Submission to

Striking the Balance: Women, men, work and family

Discussion Paper 2005

Sex Discrimination Unit, Human Rights and Equal Opportunity Commission

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Introduction:

Work-Life Flexibility is an issue that has been a priority for the Australian Medical Association (AMA) and its members for many years. This has been largely in response to the changing demographic of the medical workforce and the changing attitudes of junior doctors. Research commissioned by the AMA in 2001-2002 confirmed that the junior medical profession view achieving work-life balance as an important factor to be considered when career planning, and for many, it is the single most important consideration when making that choice.[1] This shift in thinking from the traditional views of the life of a doctor will have significant implications for the medical workforce for the immediate future and beyond. Hospitals and training providers need to come to terms with how to meet the expectations of the emerging demographic of workers, maintain quality educational and research opportunities, while still meeting service delivery demands. The provision of quality and safe medical care is the highest priority of the medical profession and work and training practices should reflect this priority, while recognising the broader social context in which medicine is practiced.[2]

This submission is not intended to be an exhaustive evaluation of all factors contributing to the issue of work life balance in the medical profession. Rather, it is intended to address the questions (wholly or in part) that have been identified by the HREOC Sex Discrimination Unit *Striking the Balance* discussion paper. Only questions that were deemed to be particularly relevant have been addressed, with the aim of providing some insight into how this issue will continue to increase in importance for the medical profession.

Questions addressed from the 'Striking the Balance: Women, men, work and family' discussion paper, HREOC, 2005).

Question 12: *What effects, if any, do external factors such as partner and community attitudes, social, policy or workplace relations have in shaping men's and women's decisions about paid work and family arrangements?*

Question 16: *Do women's and men's different paid and unpaid work obligations affect their economic outcomes, health, relationships and life chances? Do men and women or particular groups of people experience any such effects differently?*

Question 31: *How can Australian workplaces be made more family-friendly?*

Please note: *'Unpaid work' is the term used in the HREOC discussion paper referring to time spent performing duties such as; domestic labour, purchasing, child care and the provision of help to others. In this submission the term 'unpaid work' does not refer to the unpaid work that may in some circumstances be performed by a doctor at the workplace (i.e. unpaid overtime, research etc).*

[1] Australian Medical Association. Report on consultations with key stakeholders on flexibility in medical training and work practices, March 2003. p2

[2] Australian Medical Association. Position Statement: Flexibility in Medical Work and Training Practices, 2005.

Background:

During the past decade a number of research papers on workforce training and participation in the medical profession, have been completed by bodies such as the Australian Medical Workforce Advisory Committee (AMWAC) and Australian Institute of Health and Welfare (AIHW) and the Medical Training Review Panel (MTRP). [3] Studies have consistently identified a divergence between aspirations and expectations of junior doctors and the work and training practices currently employed. These findings have been supported by the research completed by the AMA through the Work Life Flexibility project.

The AMA Work Life Flexibility project, commissioned by the AMA in 2001-2002, involved the collection of information through survey and focus groups with medical students and junior doctors. Key findings were then circulated to medical colleges, teaching hospitals, state and federal health departments and other industry bodies for comment and face-to-face consultation followed. Key ideas and initiatives were identified and explored at Work Life Flexibility Forum in November 2003.

In the AMA surveys and focus groups, the desire for work flexibility was rated as one of the main priorities for junior doctors. Junior doctors reported that their perceived ability to achieve flexibility at work was one of the main determining factors in their chosen medical career path.[4] This has been further confirmed in more recent studies that showed the opportunity to work flexible hours was one of the three top extrinsic factors influencing a junior doctor's decision of the specialty they would pursue.[5] In a study completed by the Postgraduate Medical Council of NSW, 92% of respondents indicated that they '*should be permitted to undertake a flexible working arrangement should their personal circumstances require it.*'[6] This focus of the new generation of doctors is not easily achieved in a profession that is under resourced, has a long-standing culture of hard work and long hours and requires total commitment to life-long learning and patient care.

Demographics

The demographics of the medical profession have changed markedly over recent times. In 2002 the proportion of female practitioners was at 31.6% increased from 27.2% in 1995.[7] This pattern is sure to continue due to increased numbers of female medical students. Today, the proportion of female students in medical schools is at 55.8 % as compared with 44.5% in 1990.[8] In addition to feminisation of the medical profession, the percentage of medical students entering the profession at an older age is also increasing. This is in part due to the introduction of graduate medical school programs. These students will graduate in their late 20's (at the earliest) at a time when competing family responsibility is more likely to be apparent or be on the immediate horizon. Ageing baby boomer clinicians will also require greater work flexibility. In 2003 the average age for employed practitioners was 45.9

[3] Australian Medical Association, Report on consultations with key stakeholders on flexibility in medical training and work practices, March 2003. p2.
[4] Australian Medical Association. Position Statement: Flexibility in Medical Work and Training Practices, 2005.
[5] Harris M G, Gavel PH, & Young JR. Factors influencing the choice of specialty of Australian Medical Graduates, Med J Aust 2005; 183:295-300.
[6] Postgraduate Medical Council of NSW, Flexible Working Project, National Advisory Group Report, May 2005.
[7] Australian Medical Workforce Advisory Committee. Annual Report 2003-2004 (AMWAC Report 2004.5) p5
[8] Australian Medical Workforce Advisory Committee. Annual Report 2003-2004 (AMWAC Report 2004.5) p13

compared to 45.6 in 2000.[9] In the future, retirement amongst ageing doctors will contribute to future workforce shortages. Policies and initiatives, particularly in the are of superannuation, to encourage doctors to stage their retirement appropriately are essential in ensuring that they do not leave the profession prematurely.[10]

Career Choice

The choices junior doctors make about their chosen career path (specialty) appear to be influenced by their perceptions of (current and future) paid and unpaid work obligations. The perception of their ability to balance unpaid work obligations and the requirements/demands of a chosen specialty-training program and career path (i.e. their ability to manage paid work requirements with current and future unpaid work demands) are a major factor in the decision a junior doctor makes.

During consultations for the AMA Work-Life Flexibility project, both male and female junior doctors reported that lifestyle, training requirements and working practices were key factors that would determine their choice of career path, however the concerns were more marked in females and males who already had children than they were for males without children.[11] Males with children spoke of their desire to be at home with their families at meal time and on weekends, whereas females spoke of a wanting to pursue a vocation that allowed them to access part-time employment, the ability to take time off without jeopardising their career and ability to complete training before the end of their child bearing years. Males without children appeared to desire work-life flexibility as important to allow the enjoyment of social, sporting and travel pursuits, as opposed to concerns about future potential family and domestic responsibilities. Students acknowledged that issues surrounding workplace practices were of greater importance to females as they generally have a greater sense of responsibility for the care of children and domestic duties.[12]

Paid and Unpaid Work Obligations

The greater the unpaid work responsibility that an individual carries, the greater the impact on career choice. The greater sense of responsibility for family care and nurturing that females hold is reflected in the medical profession participation rates. Females tend to be entering specialties that allow for more flexibility and provide opportunity to balance paid and unpaid work obligations. In line with data that reflects the wider community, it would appear that female doctors continue to be the primary care givers in the family unit.[13] The lack of support at home for female doctors was seen as a potential barrier to completing the more stringent training programs and one female participant reported "*males have people at home supporting them, bringing up their kids and doing their bits and bobs. Women typically are the support at home which means they have no support for themselves."*[14] This need to consider unpaid work responsibilities and available support when career planning, limits career options for doctors. In the studies completed by the AMA in 2001, students and junior doctors reported that the support of a partner is integral to successfully completing the

[9] Australian Institute of Health and Welfare, Medical Labour Force Report 2003, p 1.
[10] Schofield D J,Beard JR. Baby boomer doctors and nurses: demographic change and transitions to retirement. MJA 2005; 183 (2): 80-83.
[11] Australian Medical Association, Final Report: Training and Workplace Flexibility 2001. p 17.
[12] Australian Medical Association, Final Report: Training and Workplace Flexibility 2001, p 17.
[13] Australian Medical Association, Discussion Paper: Towards Training and Workplace Flexibility, p2.
[14] Australian Medical Association, Final Report: Training and Workplace Flexibility 2001, p 17.

significant demands of a training program. One male participant reported *'I couldn't have done what I have done if my wife had a career too.'*

Economic Impact

The remuneration received by a doctor has the potential to vary across the spectrum of specialties and employment arrangements. While remuneration was mentioned least frequently as being a driving factor in determining choice of medical vocation by medical students and junior doctors,[15] it is important to consider that there is the potential for disadvantage for those doctors who have unpaid work obligations that impinge on their ability to freely pursue their career path of choice or the amount of paid work they are able to engage in. In 2003 male doctors worked an average of 47.5 hours per week compared with 37.8 hours per week for females.[16] Although female doctors tend to work fewer hours on average than male doctors, the combined responsibility of their roles as doctors, mothers and partners is a significant source of stress.[17]

In addition to the amount and type of paid work undertaken, completing a training program on a part-time basis results in an extended training period. The training required to become a fully qualified independent medical practitioner is extensive. The completion of the bachelor degree (MBBS) is only part way of the training required. Following graduation from medical school, graduates then complete an 'intern' year, generally followed by one or more years in general hospital positions. Doctors then need to complete an intensive specialty-training program, ranging from three to eight years, to become a fellow of a specialty college. Undertaking training on a part-time basis means that it takes longer for doctors to be 'fully qualified' and be fully remunerated. The need to train part-time results in economic loss.

It is important to add here that remuneration levels need reflect the significant responsibility and commitment required from a doctor. This recognition is important in itself, but also ensures that doctors, financially, have the ability to seek flexible work options to assist achieve work life balance (i.e. work part-time if required).

Impact on Health

Unpaid work responsibilities combined with long hours of work, successive shifts, on-call schedules and training activities have a significant impact on the health of medical professionals. Stress, fatigue, no time for exercise or recreation and the inability to meet other commitments, e.g. time with family and friends, are all reported as common occurrences in the working life of many doctors. Long hours of work is a well-documented phenomenon in the medical profession and has attracted a lot of attention, particularly through the AMA's Safe Work Hours campaign. There are long standing concerns regarding the risks that fatigue and sleep deprivation pose for both the doctor and the quality of care of their patients. Although, the average working hours for doctors in 2003 (across all disciplines) was 44.4 hours per week,[18] the Safe Hours Risk Audit Report completed in 2001 by the AMA, showed that there were some cases were doctors worked up to 106 hours per week.[19] It is not only the numbers of hours worked, but also the arrangement of those work

[15] Australian Medical Association, Final Report: Training and Workplace Flexibility 2001, p 8.
[16] Australian Institute of Health and Welfare, Medical Labour Force 2003, p 8.
[17] Tolhurst H M, Stewart S M, Balancing work, family and other lifestyle aspects: a qualitative study of Australian medical students' attitudes, MJA 2004; 181 (7): 361-364.
[18] Australian Institute of Health and Welfare, Medical Labour Force 2003, p 7.
[19] Australian Medical Association, Risk Assessment of Junior Doctors Rosters, July 2001, p 6.

hours that has a significant impact on the well being of doctors and their ability to maintain work life balance. Night shifts, weekend shifts and poor rostering (i.e. consecutive shifts, inadequate recovery periods) all contribute to fatigue and social and family disengagement. In addition to this, night and weekend shifts tend to be the times when professional support is minimal and workloads can be most demanding. These factors contribute to a doctor's anxiety and impacts on their health. The importance of responsible working arrangements for doctors has been addressed by the AMA's National Code of Practice – *Hours of Work, Shiftwork and Rostering for Hospital Doctors* and *Practical Tools for Rostering Doctors* with the aim of assisting both doctors and their employers to eliminate or minimise risks associated with shift work and extended working hours, ultimately providing more time for completion of unpaid work responsibilities.

Relationships and Career Progression

Trying to balance the demands paid and unpaid work obligations, through flexible work arrangements, could potentially affect relationships at work and career prospects if not handled appropriately by the individual doctor, senior staff and management. Sufficient resource allocation and education of co-workers, among other things, are imperative to ensure flexible work and training arrangements are successful. In studies completed by the AMA in 2001, students and junior doctors viewed that their career could be disadvantaged if they requested flexible training and work arrangements. Students reported that they perceived that there is little support for offering part-time training and that it is viewed as being indicative of a 'lack of commitment' which may inevitably harm their career prospects.[20]

In a study completed in September 2005 by the Postgraduate Medical Council of New South Wales, it was identified that *'flexible working should be considered as a normal workplace practice, and that the doctors who engage in alternate working practices are as motivated and committed as their full-time peers…'* It was reported that participants felt that their peers held the view that *'if you are not a full-time doctor you're not a real doctor.'* [21] Twenty-five percent of respondents indicated that they had required a flexible working arrangement at some stage in the past 12 months. Of those respondents that had approached their hospital administration to seek a flexible arrangement, less than half were accommodated.[22]

Through consultations, conducted in research commissioned by the AMA in 2002, with hospitals, colleges and other key stakeholders, it was identified that although there is a genuine desire to make the medical workforce more flexible, there is also a need to inform students (prior to embarking on a medical career) about the inherent limits to flexibility in medicine.[23]

Measures to Assist Work Life Flexibility

Generally, there is no standard pathway or framework that makes flexible work and training readily accessible for doctors. Arrangements are made on a case-by-case basis between an

[20] Australian Medical Association, Final Report: Training and Workplace Flexibility 2001, p 8.
[21] Postgraduate Medical Council of NSW, Flexible Working Project, National Advisory Group & Steering Committee Meeting Report, Sept 2005, p4.
[22] Postgraduate Medical Council of NSW, Flexible Working Project, National Advisory Group Report, May 2005.
[23] Australian Medical Association, Report on consultations with key stakeholders on flexibility in medical training and work practices, March 2003. p5.

individual doctor and their training provider and hospital of employment. There is no data available on how many applications are made for flexible work or training arrangements or how many are approved. Doctors seeking to job-share typically have to identify a colleague who is also seeking a similar shared arrangement. The AMA has introduced an online job-share register and has set out *Flexibility in Medical Work and Training Practices* initiatives to provide a framework for adaptation by hospitals and has provided templates for hospitals and doctors to use in negotiating flexible work conditions. Job-sharing has some inherent problems and the AMA has advocated for the creation of more part-time work options for those doctors seeking flexible work arrangements, in favour for solely relying on job-share arrangements.[24]

Some of the initiatives that have been used, with varying levels of success, by hospitals, colleges and individuals, when making arrangements for flexible work/training arrangements, have included *(in addition to paternal leave and carers' leave)*;

- Tele-working – use of technology to allow doctors to work from home (e.g. access reports, scans etc. on-line);
- Provision of family rooms;
- Assistance with child care arrangements;
- Part-time employment;
- Job-share arrangements;
- Flexible rostering;
- Comprehensive orientation and support;
- More effective allocation of administrative staff (reduce administrative burden on doctors);
- Purchased leave;
- Compressed weeks;
- Interrupted training;
- Career breaks;
- Increased importance on flexibility and work life balance during hospital accreditation processes;
- Establishment of a 'register of flexible training' to bring together trainees seeking flexible alternatives and supervisors who may have opportunities in their institutions.

Some of the initiatives that have been progressed by the AMA include;

- The establishment of an on-line job-share register to allow those seeking job-share positions to make contact;
- Lobbying for greater consistency across medical college training practices and recognition of prior learning is consistent across specialties (to allow transfer across programs with recognition of prior study completed);
- Ensuring trainees are appropriately represented in College governing bodies and that their needs for flexible training options are appropriately represented;
- The development of clinical handover guidelines to assist ensure that patient care is not jeopardised by part-time/job-share arrangements;

[24] Australian Medical Association, Position Statement: Flexibility in Medical Work and Training Practices, 2005, p2.

- The education of the profession through; 1/ the development of policy for establishing flexible work environments, 2/ guidelines for managers and employers to assist in the negotiation of flexible work arrangements, and 3/ other publications (magazine & journal) to demonstrate work life flexibility in practice.

The Need to Act:

The benefits of offering a flexible work environment needs to be appreciated and valued by hospitals and supported through appropriate funding and resources. Hospitals will need to position themselves as an employer of choice to ensure that their workforce demands can be met in the future. Work life flexibility offers a sound business case and potential benefits that have been demonstrated by hospitals offering flexible arrangements include; increased productivity through higher job satisfaction, reduced stress, improved morale and commitment, increased staff retention, increased ability to recruit the best staff, good corporate citizenship and enhanced corporate image.[25] Hospitals need to be funded adequately to ensure that flexible working and training options are offered and viable and need to involve their staff in the development of the flexible work policies to ensure they are suitable for their local environment.

Medical colleges who offer less flexibility will feel the impact of a reduced number of applicants for trainee positions, due to the general expectations held by candidates of flexible work and training arrangements, and to the sheer number of women and mature age entrants in the applicant pool, who may already have significant unpaid work responsibilities, who require flexible training options. Medical colleges need to increase the flexibility of their programs and move to ensure recognition of prior learning for previous studies, to enable trainee doctors to adapt their work and training commitments as their life circumstances change.

Training colleges and hospitals need to work hard at progressing their work life balance initiatives as the priorities of the new generation of doctors continue to gain momentum. Through the consultative process, the AMA Work Life Flexibility Project identified the main priority areas for progressing the work life balance in the medical profession. It was identified that many initiatives can be progressed at the individual workplace level, however others require political and resource commitments by state and federal governments and/or co-ordination across a number of stakeholders.[26]

The main barrier to achieving flexible work practices, as identified by key stakeholders involved in consultations with the AMA in 2002, is the demands of service delivery in the resource-starved hospital environment. Not surprisingly, in research commissioned by the AMA in 2001, medical professionals and hospital administrators rated the under-funding of the hospital system as a major problem requiring urgent attention.[27] Under funding and the subsequent rationalisation of services has put an increased strain on the environment where doctors work and train. The continued support of and adequate levels of funding for public hospitals is essential to ensure an adequate supply of graduate doctors and training places in

[25] Australian Medical Association, Work Life Flexibility, Initiatives in Flexibility, 3rd publication Work Life Flexibility series.
[26] Australian Medical Association, Report on consultations with key stakeholders on flexibility in medical training and work practices, March 2003. p21.
[27] Australian Medical Association, Report on consultations with key stakeholders on flexibility in medical training and work practices, March 2003. p5.

the future. Unless governments place great attention on the recruitment and retention of medical practitioners in the public system, progress towards work life balance will be difficult to achieve.

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