

Definition of Part-Time Work within the Medical Work Force

1997

Background

1. Within the general community, the 38-hour week is currently accepted as the “full-time” norm. Within the medical profession, hours of work vary considerably with the type of practice and choice of doctor. The working hours of doctors, especially those in private practice, cannot readily be categorised within the “38 hours” a week definition.
2. In the hospital setting, working hours are determined by an award under the relevant state or Federal legislation. These working-hours may be defined as full-time, part-time, half-time or hourly.
3. In private practice, it is difficult to define part-time work.
4. Existing definitions give the perception that part-time work is not valued. Within the culture of the medical profession, the term “part-time” has come to imply that the trainee or the doctor is not fully committed to the medical profession.
5. In the private setting, doctors regularly work a variety of hours to fulfil family, social and work commitments. Under current social norms, family commitments often fall to female doctors. Available data show that female clinicians work an average of 39 hours per week, compared with 51.4 hours for male cliniciansⁱ. It is important that all doctors and trainees who wish to take on family responsibilities are able to balance work and family responsibilities without having their commitment to their profession questioned.
6. The AMA therefore advocates the elimination of the use of the classifications “part-time” and “full-time” when referring to doctors’ working hours. The AMA recommends a systematic approach to the number of hours worked (for example “up to 15”, “15-30”, “30-45”, etc.).

Policy

The AMA considers that:

1. the terms “part-time” and “full-time” are inaccurate and irrelevant when describing the working week of doctors. These terms should be replaced with a reference to a more specific and systematic grouping of the number of hours worked;
2. governments and other bodies, when undertaking research into the medical work force, should classify doctors by referring to a systematic grouping of the number of hours worked rather than by the use of the terms “part-time” and “full-time”;
3. all Medical College training programs and hospitals should allow for flexible work schedules. Those who elect to undertake medical training for less than 38 hours per week should not be disadvantaged in their career advancement; and
4. Medical Colleges should encourage trainees who are working a part or shared roster, and should assist them to complete all mandatory training requirements of the particular discipline.

ⁱ “Female Participation in the Australian Medical Work Force”, AMWAC/AIHW, AMWAC Report 1996.7. September 1996