%) indicated a strong preference for home-based work, in line with their desire to manage their workload and balance family commitments.

**Chart 3.2 Flexible arrangements to which respondents could not access (by doctor classification)**



## 4 Why doctors want flexible working and training arrangements

“I am very interested in flexibility while training or working as a doctor, in order to live my life fully, also in other areas of life, such as hobbies, family, social life, self-development.”

**Male specialist**

“I would like to become a medical registrar and at present I don't think that it is possible to do this on a part-time/job-share arrangement. As this time in my training is likely to coincide with having children the ability to do part-time work when training is very important to me.”

**Female intern**

Table 4 lists the reasons identified by respondents for wanting access to flexible working and training arrangements. There was a strong emphasis on time with family and friends, family responsibilities and domestic duties, along with personal wellbeing (including hobbies and recreation, relaxation and reducing stress at work).

**Table 4 The reasons for wanting flexible arrangements**

Q3: Please provide the reasons why you are accessing, or would like to access, flexible working or training arrangements.

Reasons	Respondents <sup>1</sup>
Care for children	9%
Finish study	10%
Domestic duties	7%
Family responsibilities	13%
Hobbies and recreation	12%
Not applicable	8%
Less stress at work	12%
Relaxation	12%
Time with family and friends	14%
Other <sup>2</sup>	3%

<sup>1</sup> Respondents were able to make multiple selections.

<sup>2</sup> Extended leave at half pay, leave at half pay/double time, sabbatical leave, time-in-lieu, fatigue leave and locum work.

The reasons identified by doctors for wanting flexible working and training arrangements by gender and doctor classification are shown in Charts 4.1 and 4.2 respectively.

A number of female respondents commented on their wish to pursue a vocation that allowed them to access part-time employment, the ability to take time off without jeopardising their career and the ability to complete training before the end of their child-bearing years. A comment from a female specialist trainee illustrates the dilemmas faced by junior doctors:

"I have been granted flexible work hours in consultation with the director of my department such that I was able to negotiate: a part-time position for six months to reduce work stress and to pursue hobbies; flexible duties in the last three months of pregnancy and maternity leave for one year (award); paid maternity leave for 14 weeks (award); allowed to take all outstanding annual, ADO, extra and public holiday credits while on maternity leave (award); negotiated an early return to work while on maternity leave; and not be in charge of the department such that I can express breast milk part-way through a shift. I believe that all of these requests were granted because my director allows a balanced approach to work/family life and I believe that I work more effectively because of this."

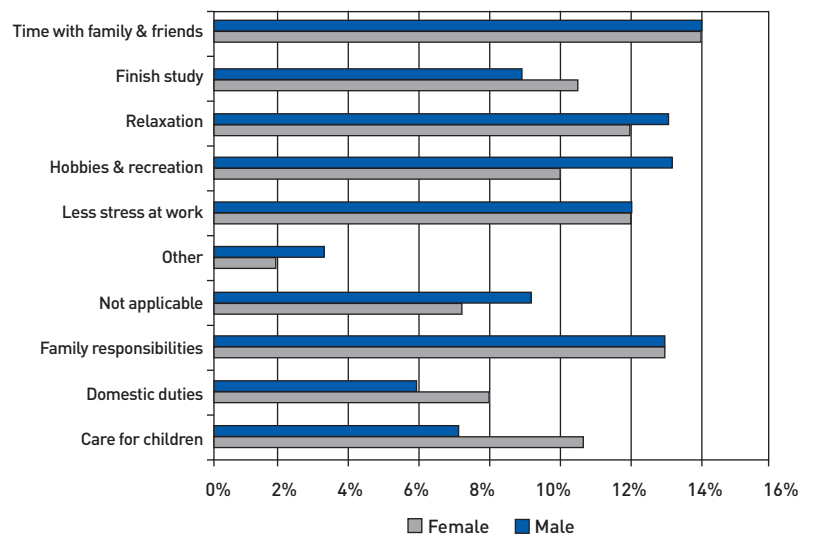
*Female registrar*

"If I commence training part-time the time to become qualified will blow out significantly. So the issue is: do I put off a family until I am a consultant or try to balance part- or full-time training and a young family? Will smaller centres who are expecting a full-time employee be happy with a part-time one? How will your other colleagues view your choices? Will this impact on your working life?"

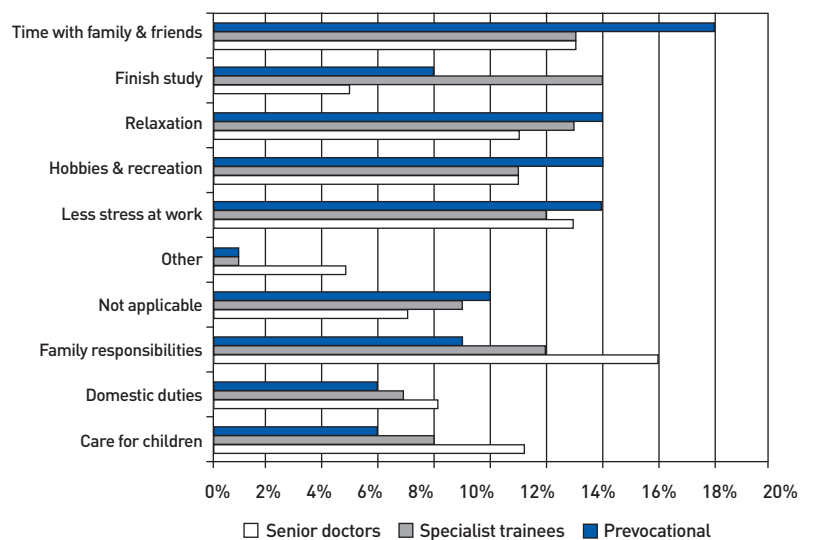
There was a slightly higher response rate for time for social activities among men, which may be due to the demand of younger men for lifestyle flexibility for social, sporting and travel interests. This finding could suggest that many junior doctors will be less willing to work the excessive hours associated with full-time employment in the past.

Senior doctors surveyed put greater emphasis on family responsibilities (16%) and on care for children (11%) compared to their younger counterparts, and time with friends and family was of greater importance to prevocational doctors (18%). The survey shows that the reasons for wanting flexible arrangements are similar across all classifications of doctors (Chart 4.2).

**Chart 4.1 Reasons for wanting flexible arrangements (by gender)**



**Chart 4.2 Reasons for wanting flexible arrangements (by doctor classification)**



## 5 Barriers to flexible working and training arrangements

“Lack of staff to meet service delivery requirements; inflexible attitudes – the belief of some senior staff & VMOs that you have to work like a robot, devoid of any personal responsibilities and capable of working tirelessly with no non-clinical sessions and the concomitant expectation of completing research and educational requirements. There is not time to do all this and manage family responsibilities, spend quality time with spouse and children, and have time for hobbies/sport/recreation.”

**Male registrar**

Respondents to the survey were invited to record their perceptions on the barriers to flexible working and training arrangements in their workplace. Table 5 lists the barriers identified by the doctors surveyed in order of perceived relative importance.

**Table 5 Current barriers to flexible arrangements**

Barriers	Relative Importance
Mindsets and practices of consultants, administrators and colleges	● ● ● ● ●
Shortage of staff to accommodate flexible arrangements	● ● ● ● ●
Inflexible college training schemes	● ● ●
Rigid rostering and workplace arrangements	● ● ●
Concerns for the continuity of patient care	● ●
Shortage of funds for flexible arrangements and facilities	● ●
Reduced breadth of and opportunities for training	● ●
Lack of support staff for doctors/ administrative burden	●
Insufficient technology for home-based work	●
Competition for training positions	●
Employment security	●
Loss of income	●

The doctors overwhelmingly identified cultural and institutional factors and a shortage of staff as the major barriers to flexible workplace training and working arrangements in the medical workplace. A number of the respondents said that they had approached their hospital administration to seek a flexible arrangement but their request had not been accommodated. A typical comment was:

*“The onus of job sharing is put on us as applicants. The hospital admin in my experience doesn’t assist you in finding other people interested in job sharing because it’s not in their best interest . . . It’s most likely, if you can’t find someone, you’ll work full-time anyway.”*

The survey also shows that junior doctors perceive that they have a more progressive attitude to flexible workplace practices than their senior colleagues and hospital administrators. As a male registrar put it:

“There is a longstanding tradition that you must do what those before you did – ie, work ridiculously long hours and neglect all other aspects of your life if you wish to train in a specialty. There is no genuine change in the set-up despite at times apparent lip-service being paid to accommodating the needs of doctors who have significant responsibilities outside of work that have little or no flexibility attached to them (eg, being a sole parent of young children with no input from the other partner and no child support).”

**Female specialist trainee**

“Staff and services get used to doctors working full-time all the time. I have had consultants dissuade me from considering part-time registrar training. It is often implied that a particular job or rotation would not be available unless I was working full-time. A few years ago, I was also pressured into not taking any holidays at all in a three month rotation, because the service would not be able to cope with my absence.”

**Male registrar**

“bloody-minded reluctance and narrow-mindedness on the part of bureaucrats and senior consultants who suffered under even worse conditions than we endure and who thus believe that we too should suffer!”

Nevertheless, some of the doctors recorded positive experiences with the approach of their workplace to accommodating their requests for flexible arrangements. A typical comment was:

*“I am a registrar on maternity leave. My current director and director of training were able to offer me work at 10-20 hours per fortnight from the time my baby was four months old which allows me to return to work earlier than I envisaged and so that my skills can remain current. This flexibility should be applauded.”*

Some respondents also noted that particular disciplines such as general practice, emergency medicine and psychiatry lend themselves more easily to flexible work and training arrangements. Other specialties such as surgery were identified as being less conducive to flexible working practices because of insufficient part-time positions.

Overall, the survey findings suggest that greater support for flexible training and work practices is required from governments, administrators, medical colleges and consultants. Some of the particular issues raised by the doctors surveyed are outlined below.

## Cultural and institutional factors

A major theme that emerged from the doctors surveyed was the gap between the policy of hospital administrators and the medical colleges on flexible arrangements and the reality of practices in the medical workplace or, as a female physician noted, “what the colleges espouse and what the local arrangements are possible are poles apart”.

Many doctors noted that the demand for flexible arrangements was driven largely by individual requests and their ability to access arrangements was therefore dependent on the attitude of administrators, consultants and the workplace culture. As a female specialist commented: “considering the number of female medical staff -- doctors and allied health members -- jobs are inflexible and NOT family friendly. It is generally a take it or leave attitude; fit in with workforce or find another job!”

## Shortage of resources

Many doctors commented that the shortage of staff and part-time positions were the main resource constraints that limit the capacity of hospitals to provide flexible working practices in the medical workplace. This included a shortage of specialists, particularly in rural areas. Junior doctors also noted that they often had limited control over when they could take holidays because of the lack of relieving staff.

Other respondents suggested that the under-funding of suitable infrastructure that would enable flexible arrangements in the workplace, such as child care facilities, rest rooms, study facilities and the technology for home-based work, was a significant obstacle. Provision of these arrangements could enable other health care workers (eg, nurses, allied health practitioners, etc) to be recruited into, or retained by, the health workforce.

The insufficient numbers of support staff – clinical administration officers and data managers – for senior doctors in particular, were also cited as an impediment

“Part-time training is seen to be weak – a culture shift is needed.

Doctors are often into their 30s when they commence a training program and, if they delay family until after that program, it is getting very late. Starting a family during many training programs is difficult. I think much work needs to be done with the colleges and within the profession.”

**Male specialist**

“If hospitals were more open to flexible times and arrangements, they can actually benefit. For example, when I was an RMO and job-shared, the HR dept was unhelpful at first. By the end of the year, six of us covered 3 full-time equivalent positions and acted as a built-in relieving team so the hospital did not need any external relievers. They came to genuinely value the whole system!”

**Female registrar**

to working shorter hours and devoting sufficient time to training students. This issue is compounded by insufficient quarantined time being available to doctors to undertake non-clinical duties such as teaching, continuing professional development, clinical governance and administration.

These findings show that the benefits of offering a flexible work environment need to be appreciated and valued by hospitals and supported through appropriate funding and resources.

## Training issues

This was the major issue for junior doctors who participated in the survey. A number commented that flexible training arrangements, particularly part-time training, were not encouraged or accepted across all vocational training. Many junior doctors noted that there was little support for flexible training and work arrangements in some medical colleges and believed that their career could be disadvantaged if they requested such arrangements.

Other respondents were concerned that using flexible training arrangements could affect the length and quality of their training or lower their competitiveness for training positions.

## Rostering and workplace practices

Poor rostering design and workplace practices were identified by respondents as barriers to flexible working arrangements. These practices limit the opportunities for adequate time for meaningful social activities and domestic responsibilities as well as increasing the risk of doctor fatigue and impaired performance. As one female junior doctor observed of her workplace: “current rostering practices are not EB6-compliant and the registrar workforce is exhausted. A lot of people want their training over and done with ASAP so that they can escape the current rostering/shift lengths, etc”<sup>7</sup>

This finding suggests that there is much more that State and Territory governments and public hospital administrators can do to ensure better rostering and work practices for hospital doctors.

## Continuity of patient care

The issue of continuity of patient care was identified by some respondents, particularly senior doctors, as a substantial barrier to workplace flexibility. The concern was that in using flexible arrangements, such as part-time work or job sharing, more doctors were involved in the care of a patient. In the absence of adequate clinical handover guidelines, this can result in the loss of continuity of patient care. Continuity of care is not significantly affected by flexible working arrangements if the correct handover procedures are in place. The survey therefore reinforces the need for better clinical handover guidelines in our hospitals to ensure that patient care is not jeopardised by flexible working and training arrangements. A female physician summarised the issue thus:

*“Flexible work and training arrangements can affect continuity of care; therefore, a huge commitment has to be there from both the employing department and the employee to make it work for the patients. Can definitely be worked around with better communication infrastructure, etc, but must be taken into account.”*

7 EB6: Queensland public hospital doctors enterprise bargaining agreement

## 6 Future requirements for flexible working and training arrangements

“The difficulties of combining a fulfilling career while still having the time and energy to have children/raise a family is a major concern of mine that I will have to deal with in the next 5-10 years. In the current climate, this issue has begun to be addressed although I feel there is still potentially a lot more that can be done to accommodate this need.”

**Female junior doctor**

The doctors surveyed were asked if they would require access to flexible working or training arrangements in the next 1-10 years: 85% answered in the affirmative.

The flexible working and training arrangements wanted by doctors in the short to medium term and the medium to longer term are presented in Table 6.

Twenty-eight per cent of doctors indicated that they would be seeking flexible rostering or working hours in the short- to medium-term. This suggests that the current medical workforce may be less prepared in the future to work the extended shifts and hours currently undertaken.

There will also be a strong demand for part-time work in particular by both male and female doctors during this time frame. As a female intern noted:

*“I would like to become a medical registrar and at present I don’t think that it is possible to do this on a part-time/job share arrangement. As this time in my training is likely to coincide with having children the ability to do part-time work when training is very important to me.”*

**Table 6 Flexible arrangements wanted by doctors in the future**

Q4a: Please list the flexible arrangements you believe you would like to access in the next 2-5 years.

Q4b: Please list the flexible arrangements you believe you would like to access in the next 5-10 years.

Type of flexible arrangement <sup>1</sup>	Respondents <sup>2</sup>	
	2-5 years	5-10 years
Career break	7%	9%
Employer-assisted child care	8%	9%
Flexible rostering	10%	13%
Flexible working hours	18%	16%
Home-based work	8%	9%
Interrupted training	6%	5%
Job sharing	6%	8%
Part-time training	13%	7%
Part-time work	18%	17%
Purchase additional leave	5%	6%

<sup>1</sup> Responses for maternity and ‘other’ arrangements were < 0.5%.

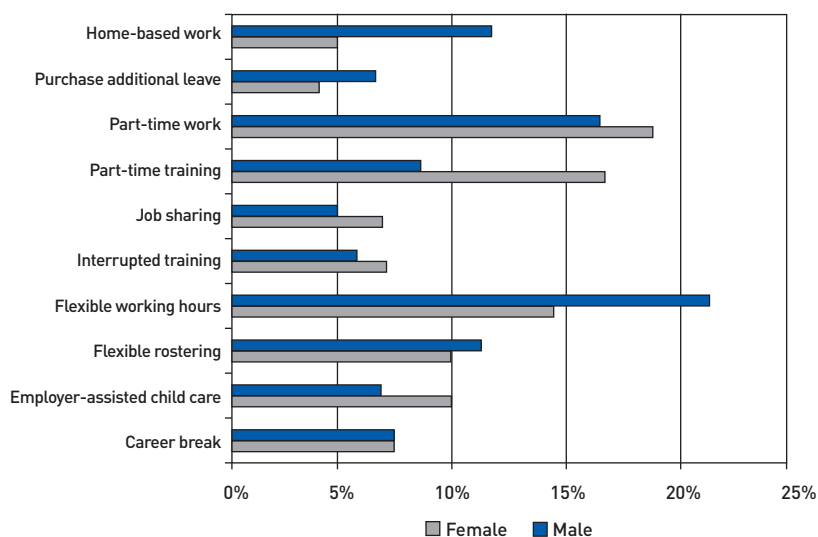
<sup>2</sup> Respondents were able to make multiple selections. Numbers may not total due to rounding.

“Being a Fellow at the end of my surgical training, my role is somewhat superfluous, which makes it relatively easy for me to have some time flexibility. As a consultant I hope to have even more control over my working hours. However, the very nature of the surgical workload limits this. Group practices where we can share the after-hours workload with our colleagues shall hopefully become the norm in the next few decades.”

*Female specialist*

The flexible working training arrangements wanted in the medium- to short-term by gender and doctor classification are expressed in Charts 6.1 and 6.2 respectively. These charts graphically illustrate that increased access to flexible working arrangements will be a key factor in the career choices of doctors. Male respondents indicated a strong preference for home-based work (12%) and flexible working hours (21%) compared to women. Access to part-time training (17%) will be a strong requirement for female doctors (Chart 6.1).

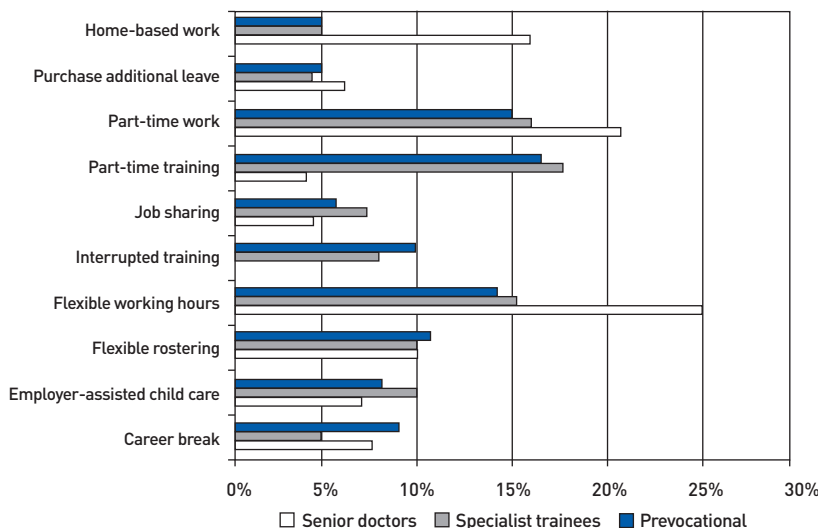
**Chart 6.1 Flexible arrangements wanted in the next 2-5 years (by gender)**



The senior doctors surveyed have indicated that access to flexible working hours (25%), part-time (21%) and home-based work (16%) will be a key requirement as their personal circumstances change or as they begin to wind down their careers. As one senior clinician stated: “I am now 59 years old and am looking to wind down in the next few years. Also it [flexible arrangements] would help to do household tasks if I had time off during the week.”

As would be expected, access to part-time training (35%), part-time work (31%) and flexible working hours (29%) will be key requirements for junior doctors (Chart 6.2).

**Chart 6.2 Flexible arrangements wanted in the next 2-5 years (by doctor classification)**



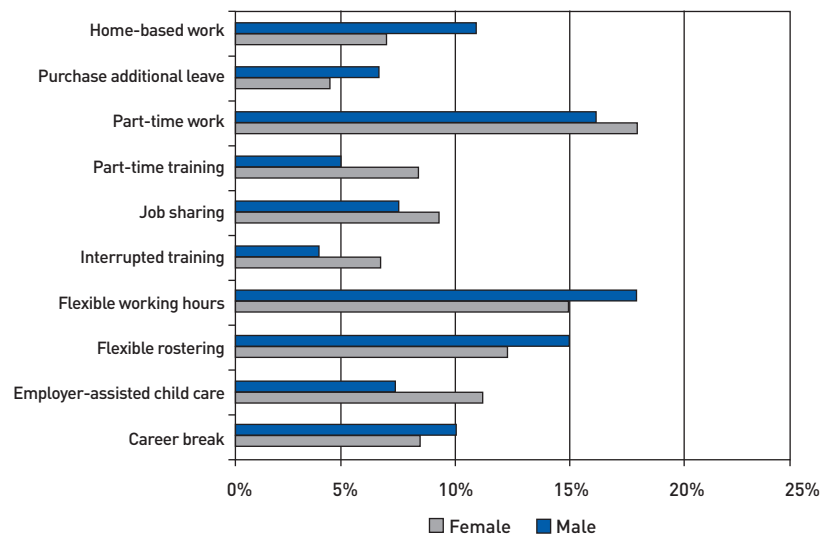
“Child care arrangements are essential for practitioners with family responsibilities; adequate time off is likewise essential, including to maintain individual health and wellbeing – maintenance of personal, partner/family and social relationships – as well as medical expertise.”

**Female specialist**

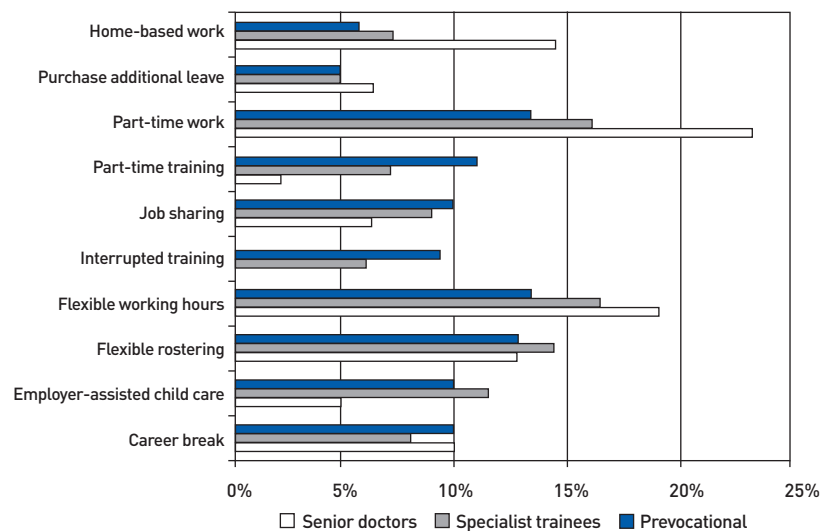
The flexible working and training arrangements wanted by gender and doctor classification for the medium- to longer-term are shown in Charts 6.3 and 6.4 respectively. The trends correlate largely with those for the short- to medium-term and the demand for flexible work and training arrangements will grow in the longer term. There will be a large drop in the projected demand from the female doctors surveyed for access to part-time training (17% to 8%), as they finish training and their family commitments decline.

Overall, the survey shows that needs or motivations for wanting flexible working practices will change as a doctor gets older and confirms that ageing baby boomer clinicians will require greater work flexibility. While junior doctors may want to access part-time hours in order to balance the commitments of a young family, senior doctors may want to access shorter hours and greater flexibility to pursue research and study interests, attend conferences and undertake professional development and college-related activities. Shorter hours and flexible arrangements such as home-based work may become attractive to older doctors as they reduce their commitments in anticipation of retirement.

**Chart 6.3 Flexible arrangements wanted in the next 5-10 years (by gender)**



**Chart 6.4 Flexible arrangements wanted in the next 5-10 years (by doctor classification)**



“I think this is an important issue. Some doctors (especially women) drop out of the workforce due to lack of access to flexible work arrangements. Also, many people burn out, and need to take prolonged breaks or change careers, etc.”

***Female advanced registrar***

The survey has shown that access to flexible working and training arrangements is an important issue for many doctors and that the demand for flexible arrangements will increase in the future. An aim of the survey was to obtain a snapshot of how well work-life flexibility is being advanced in our hospitals and the implications for medical workforce planning. The findings suggest that the benefits of offering a flexible working and training environment need to be better appreciated and valued by governments, medical colleges and hospital administrators, and supported through appropriate funding and resources.

Some 85% of doctors surveyed said that they will need some form of flexible working and training arrangement as a legitimate and accessible career option over the next one to 10 years. Junior doctors have high expectations for flexible work and training arrangements as they enter the profession and senior doctors will be seeking flexible arrangements as their careers progress and their circumstances change. Many doctors, of both genders, senior and junior, will be less willing to work full-time.

The impact of this requirement has significant implications for future health workforce planning. Medical colleges will need to increase the flexibility of their programs to enable doctors to adapt their work, training, teaching and management commitments as their life circumstances change. Hospitals and training providers in the future must meet the expectations of the emerging demographic of doctors and deliver a more flexible workplace. Many junior doctors may choose to enter the casual medical workforce rather than work in public hospitals that limit the scope for a life outside the profession. Those hospitals that have the most family- and employee-friendly arrangements will become the employers of choice.

# Glossary

<b>Career break</b>	A scheme that allow employees to negotiate a fixed period (up to several years) away from work. The employee is guaranteed a job at the end of the negotiated period.
<b>Employer-assisted child care</b>	Affordable, quality child care offered to employees with children. Employers can offer a variety of child care initiatives to support employees including: <ul style="list-style-type: none"> <li>• advice and referral services, offering assistance in finding appropriate child care,</li> <li>• organising school holiday care,</li> <li>• before and/or after school care – either providing this service in the workplace or arranging transportation for children to get to and from the child care centre,</li> <li>• sponsoring family day care places, and</li> <li>• establishing a child care centre within the workplace for children of employees.</li> </ul>
<b>Family rooms</b>	Rooms set up by the employer within the workplace that has, in addition to a workstation, facilities such as a bed and/or cot, TV and video, etc. Family rooms provide a safe location where staff can carry out regular duties while ensuring that dependants are cared for where alternative arrangements are not available. Family rooms can serve a number of functions, including emergency child care; longer-term child care (such as vacation or after-school care); care for elderly or disabled dependants; and a private place where breastfeeding employees can express milk or feed babies at work.
<b>Flexible rostering</b>	Rostering arrangements or work schedules that enable employees to avoid the long hours of work, successive shifts, on-call schedules and training activities that can contribute to fatigue and social and family disengagement. Typically, flexible rosters are designed to minimise or reduce long working hours by avoiding consecutive shifts and providing adequate recovery time.
<b>Flexible working hours</b>	Allow employees some freedom to vary their start and finishing times, with nominated core times that they are required to work. It can include compressed weeks – working full-time hours but over fewer days in a week or fortnight.
<b>Home-based work</b>	Also known as teleworking, where an employee works on a part-time or full-time basis away from the workplace. Home-based work is typically done from a home-based office with remote access to the workplace network and enables access to reports and scans, etc, on-line. A home-based working arrangement will involve a combination of work from home and at the workplace.
<b>Interrupted training</b>	Arrangement with a medical college that allows a trainee to defer training for an agreed period. Reasons for interrupting training can cover a range of circumstances and could include ill health, research and parenting.

# Glossary

<b>Job sharing</b>	An arrangement where two or more people share one full-time job, each working part-time on a regular on-going basis. Job sharing may be a viable option when a position needs to be filled on a full-time basis, but not necessarily by one person.
<b>Junior doctor</b>	Also known as a doctor-in-training or junior medical officer (JMO), a doctor undertaking postgraduate (prevocational or vocational) medical training.
<b>Part-time training</b>	Allows a trainee to undertake the requirements for medical college accreditation on a less than full-time basis. Medical colleges usually require that the training position is equivalent to at least half of a full-time training position and that the part-time training meets the same standards as for full-time training. The total length of part-time training is usually the same as for full-time training.
<b>Part-time work</b>	Enables a permanent employee to work fewer than full-time hours and have reasonably predictable hours of work. The employee is entitled to employment entitlements associated with permanent employment such as sick leave and annual leave on a pro rata basis.
<b>Prevocational training</b>	Broadly the first two years of postgraduate training for junior doctors.  <i>Postgraduate year 1 (PGY 1):</i> the year of supervised clinical training completed by graduates of an Australian Medical Council (AMC) accredited medical school. Also known as the intern year.  <i>Postgraduate year 2 (PGY 2):</i> the year of structured rotations through supervised clinical training placements, mostly in public hospitals, completed once medical practitioners have completed their internship, and gained general medical registration. Also known as 1st year Resident Medical Officer year or Hospital Medical Officer year. <sup>1</sup>
<b>Purchase of additional leave</b>	Enables employees to accept a reduced salary over the year and take longer periods of leave at that agreed salary.
<b>Registrar</b>	Also known as a trainee, a junior doctor undertaking vocational (medical specialist) training.  <i>Basic training:</i> a period of defined training required by some specialist medical colleges to be undertaken in order to meet eligibility criteria for entering an advanced training program.  <i>Advanced training:</i> a period of defined/structured education and training which, when successfully completed, will result in eligibility to apply for fellowship of a specialist medical college or to practise as a specialist, in some cases preceded by completion of basic training requirements. <sup>2</sup>
<b>Specialist</b>	A medical practitioner who has successfully completed vocational medical training and the other requirements of a specialist medical college and been awarded fellowship of the college.
<b>Vocational training</b>	The necessary training for a chosen medical specialty.

<sup>1</sup> *Eleventh Report of Medical Training Review Panel*, Australian Government, 2008, p.113.

<sup>2</sup> *Ibid*, p.113.

# AMA work-life flexibility resources

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Visit [www.ama.com.au](http://www.ama.com.au) for these AMA work-life flexibility resources

- *AMA Clinical Handover Guide – Safe Handover: Safe Patients*
- *AMA – Medical Journal of Australia Job Share Register*
- *AMA Position Statement: Flexibility in Medical Work and Training Practices for Doctors-in-Training, AMA 2005*
- *Doctor's Guidelines for Implementing Flexibility, AMA 2006*
- *Opportunities and Impediments to Flexibility: Report on Consultations with Key Stakeholders on Flexibility in Medical Training and Work Practices, AMA, March 2003*
- *Management Guidelines for Implementing Flexibility, AMA 2006*
- *Submission to Striking the Balance: Women, Men, Work and Family, Discussion Paper 2005, Sex Discrimination Unit, Human Rights and Equal Opportunity Commission, Australian Medical Association, 2005*
- *Towards Training and Workplace Flexibility, AMA, 2002*

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