



AMA

NATIONAL CODE OF PRACTICE - FLEXIBLE WORK AND TRAINING PRACTICES

Summary

This is a voluntary Code that provides practical advice to employers, training providers, doctors and doctors in training about how to implement and access flexible work and training practices. It applies to all hospital employers and salaried hospital doctors and doctors in training.

“Changes in the demographics and composition of the medical workforce, and in societal attitudes to work life balance are driving moves to have greater flexibility in work arrangements. Research confirms that lifestyle and flexible working practices are some of the most important determinants of specialty career choice for doctors.¹²³

In this environment, the introduction of flexible medical work and training practices will promote equal opportunity and diversity, enhance the participation of doctors in the workforce and support the delivery of high quality medical care and training.”

AMA Position Statement
Flexibility in Medical Work and Training Practices 2005. Revised 2015

Foreword

Work-life flexibility is a high priority issue for the AMA and its members. The AMA has a long history of championing access to flexible work and training arrangements for doctors. The AMA first commissioned a work life flexibility project in 2001-2002 which revealed lifestyle and flexible working practices were significant issues for doctors in training when choosing a medical vocation. More recently, the 2014 AMA Specialist Trainee Survey revealed that while trainees felt optimistic about access to flexible training options, policies on flexible employment arrangements were not always widely publicised.

Following reports that access to flexible training options remained an issue for trainees in some specialties, the AMA reviewed its position statement on *Flexibility in Medical Work and Training Practices* in 2015, and developed an *AMA National Code of Practice – Flexible work and training practices* as a tool to assist employers, training providers, doctors and doctors in training to implement and access best practice flexible work and training arrangements.

While many specialist medical colleges have adopted policies in support of flexible work arrangements and training, this is not always straight forward. The needs of the employer also need to be taken into account and it has not always been easy for health services to provide flexible workplaces due to pressures on hospital funding, staffing and service delivery. However those that do are more likely to attract and retain a highly skilled workforce, reduced staff turnover and increase the quality of candidates in administrative and leadership positions.

To complement the *AMA National Code of Practice – Flexible work and training practices*, the AMA has also developed guidelines to support employers and doctors to achieve best practice flexible work and training arrangements in the medical workplace. The *AMA Doctors Guidelines for Implementing Flexibility* are a valuable adjunct to this Code.

The *AMA Safe Handover: Safe Patients* guide on clinical handover is another tool for doctors, hospitals and members of the health care team to use to improve patient safety when transferring clinical work, and ensure that patient care is not jeopardised when implementing flexible work and training arrangements.

For more information on flexible work practices visit the AMA website at <https://ama.com.au/resources/doctors-in-training> .

Australian Medical Association Ltd

November 2016

Feedback

Feedback is welcome and can be directed to:

Australian Medical Association Ltd

PO Box 6090

KINGSTON ACT 2604

Email: ama@ama.com.au

Further information on flexible work arrangements can be found on the AMA website at

Contents

Foreword.....	2
Feedback	3
Purpose	3
Scope.....	3
Status of the Code.....	3
Relationship of the Code to Award and Agreement Provisions	3
Why flexibility	5
Some Challenges	5
Common flexible work arrangements	6
Benefits of flexibility in work and training arrangements	6
Initiatives to improve access to flexible provisions	6
Flexibility & parental leave	7
Organisations and flexible work arrangements.....	8
Supervisors and establishing flexible work agreements.....	10
Supervisor responsibilities	12
Getting Started.....	14
Checklist for supervisors	14
How to apply for flexible work arrangements	16
Checklist for doctors	17
Discussing your request with your employer	17
What happens after you make your request?	18
Monitoring	19
Evaluation	19
Further information	20
Useful links	20
AMA resources.....	20
Other resources	20
Appendix 1. Background to the Code	21
Defining the issue.....	21
The UK experience	22
Design principles	23
References	24

Purpose

Changes in the demographics and composition of the medical workforce and in societal attitudes to work life balance are driving moves to have greater flexibility in work arrangements. This Code provides guidance on implementing best practice flexible work and training policy and arrangements to support doctors and employers achieve a balance between family, work and other responsibilities in life. This will not only benefit doctors and employers but also the quality of care provided to patients and the wider community.

Scope

This Code identifies opportunities to improve access to flexible work and training arrangements for public hospital doctors and doctors in training, and is applicable to all hospital employers, training providers, public hospital doctors and doctors in training.

Status of the Code

While providing access to flexible work arrangements is enshrined in legislation, this Code is voluntary and does not have any specific legislative standing. It is designed to provide advice to employers, training providers, doctors and doctors in training about how to implement and access flexible work and training practices.

Relationship of the Code to Award and Agreement Provisions

A range of workplace legislation around Australia covers flexible working arrangements and safety in the workplace. Requests for flexible working arrangements form part of the National Employment Standards (NES), which apply to all employees covered by the national workplace relations system, regardless of the applicable industrial instrument or contract of employment. Terms in awards, agreements and employment contracts cannot exclude or provide for an entitlement less than the NES.

A formal request under the *Fair Work Act 2009* must be in writing and be given to an employer.

A written request needs to clearly outline:

- the change sought; and
- the reasons for the change.

In addition to the NES, most awards and agreements have clauses around flexible workplace arrangements.⁴ Also, many state health departments have policies providing for flexible working arrangements.⁵

An employee may request a change in their working arrangements from their employer if they require flexibility because they:

- are the parent, or have responsibility for the care, of a child who is of school age or younger;
- are a carer (within the meaning of the *Carer Recognition Act 2010*);
- have a disability;
- are 55 or older;
- are experiencing violence from a member of their family; or

Purpose, scope & status of the Code

- provide care or support to a member of their immediate family or household, who requires care or support because they are experiencing violence from their family.

If an employee is the parent of a child or has responsibility for the care of a child and is returning to work after taking parental or adoption leave, the employee may request to return to work on a part-time basis to help them care for the child.

Examples of changes in working arrangements may include:

- Changes in hours of work (e.g. reduction in hours worked, changes to start/finish times).
- Changes in patterns of work (e.g. working 'split-shifts' or job sharing arrangements).
- Changes in location of work (e.g. working from home or another location).

An employer can only refuse such a request on 'reasonable business grounds'.

There is also a range of state/territory and federal anti-discrimination laws which make it unlawful for an employer to discriminate against an employee based on their marital status, sex, pregnancy, and family or carer's responsibility. Whilst these may not be aimed exclusively at flexibility in the workplace, they may effectively provide some protection for those seeking flexible working arrangements.

Beyond this, occupational health and safety laws in each state and territory require workplaces to protect the health, safety and welfare of workers.

The table below provides a summary of key federal legislation and some examples from state legislation:

Fair Work Act 2009 (Cth) National Employment Standards	Under the National Employment Standards eligible employees have a legal 'right to request' flexible working arrangements
Fair Work Act 2009 (Cth) Modern Awards or Enterprise Agreements Individual Flexibility Arrangements	All Modern Awards and Enterprise Agreements enable an employer and employee to vary an award to meet their genuine workplace needs via an 'individual flexibility arrangement'
Fair Work Act 2009 (Cth) Unlawful Workplace Discrimination (s 351)	Protects employees against adverse action on the basis of an employee's family or carer's responsibility
Commonwealth Sex Discrimination Act 1984	Provides protection against discrimination on the grounds of family and caring responsibilities
Anti-Discrimination Act 1977 (NSW)	Provides protection for carers if they are treated unfairly or harassed because of caring responsibilities
Work Health and Safety Act 2011 (NSW)	Protects the health, safety and welfare of people at work
Equal Opportunity Act 2010 (Vic)	Employers must not refuse flexible arrangements for an employee with parental or carer responsibilities, unless it is reasonable to do so in the circumstances.

Why flexibility

Lifestyle and flexible working practices remain some of the most important determinants of specialty career choice for doctors,^{6,7,8} and flexible work arrangements are associated with significant improvements in personal well-being and clinical performance.² The introduction of flexible medical work and training practices is an important step to enhance the participation of doctors in the workforce, promote equity and diversity, and support the delivery of high quality medical care and training.

Employers and training providers who work to achieve best practice with work life flexibility arrangements are more likely to attract and retain a diverse and highly skilled workforce, reduce staff turnover and increase the quality of candidates in administrative and leadership positions.² Likewise training programs that offer the same conditions and flexibility can expect to attract and retain high quality trainees into their training programs, and to achieve more equitable health outcomes.

Flexible work and training arrangements may include: access to part-time work, flexible work and leave arrangements, access to study leave and other career development opportunities, and extended maternity/paternity leave provisions.

Improving work-life balance and flexibility, including parental leave, addressing cultural and attitudinal barriers, creating a supportive working culture, and focusing on innovative medical work and training practices will enable doctors at all stages of their career to achieve a better work life balance while continuing to provide safe and excellent care for patients.

Some Challenges

The challenge remains to implement flexible work/life policies within the context of high quality patient care. There are a number of reasons why organisations fail in their implementation of flexible work/life policies. One of these is the failure to address some of the myths and objections sometimes raised by people as to why they cannot implement the necessary changes. These include:

- Patient needs make it impossible for flexible options to be used.
- Once an arrangement is made for one person everyone in the group will want the same.
- Flexible work options mean part-time work.
- Doctors wanting assistance to manage family responsibilities aren't serious about their careers or care about patients.
- People who work flexible hours or who job share are difficult to manage.
- Work and family programs are about promoting women.

The majority of these myths can be tracked back to the influence of a culture within organisations and the competencies and attitudes of supervisors, staff, including doctors, and sometimes even patients. It is important that organisations are committed to a supportive working culture, funding models and innovative medical work and training practices to enable doctors to work more flexibly at different career stages while continuing to provide safe and excellent care for patients.

Common flexible work arrangements

A flexible work arrangement is any work arrangement that changes standard hours, days or location of work on a temporary or long term basis such as:

- Part-time work or job sharing.
- Compressed working hours.
- Changing the location of work or the need to travel to work e.g. home-based work or telework from alternate sites.
- Working additional or different hours to make up for time taken off e.g. flexi-time, formal or informal time off in lieu, or formal rostered days off.
- Changed starting and finishing times e.g. staggered start and finish times.
- Transition to retirement e.g. reducing hours progressively over a certain time period rather than ceasing work completely.
- Career, study or community participation breaks.
- Jobs which provide for a split between research and clinical work.
- Flexible return from parental leave.
- Purchased leave.

Benefits of flexibility in work and training arrangements

- Development of an organisational culture which facilitates change and effective work performance.
- Enhanced productivity, clinical care and patient outcomes.
- Greater access to doctors with a wider range of skills and competencies.
- Increased attractiveness as an employer resulting in an enhanced pool of applicants for vacant positions and an enhanced international reputation.
- Reduced recruitment costs because doctors are retained.
- Doctors are better able to manage the balance between work and life responsibilities.
- Doctors are able to undertake education, training, continuing professional development and further research work.

Initiatives to improve access to flexible provisions

- Promotion of flexible work policy and successful flexible work arrangements by employers, medical administrators and colleges.
- Development and active promotion of flexible work initiatives e.g. flexible rostering, job share registers.
- Provision for an administrative contact within the work and/or training environment to help doctors develop and access appropriate flexible work and training programs.
- Development of comprehensive induction programs, orientation and support.
- Availability of technology to enable doctors to work from home or remotely for some aspects of their job (e.g. use of teleconference, videoconference, online consultations).
- Use of alternative training environments (e.g. private sector, simulation) which may be suitable for flexible work arrangements.
- Consideration of modular based training systems, adapted to suit individual and speciality.
- Provision of paid parental leave (maternity, paternity and adoption leave).

Flexibility & parental leave

- Provision of adequate carer's leave for doctors who require time off from work to care for sick family members.
- Support for career breaks to enable doctors to pursue different interests or experiences e.g. research, academic work, working in a rural environment or overseas.
- Employment arrangements which split time between clinical and research work; research is aided by having ongoing clinical exposure, and clinical work benefits from doctors being up to date with the latest research.
- Options to support return to work (e.g. planned return to work programs, access to child care/nannies, family rooms and staff counselling).

Flexibility & parental leave

The positive impact of flexible work arrangements and leave entitlements on the attraction and retention of staff has long been recognised. Businesses with flexible working arrangements, including good parental leave policies, can benefit from:

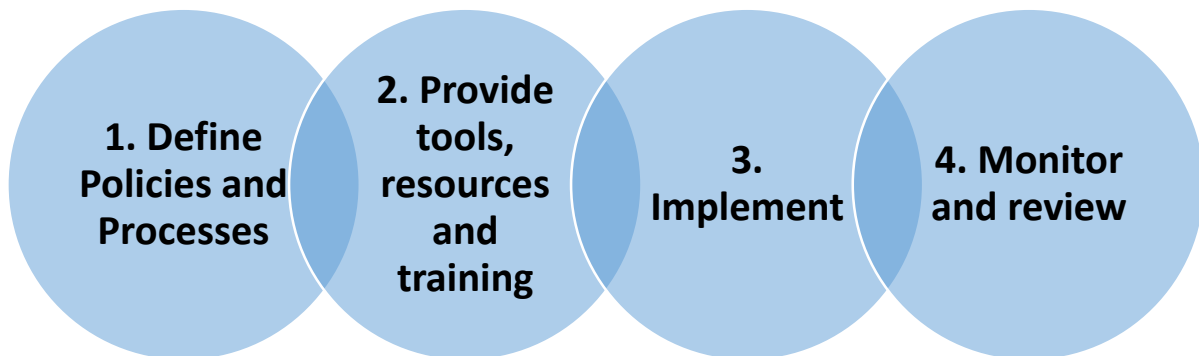
- Lower staff turnover, resulting in lower recruitment and training costs.
- Recognition as an employer of choice.
- Improved employee satisfaction and commitment.
- Greater ability to attract new employees.
- Smoother transitions for employees between work and parental leave.⁹

A successful parental leave policy should incorporate innovative and flexible arrangements that assist parents before, during and after a period of parental leave.

The best parental leave policies benefit both employers and employees. They assist employees to manage their transition out of and back into work by providing clarity around entitlements and expectations. They also help employers ensure that valuable members of staff are attracted, retained and feel appreciated.

A best practice employer should facilitate flexible arrangements in their workplace for new fathers and mothers around the time a child is born. It is important to remember that an employee returning from parental leave is legally entitled to return to the same job they held prior to going on leave. If that job no longer exists, they are legally entitled to return to an available position for which they are qualified and suited, which is nearest in status and pay to their pre-parental leave position.

Organisations and flexible work arrangements



1. Define Policies and Processes

- Employers, medical administrators and training providers must show strong leadership and a commitment to offer flexible work and training arrangements.
- Clear and accessible policies and processes that facilitate doctors' access to flexible work arrangements in line with training and service requirements should be developed, implemented and promoted in both work and training environments.
- Application and assessment processes for access to flexible work and training arrangements should be simple and clearly articulated and manage requests for flexible work arrangements in a timely manner.
- Practical support and assistance should be in place to support doctors seeking to apply for flexible work and training arrangements.
- Employers and training providers must have an appeals and grievance system in place to deal with complaints from doctors who have applied to work flexibly. These systems should be timely, transparent, confidential and outcome oriented and include support for the person making the appeal or complaint.

2. Provide tools, resources and training

- Employers and trading providers should provide training to senior managers, administrators and medical staff to ensure they are aware of the organisations flexibility policy and have an understanding of the needs of doctors to access flexible provisions.
- Employers and training providers should ensure all staff are aware of flexible work arrangements through staff development, training and the provision of guidelines at induction and/or regular staff meetings about how to negotiate and manage flexible work arrangements. Information, education, and training should be provided to hospital managers and staff about flexible work arrangements and how to facilitate them.
- Examples of successful flexible work arrangements and how they operate in each hospital or training program should be publicised and shared between employers, training providers and doctors.
- Employers should make information about returning to work publicly available, with links to advice from medical colleges and other medical organisations.

Organisations & flexible work arrangements

3. Implement

- Employers and training providers must ensure that doctors have access to up to date information and promotional material on employer and training provider policies and practices relating to flexibility at their place of work.
- Where appropriate, positions should be advertised as amenable to part-time, job-share or other types of flexible work and training arrangements.
- Employers and training providers should work together to create and promote a sufficient number of flexible work and training positions to meet the evolving demographic of the medical workforce.
- In relation to doctors in training, employers and training providers should work together to identify and develop high quality and educationally valid flexible training positions. Training programs should be made as flexible, modular and transferable as possible to facilitate movement between training programs.
- Employers and training providers should communicate with each other in the development of flexibility policy, to support individual doctor's applications for flexible work and training arrangements, and where relevant, to facilitate a candidate's application to move between training providers.
- Flexible work arrangements need to be accompanied by clear job descriptions and good clinical handover practices so that all staff are clear about their roles and responsibilities and that patient safety and continuity of care is not compromised.
- Hospitals should have adequate staffing levels and relief staff to accommodate requests for flexibility and accrued leave.
- Employers and training providers should provide support to assist doctors to organise flexible work and training arrangements including access to career advice and mentorship.
- Once implemented, on-going contact and support should be maintained between the employer, training provider and the doctor making use of flexible provisions.
- Employers and training providers should develop a range of systems, processes and strategies to facilitate exit from work and training at the start of a career break, maintain links during a break, and enable return to work. Successful strategies depend on a planned and structured approach involving both the employer and employee, and should be individualised to the practitioner.
- All processes for return to work should be clearly identified prior to the career break, agreed and confirmed in writing, including formal channels of communication. Regular communication between employer and employee during a career break will improve return to work and staff retention.
- Return to work strategies should include a focus on support, supervision, professional development, peer networks in addition to the flexible work arrangement itself.

4. Monitor and review

- Employers and training providers should evaluate 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.
- This includes data on the number of flexible work and training positions, the number of doctors accessing flexible provisions, the type of provisions utilised and the circumstances where applications for flexibility have not been met.
- Employers and training providers should actively review the barriers to flexible work arrangements and work to overcome these issues where possible, including allowing for job sharing of key roles.

Supervisors & flexible work arrangements

Supervisors and establishing flexible work agreements

The success of a flexible work program depends on a mutually satisfactory agreement that is developed by doctors and their unit supervisors. Both parties are responsible for making the agreement work and both should commit to a process of continuous improvement and evaluation. Initially the doctor needs to develop their case for a flexible work arrangement. The unit supervisor is responsible for assessing these requests fairly and equitably and to give reasons for accepting, amending or rejecting any requests. This will allow the doctor to amend their proposal and better understand the reason for any possible rejection.

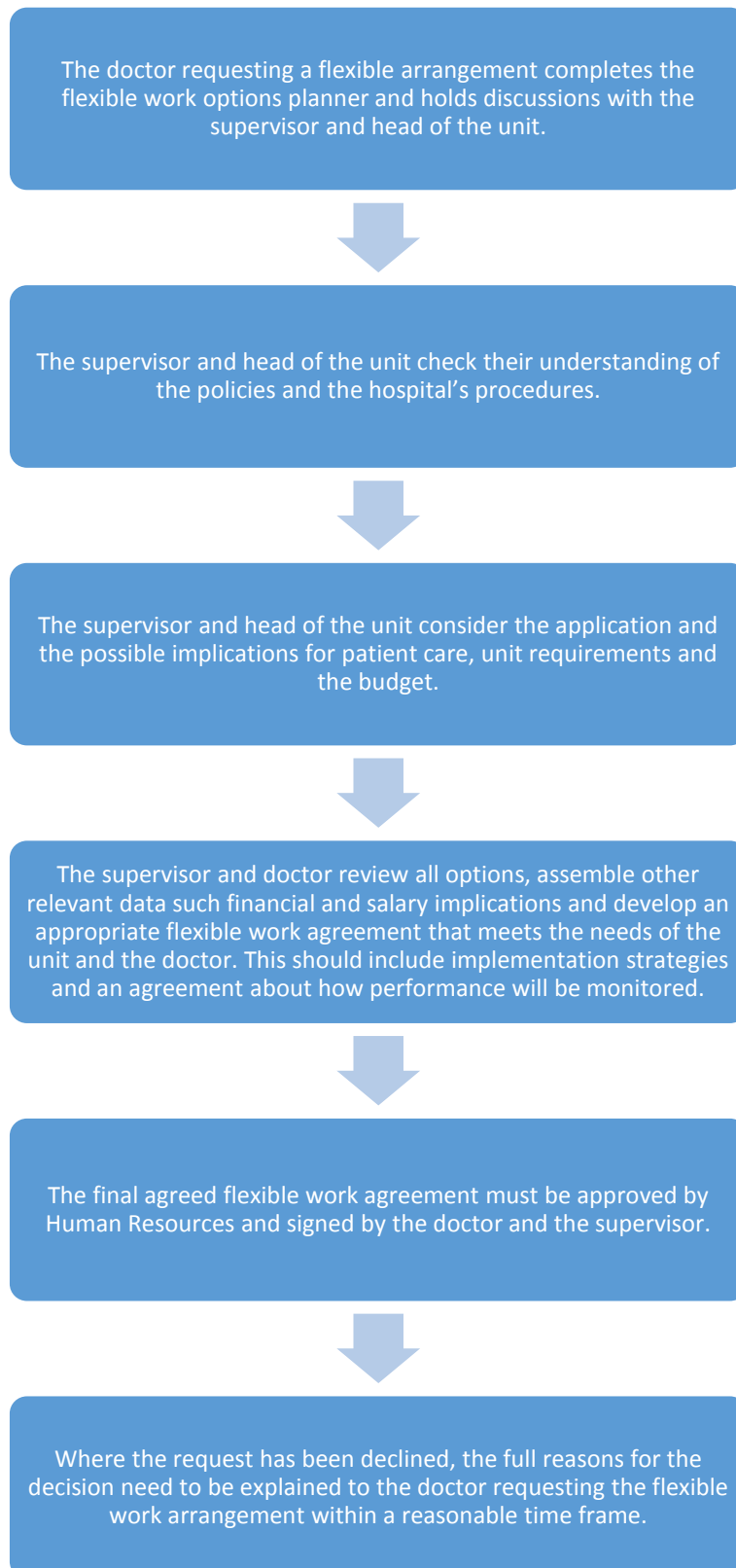
The support and encouragement of the unit supervisor or head of the unit is critical to the success of any attempt to implement flexibility in the workplace. It requires strong leadership and coaching for those involved. Heads of units need to be able to listen and respond empathically when concerns are raised and be able to develop with their members of the unit, solutions that provide a win/win for all concerned. This investment of time will provide long-term improvements in patient care.

It is the responsibility of the head of the unit or supervisor (having accepted a doctor's request to work flexibly) to work with the doctor to develop a flexible work agreement that will outline how the new arrangement will work. The criteria should be agreed by all parties in negotiating an agreement, which should then be written up and signed by both parties, and confirmed by Human Resources before implementation.

Employers need to ensure that they comply with legal obligations as prescribed by industrial instruments, awards and the FW Act.

Supervisors & flexible work arrangements

There are six key stages in the process of establishing flexible work agreements:



Supervisor responsibilities

Supervisors are responsible for approving and implementing flexibility for doctors who are seeking such arrangements. It is important to recognise that there is no 'one-size fits all' solution to flexibility and sometimes supervisors and doctors will need to use a creative approach to problem-solving and implementation issues.

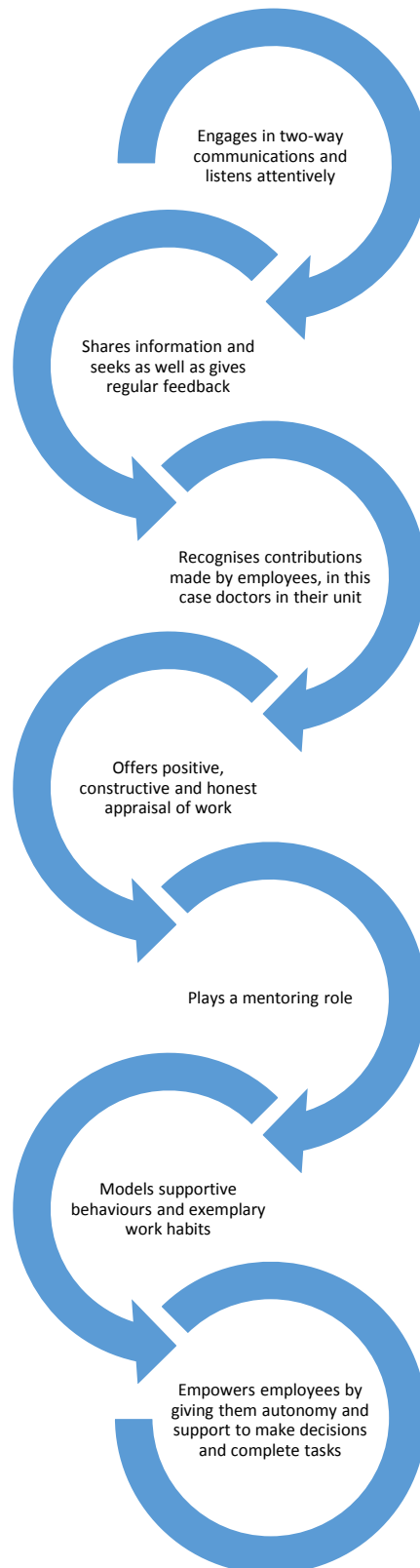
Supervisors are also encouraged to look for opportunities to increase the availability of flexible working within their units. This can be done by:

-
- Re-thinking about the way work is done and whether jobs can be re-designed to offer greater flexibility.
 - Offering flexibility at the recruitment stage e.g. can the job be undertaken as a job-share arrangement or could working hours be staggered.
 - Offering a doctor returning from parental leave work flexible hours
 - Exploring whether a doctor could undertake their training by distance learning.
-

A supervisor can demonstrate commitment to increased flexibility by not only encouraging doctors to access the options available but also by:

-
- Recognising that doctors have a life outside work and seeing work / life balance is a positive.
 - Scheduling meetings so that staff that work flexibly can attend.
 - Making training / education sessions available to all doctors in the unit, whatever their work hours.
 - Allocating work on the basis of merit rather than presence in the workplace
 - Objectively assessing performance on results rather than the hours worked.
 - Recognising successes and learning from difficulties especially in the area of flexible working.

A supportive supervisor is one who:



Getting Started

These ten steps will assist supervisors to respond to requests for flexible work arrangement in a fair and equitable manner.

1. Discuss the proposal with the doctor making the request including specific needs and any impact of the doctor's request for greater flexibility on both the hospital and the individual. Flexible work arrangements should not compromise a trainee's progress through training and employers should focus on supporting education and training continuity to ensure all education and training requirements are met. It is important to treat each request on its merit.
2. Check with Human Resources to ensure that the arrangement will comply with current Enterprise Agreements and other legislative requirements such as Awards.
3. Consider whether the request is compatible with patient needs and unit requirements, for example, peak work times, patient requirements, handover, etc. If the proposal is not compatible with unit requirements and/or patient needs, consider whether the doctor's request can be accommodated with little change or whether there is a need for some modification.
4. Look at other ways jobs can be structured and work done to improve the way that patient needs and unit requirements are being met. This may include the elimination of non-medical functions from jobs, or the possibility of allowing doctors to do some administrative work from home.
5. It is important to recognise that there may be a potential for conflict with other doctors and that this will need to be resolved. Consult with the other doctors and others concerned to develop strategies to overcome these concerns.
6. Consider the budgetary implications both in the short and long-term and how can these be addressed. If the financial costs associated with the proposal are excessive a request may need to be rejected, despite other benefits.
7. Assess whether any safety or occupational health issues may need to be addressed especially if the doctor is planning to work from home.
8. Establish specific performance objectives, as part of the development of the Flexible Work Agreement. Performance objectives should focus on clearly defined outcomes, be measurable and may include patient feedback. Both the supervisor and the doctor should mutually decide when and how performance will be monitored and evaluated.
9. Schedule frequent discussions between the head of unit and the doctor to assess the specifics of how the arrangement is working, ensuring that all issues are addressed.
10. Organise communication processes within the unit to ensure that all doctors can attend.

Checklist for supervisors

The following checklist will help for employers and supervisors to set-up and implement flexible work practices:

1. Job design

- Is it a change of hours or a job-share arrangement or working from home or another type of flexible working?
- What is the duration of this agreement?
- Has the job design, work load and allocation been reviewed?
- Is there potential for the doctor to work from home?

- Does the job description require amendment?
- Has a work plan been developed?
- What will be the impact on the doctor's salary and any other benefits? Does the doctor understand the implications of any change?
- Is there a need for additional equipment and if so has this cost been factored into the budget?

2. *Working hours*

- Have the hours and days of work been negotiated? How many hours per week/month will the doctor be working?
- What are the rostering requirements? Will there be a change in the number of rostered shifts, will they be longer or shorter?
- Can the doctor work additional hours if necessary during peak times of the year? How much notice is required?
- Do the arrangements comply with the AMA National Code of Practice: Hours of Work, Shiftwork and Rostering for Hospital Doctors <https://ama.com.au/article/national-code-practice-hours-work-shiftwork-and-rostering-hospital-doctors> ?
- Has the trainee considered how this will impact on their ability to meet their training requirements and progression through training?
- Is it clear how holidays/leave and other absences will be covered to maintain ongoing patient care and contact?

3. *Communication*

- If moving to a part-time or job-share arrangement, has clinical handover been addressed?
- What arrangements will need to be made to ensure communication between the doctor, supervisor and other doctors in the unit are adequate to meet everyone's needs, on a regular basis and if a work related crisis occurs?
- How will potential conflicts be resolved and has this process been outlined in the agreement?
- How will the doctor be included in work related activities?
- What are the doctor's training needs and how will this be managed?

4. *Monitoring and evaluation*

- How will performance be measured? What are the performance criteria, e.g. patient care?
- Is there a trial period? What would be a fair time to give the requested flexible arrangement chance to succeed and how will both parties monitor and evaluate success to ensure the arrangement is given a fair assessment?
- If this arrangement is unsatisfactory what will happen?
- Can the doctor return to their previous work arrangement/standard working conditions (at some later date) and how will this be addressed?
- Has Flexible Work Agreement been finalised, signed and clearly understood by all concerned?

How to apply for flexible work arrangements

One of the best ways to access a flexible work arrangement is to prepare and present a well thought out written proposal to an immediate supervisor. Even though a hospital will have a range of policies that allow for flexible work options, it is still the responsibility of the doctor to develop a case for being granted a flexible work agreement, which shows the benefits of the arrangement. The proposal should outline how the job function will be effectively maintained under the proposed flexible work arrangement.

Key stages in getting an application approved are:

- Developing a flexible work application
- Discussions with supervisor and gaining approval
- Employee and supervisor establish flexible agreement
- Action planning implementation strategy
- Management approval
- Monitoring and evaluation

The AMA has developed guidelines to help doctors negotiate flexible work arrangements. The *AMA Doctors Guidelines: How to apply for flexible work arrangements* are available at <https://ama.com.au/article/doctors-guidelines-implementing-flexibility> and include advice on:

- Flexible work options
- How to apply for a flexible work arrangements
- Key stages in getting an application approved
- Flexible work option planner template and examples
- Flexible work agreement example

The key recommendations from these guidelines for implementing flexibility are summarised in the next section.

How to apply for flexible work arrangements

Checklist for doctors

The following checklist outlines important considerations to address in preparing an application for flexible work arrangements:

- Why do you want greater flexibility?
- Which type of flexible work option will best suit your needs?
- What are the personal implications of any proposed new work arrangements?
- How will the changes you are requesting affect your ability to meet your work and training objectives and responsibilities?
- How will your proposed new schedule or flexible work option, sustain or improve the unit's ability to provide high quality care for all patients?
- What impact could your proposed changes have on patients, other doctors, your supervisors and others?
- Have you talked to colleagues who might be affected? They may be able to suggest ideas on how to manage the work.
- Are there any potential implications for the unit's budget that will need to be considered?
- How do you plan to overcome these potential problems?
- How will you maintain communications within your unit and with patients?
- Will you need any additional equipment?
- Are there any additional costs (that you know about) associated with your request? (if you are not sure then talk to Human Resources)
- What costs and benefits will accrue to the hospital if your request is approved?
- What measures can be used to assess how your performance is meeting or exceeding expectations?
- How will you integrate training sessions into your schedule?
- What review process do you propose for monitoring and improving of your flexible work option?

Discussing your request with your employer

Here are some tips for talking through your proposal with your employer:

-
- Ask for a meeting at a time that is convenient.
 - Be clear and realistic about what you are asking the employer to do.
 - Explain your situation and your needs clearly.
 - Make it clear that you are committed to ensuring that the arrangements work effectively for everyone.
 - If you are not confident talking about these issues, you might want to ask a friend, colleague or your union representative (if you are a member) to come with you.
 - Be calm and professional at all times.
 - Come prepared. Write down a list of the points you want to make and note down any agreements reached in the meeting.
-

How to apply for flexible work arrangements

Your written request needs to clearly outline:

- the change sought and
- the reasons for the change.

You might like to use the Flexible work option planner template and examples and Flexible work agreement example available in the *AMA Doctors Guidelines: How to apply for flexible work arrangements* at <https://ama.com.au/article/doctors-guidelines-implementing-flexibility> to help you prepare your request for a flexible working arrangement.

What happens after you make your request?

In most cases, employers and employees will talk through the issues and reach agreement on flexible working arrangements that meet both their needs.

Your employer must respond to your request in writing within 21 days of the request being made. The response must state whether your request will be granted or refused. A simple refusal will not be a sufficient response. If the request is refused, the written response must include details of the reason for refusal.

An employer can only refuse a request on reasonable business grounds. Reasonable business grounds include, but are not limited to:

-
- The new working arrangements requested by the employee would be too costly for the employer.
 - There is no capacity to change the working arrangements of other employees to accommodate the new working arrangements requested by the employee.
 - It would be impractical to change the working arrangements of other employees, or recruit new employees, to accommodate the new working arrangements requested by the employee.
 - The new working arrangements requested by the employee would be likely to result in significant loss of efficiency or productivity.
 - The new working arrangements requested by the employee would be likely to have a significant negative impact on service delivery and/or patient care.
-

If your request is refused and you are not satisfied with the reasons provided, check your contract of employment, enterprise agreement or other written agreement to ascertain the courses of action available to you.

You can also contact your State or Territory AMA for advice.

How to apply for flexible work arrangements

Monitoring

In some instances the arrangement may be on a trial basis for 3-6 months. Supervisors should communicate and consult with other doctors in the unit as part of the on-going monitoring process, any difficulties should be resolved as they arise.

The amount of work given to doctors working reduced time schedules should be monitored and periodically discussed to determine whether the workload is reasonable. Both parties should be aware of the possibility of 'workload creep' occurring. This is when an employee takes on a full-time workload whilst working reduced hours.

Supervisors must ensure that training needs of registrars and junior medical officers are considered. Focus on specific training needs. For example, it may be difficult for a doctor to manage their time or workload when working flexible hours, they may need to develop new skills in the area of time management, or delegation.

The impact of the arrangement on other doctors in the unit, other staff in the unit and patients should be assessed and arrangements adjusted as necessary according to what will work well for all concerned.

Importantly, supervisors must ensure that clinical handover is conducted diligently between job-share or other part-time doctors.

Evaluation

A flexible work arrangement needs to be monitored on a regular basis in addition to the normal review that will occur as part of the performance management process. Timely discussions of issues and concerns can help to address potential problems and lead to success for both the doctor and the unit.

Monitoring and evaluation discussions should address:

-
- Doctor satisfaction and concerns.
 - Achievement of agreed work and training objectives.
 - Achievement of patient care standards.
 - Co-operation between staff in the unit and the maintenance of communication between the part-time staff and staff working full-time.
 - Any impact of the flexible arrangements on other doctors in the team and their ability to meet their performance goals.
 - Patient feedback assessing any impact of the flexible arrangements
-

Further information

If you require further information, or would like to discuss flexible work option issues contact your Human Resources Department or talk to the:

Workplace Policy Department Australian Medical Association

PO Box 6090

Kingston ACT 2604

Phone: (02) 6270 5400

Fax: (02) 6270 5499

Email: ama@ama.com.au

Or contact your State or Territory AMA for assistance at <https://ama.com.au/careers/useful-contacts>

Useful links

AMA resources

- AMA Doctor's Guidelines for Implementing Flexibility Revised 2016
<https://ama.com.au/article/ama-doctors-guidelines-implementing-flexibility-revised-2016>
- AMA Position Statement Flexibility in Medical Work and Training Practices for Doctors-in-Training -2005. Revised 2015 (<https://ama.com.au/position-statement/flexibility-medical-work-and-training-practices-doctors-training-2005>)
- AMA National Code Of Practice: Hours of Work, Shiftwork and Rostering for Hospital Doctors
<https://ama.com.au/article/national-code-practice-hours-work-shiftwork-and-rostering-hospital-doctors>
- AMA Work-life flexibility survey report (2007) (<https://ama.com.au/article/ama-work-life-flexibility-survey>)
- AMA Clinical Handover Guide – Safe Handover: Safe Patients (2006)
(<https://ama.com.au/article/guidance-clinical-handover>)
- AMAWA Part-time Doctor Portal <http://www.amawa.com.au/part-time-doctor-portal/>

Other resources

- Fair Work Ombudsman
13 13 94
www.fairwork.gov.au

Appendix 1. Background to the Code

Pressure on public hospital funding, staffing and service delivery, and a culture within medicine that has not historically considered flexible working hours favourably, has contributed to a culture where some doctors do not feel they are able to work more flexibly. There is also the risk that increasing competition for vocational training places will mean there is less of an imperative for colleges and employers to offer flexible training arrangements.

Anecdotally doctors in training are worried that their careers could be disadvantaged if they ask for flexible training and work arrangements, and that this may be viewed as a 'lack of commitment' from their College. Although some Colleges have made good progress in this area, others Colleges and/or employers offer little support for doctors to undertake part time training.

Nonetheless, an increasing number of trainees undertaking part time training suggests that demand exists for flexible training positions. Likewise, the growing number of female trainees, and a shift towards postgraduate medical education and a more mature cohort of trainees, confirms a changing workforce demographic who are more likely to be raising children in their training years, and will want to balance work with family and personal commitments. The ability to do this or not do this will influence vocational choices.

Having control over hours worked (including after hours or on call work) is an important determinant of specialty career choice. Of the factors that are actionable through policy change, work experience and flexibility of hours are most highly rated by junior doctors when considering specialty choice.¹⁰¹¹¹²

Recent work suggests that major barriers to establishing flexible training positions include difficulty in finding job-share partners, a lack of funding for creating supernumerary positions, and concern over equivalence of educational quality compared with full time training.¹³

In order to promote equal opportunity and ensure diversity the medical profession must provide flexible training opportunities.

Defining the issue

"Workplace flexibility can be defined as the ability to have some control over when, where and how work is accomplished. This is more than access to leave and flexible working hours, and includes:

- Working hours (reduced hours, compressed working weeks, split shifts, autonomy in start and finish times)
- Working places (working from home, working from another location, use of social media to work on the move)
- Working practices (purchased leave, paid retirement, job-sharing, annualised hours)."¹⁴

The recent STS report (<https://ama.com.au/article/2014-ama-specialist-trainee-survey-report-findings-february-2015>) identified that trainees were more positive about access to flexible training options in 2014 than in 2010, with 61 per cent of trainees reporting that their college offered appropriate flexible training options. Approximately 50 per cent of trainees felt the college supported them in accessing flexible training options; 43 per cent felt that it would not disadvantage

their career if they undertook part time training. A significant number of trainees replied 'not sure' to these statements (ranging from 24 and 46 per cent).

Other Australian research suggests very few advanced training positions are explicitly advertised as amenable to part-time, job-share or other types of flexible training arrangements.¹⁵ This is despite changing medical workforce demographics driving demand for increased flexibility in training.

In 2013, 13.3% (1,576) of trainees were training part time, up from 5.9% (362) in 2013.¹⁶ The availability of part time and interrupted training varies across specialities. Part time training is most common in sexual health medicine (35%), general practice (25%) and psychiatry (18.7%). A third of all resident medical officers (or their equivalent) and registrars were in their 30's.¹⁷

In 2013, just over half (52% or 6,160) of all advanced vocational trainees were female compared to just under half (46.5% or 2,845) in 2003. Three-fifths or more of advanced trainees in sexual health medicine, obstetrics and gynaecology and rehabilitation medicine were women compared to approximately one third in ophthalmology and surgery.

There is currently no formal quantification in Australia of the number of flexible training positions. Nor is there any information about the views of employers and health services or on the educational outcomes associated with flexible training models.

The UK experience

The United Kingdom (UK) has taken a more structured approach to promoting flexible work arrangements for doctors over the past ten years. Drivers for change in the UK included:

- Changes to training arising from the Modernising Medical Careers campaign
- A need to attract and retain enough doctors to maintain out of hours cover at a safe and sustainable level in line with European Working Time Directive compliant rotas,
- A growing call to accommodate flexible and variable ways of work at different career stages for both men and women to provide excellent and safe care for patients.¹⁸
- A realisation that while policies were supportive of flexible working, the working culture and funding models were not.¹⁹

The Academy of Medical Royal Colleges (the Academy, the loose equivalent of our Committee of Presidents of Medical Colleges) has established a Flexible Careers Committee whose remit is to support flexible training and less than full time (LTFT) working.²⁰ The Committee is made up of representatives of its member organisations. It seeks to promote a good work life balance for all doctors and specifically to support flexible and less than full time (LTFT) training and working.

A Flexibility and Equality Survey²¹ done in 2012 by the Academy reported the main difficulties experienced by doctors who wished to work flexibly and/or part time work were unsupportive employers, unsupportive colleagues, lack of information and concerns about the impact on service. Key findings from the survey were:

- 23.5% of women, 35.5% of men and 42.0% of those declaring a disability or long-term health problem had difficulties when negotiating the time commitment of their current contract;
- 24.5% of women and 25.0% of men reported that they had experienced bullying in the workplace at some point in their career;
- 58.6% of 251 respondents felt they had been subjected to persistent undermining behaviour as a consequence of their LTFT working;

- Only 39.7% of female respondents reported taking on additional roles compared to 86.7% of male respondents;
- Only 36.8% of respondents currently have a mentor.

Recommendations for action following the survey included support for arranging flexible arrangements, setting up access to mentoring and careers advice, and taking action to address bullying.

Other Colleges in the UK, such as the Royal College of Physicians, also employ a Working Lives Officer/Flexible Careers Officer to enable systems and processes that allow individuals to achieve a good work/life balance.²²

The Medical Women's Federation in the UK also released a report in 2013²³ which makes a number of recommendations about how doctors can 'optimise the benefits of a career break and make it work for themselves, their employers and others.' It outlines a range of strategies employees, employers and professional societies can take to facilitate exit from work and the start of a career break, maintain links during a break and enable starting back at work.

Design principles

Mahady suggests there are three flexible work models that can be adapted for medical work and training purposes, noting that any such flexible work arrangements must meet the requirements for training and service delivery:

- Full-time flexible model (flexibility in hours)
- Part-time flexible model (50% or more FTE including supernumerary positions)
- Job –share model (share a full-time position on a rotational basis)

Other options include:

- Modular based training systems, adapted to suit individual and specialty and completed within a minimum time
- Use of alternative training environments (private sector, simulation)
- Options to support return to work (access to child care/nannies, other support)
- Promotion of successful flexible arrangements by Colleges and employers
- Development and active promotion of job share registers
- Provision for an administrative contact within Colleges to help trainee develop and access appropriate flexible programs e.g. similar to UK coordinator for flexible training.
- Medical administrators can promote policy on flexible training and commit to offer positions.

A White Paper on Flexible surgical training in Australia²⁴ encourages jurisdictions to identify potential part time training positions and express a willingness to employ trainees who wish to train flexibly. It says Colleges must become directly involved in the development of flexible training positions rather than providing 'reluctant permission', and develop strategy for trainees, supervisors and jurisdictions in the development of training positions. Hospitals must develop clear policies regarding job-sharing and make this available.

References

- ¹ Scott A, Joyce C, Cheng T, Wang W. Medical career path decision making: an Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the NSW Ministry of Health, 2013.
- ² Eyre H & Forbes M: Career options. *MJA Insight*. 28 July, 2014.
- ³ Harris MG, Gavel PH & Young JR. Factors influencing the choice of specialty of Australian medical graduates. *Med J Aust* 2005; 183 (6): 295-300.
- ⁴ See for example, the AMA Victoria - Victorian Public Health Sector Medical Specialists Enterprise Agreement 2013, clause 27, Right To Request Flexible Working Arrangements A Doctor who is a parent or has responsibility for the care of a child under school age or under 18 and has a disability may request flexible working arrangements in accordance with the NES.
- ⁵ See for example, Qld Health, Guideline for Flexible work arrangements <https://www.health.qld.gov.au/system-governance/policies-standards/doh-policy/guideline/qh-gdl-242.pdf>
- ⁶ Scott A, Joyce C, Cheng T, Wang W. Medical career path decision making: an Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the NSW Ministry of Health, 2013.
- ⁷ Eyre H & Forbes M: Career options. *MJA Insight*. 28 July, 2014.
- ⁸ Harris MG, Gavel PH & Young JR. Factors influencing the choice of specialty of Australian medical graduates. *Med J Aust* 2005; 183 (6): 295-300.
- ⁹ Fair Work Ombudsman. Parental leave. <https://www.fairwork.gov.au/how-we-will-help/templates-and-guides/best-practice-guides/parental-leave>
- ¹⁰ Scott A, Joyce C, Cheng T, Wang W. Medical career path decision making: an Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the NSW Ministry of Health, 2013.
- ¹¹ Eyre H & Forbes M: Career options. *MJA Insight*. 28 July, 2014.
- ¹² Harris MG, Gavel PH & Young JR. Factors influencing the choice of specialty of Australian medical graduates. *Med J Aust* 2005; 183 (6): 295-300.
- ¹³ Mahady S. Adding flexibility to physician training. *Med J Aust* 2011; 194:460-462.
- ¹⁴ Pocock B. Work Life Balance in Australia.
- ¹⁵ Mahady S. Adding flexibility to physician training. *Med J Aust* 2011; 194:460-462.
- ¹⁶ MTRP 7th & 17th Report.
- ¹⁷ Report to NMTAN A snapshot of the existing pre-vocational doctor workforce in Australia - Hospital non-specialist and specialist-in-training. 17 February 2015.
- ¹⁸ Brown AL. Workforce planning and flexible working in the NHS of the future. *JR Coll Physicians Edinb* 2011; 41:292-3.
- ¹⁹ Goodyear HM & Lynch F. Flexible working: policies are supportive but culture and finances are not. *Postgrad Med J* 2007; 83:669-670.
- ²⁰ <http://www.aomrc.org.uk/committees/flexible-careers-committee.html>
- ²¹ Academy of Medical Royal Colleges. Results of the Flexibility and Equality Survey 2012.
- ²² <https://www.rcplondon.ac.uk/medical-careers/flexible-working-and-training>
- ²³ Medical Women's Federation. Career Breaks for NHS and University Doctors. Jan 2013. <http://www.medicalwomensfederation.org.uk/about-us/news-blogs-competitions/276-career-breaks-for-nhs-and-university-doctors-an-analysis-of-the-wam-database>
- ²⁴ Tomlinson J. Flexible surgical training in Australia: It's time for change. 2011. Women in Surgery Section. RACS.