



# AMA

2020 AMA Trainee Forum

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## Session 6 Parents and training

**Chair: Dr Tessa Kennedy, AMA Council of Doctors in Training (AMACDT) Chair**

### Speakers:

1. Dr Melanie Stephenson, Australasian College for Emergency Medicine Trainee, Melbourne
2. Dr Charles Jenkinson, Royal Australasian College of Surgeons Trainees' Association representative
3. Dr Alex Markwell, Senior Staff Specialist, Royal Brisbane and Women's Hospital
4. Dr Janette Wright, CRASH course convenor, Royal Melbourne Hospital

This session will explore how well current structures in our training system facilitate equity for parents, the reality of flexible training and the interaction between training and parental leave. It will include an interactive Q&A panel discussion facilitated by the Chair including time for audience questions.

### Introduction

Periods of pregnancy and parenthood are a common source of gender-based bias and discrimination. While there are some biologically imperative gender differences, gender inequity arises when these interact with medical workforce and training models that were designed for people to work long hours with few responsibilities in the home.

While parental leave schemes across OECD countries increasingly aim to encourage fathers/partners to take time out of the workforce and fully care for their children, women continue to do the greater share of paid parental leave and continue to take time out of the workforce to look after children.

Overall, in Australia the use of parental leave by fathers/partners remains low. Data in Australia shows that:

- one in twenty Australian fathers use primary carer's leave;
- fathers and partners make up 95% of all secondary carer's leave claims
- Australian men are less likely than women to have or to request access to parental leave, and they are more likely to be refused or penalised when they do.
- to support childcare responsibilities, fathers in Australia are more likely to work flexibly or to work from home.
- fathers and partners are more likely to use their annual leave to take time off to care for children.

International comparisons of utilisation data and parental leave policies show that the use of parental leave by fathers increases when there are incentives to do so, entitlements are generous and when policies offer flexibility about when leave can be used.

Importantly, a supportive employer and workplace culture is key to normalising the uptake of fathers/partners taking parental leave and flexible working arrangements to meet caring responsibilities.

The highest rates of utilisation are in countries with designated schemes for men that provide high income replacement levels as well as incentives for fathers to take the leave. Such incentives include father quotas (use-it-or lose-it policies that reserve some parental leave exclusively for fathers), high wage-replacement rates, and financial bonuses, as evidenced through the experience in Nordic countries and the Canadian province of Quebec, which exhibit the highest rates of uptake globally.

Within medicine, policies to support parental leave at an employer and college level are highly variable (see attached College matrix), and there remains an entrenched culture that women will assume child rearing responsibilities.

In 2019, 67 per cent of trainees who completed the [2019 NSW Hospital Health Check](#) rated their access to maternity leave (14 weeks paid, up to 52 weeks unpaid) as very good/good compared to 53 per cent for paternity leave (1 week paid, 1 week unpaid). Twenty seven percent of trainees rated their access to paternity leave as very poor/poor. Ninety one percent of women who applied for part time or flexible work arrangements were successful in doing so compared to 74 percent of men.

In Western Australia, 22 per cent of trainees who completed the [2019 AMAWA Hospital Health Check](#) feared for their job security if they took parental leave. Thirty-seven per cent reported to have access to breast feeding facilities. Ninety-four per cent said they wanted to be able to access part time training as part of their specialist training program.

Policies that support parenting alongside medical training are needed to promote gender equity in all aspects of medicine. Best practice policies include:

- use of gender-neutral language
- provision of gender balanced access to paid parental leave
- a culture that supports men to take parental leave
- equal access to flexible work and training arrangements including access to part time work training opportunities
- support to return to work following parental leave
- providing access to breastfeeding facilities and childcare at exams, conferences and work.
- ensuring non-discriminatory appointment processes are in place
- annual reporting on access to paid parental leave, flexible work and training arrangements, return to work arrangements and access to family friendly facilities and support services.

## Definitions

**Parental leave:** entitlement for parents to care for young children (either together or one parent at a time). In some cases until the child reaches two or three years of age.

**Maternity leave:** employment protected individual leave entitlements for mothers.

**Primary carer's leave:** employment-protected leave taken by the primary person who has the majority daily responsibility for caring. Only one person can be a child's primary carer on a particular day.

**Father/partners/secondary carers leave:** employment-protected leave for the father or partner, such as paternity leave, individual entitlements to parental leave and any weeks of shareable parental leave that are reserved for use by the father or partner only.

*Source: (OECD, 2016)*

See also <https://www.fairwork.gov.au/leave/maternity-and-parental-leave>

## AMA policy

AMA advocacy to date has focussed on providing equitable access to parental leave for both parents and improving access to flexible work and training arrangements for all doctors.

## AMA Gender Equity Summit

Participants at the [AMA Gender Equity Summit](#) held on 23 March 2019 in Sydney identified nine key actions organisations can take to achieve gender equity in the medical profession and workplace.

## KEY ACTION AREAS

1. Establish targets for gender diversity in representation and leadership.
2. Report and publish gender equity data.
3. Actively encourage women to apply for leadership roles.
4. Provide equitable access to leave entitlements for all genders.
5. Improve access and uptake of parental leave and flexible work and training arrangements for all genders.
6. Provide interstate portability of leave entitlements.
7. Implement transparent selection criteria and processes that disarm gender bias in entry into training and employment.
8. Provide access to breastfeeding facilities and childcare at exams, conferences and work.
9. Identify gender equity champions (and celebrate women in medicine).

**In relation to parenting and parental leave, a range of ideas to improve access were discussed including:**

1. Provide equitable, paid parental leave entitlements (especially providing paid parental leave for men).
2. Shift to competency-based rather than time-based recognition of training.
3. Remove financial penalties for interrupted training.
4. Set targets for and report uptake of flexible work arrangements for men and women.
5. Provide breastfeeding facilities and childcare at exams, conferences, and work.

6. Have in place return to work programs following periods of extended leave.
7. Backfill potential leave.
8. Provide extra staff over school holidays.
9. Provide interstate portability of leave entitlements.
10. Celebrate children in the workplace.

### **AMA National Code of Practice – Flexible work and training practices**

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. The [AMA Doctors Guidelines for Implementing Flexibility](#) are a valuable adjunct to this Code.

### **Key questions for discussion**

- What structures in our training systems create inequity for parents?
- What is the reality of flexible training in our systems?
- How does training and parental leave interact? (Good examples, bad examples).
- What current initiatives are in place to address this?
- What works? What doesn't? What needs to change and how?
- What practical actions can we take to address barriers to gender diversity and inclusion associated with pregnancy and parenthood?
- How can we engage with relevant stakeholders to address this?
- How will change be measured?
- What is the AMAs role in this space?
- What should an AMA position statement on parental leave look like, or seek to achieve?
- What are your top three priorities for action that need to occur in this space?

### **Further reading**

- Parents-in-training. AMA NSW: 2019. <https://www.amansw.com.au/parents-in-training/>
- Dunn. E. Parental leave in medicine. 2019, <http://levelmedicine.org.au/wp-content/uploads/2017/09/Parental-Leave-in-Medicine.pdf>
- Johnson. B. Motherhood and medical training. 2017. <https://onthewards.org/motherhood-and-medical-training/>
- The Australian. Controversy turns focus on pregnancy and professional training. 2016 [https://ranzocg.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Media/A-Dennis\\_Australian-Opinion-Piece\\_Jan16.pdf](https://ranzocg.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Media/A-Dennis_Australian-Opinion-Piece_Jan16.pdf)
- Insight paper. Towards gender balanced parental leave. Australian and international trends <https://www.wgea.gov.au/sites/default/files/documents/gender%20balanced%20parental%20leave.pdf> Workplace Gender Equality Agency (WGEA)

- Insight paper. Designing and supporting gender equitable parental leave [https://www.wgea.gov.au/sites/default/files/documents/Insight\\_paper\\_designing\\_and\\_supporting\\_gender\\_equitable\\_parental\\_leave.pdf](https://www.wgea.gov.au/sites/default/files/documents/Insight_paper_designing_and_supporting_gender_equitable_parental_leave.pdf) This insight paper outlines fathers' and partners' access to and utilisation of parental leave in Australia. Workplace Gender Equality Agency (WGEA)
- Australia's gender equality scorecard. Key findings from the Workplace Gender Equality Agency's 2018-19 reporting data. November 2019. <https://www.wgea.gov.au/sites/default/files/documents/2018-19-Gender-Equality-Scorecard.pdf>

### College Matrix (Part-time / Interrupted Accredited Training)

Some colleges provide the opportunity for trainees to train part-time subject to approval by the employing authority, such as the hospital or laboratory. In 2015, there were 2,239 part-time advanced trainees across specialties. This represents nearly one-sixth (16.2%) of all advanced trainees. Part-time training was most common in sexual health medicine (76.9%), addiction medicine (45%) and general practice (29.6%) with over one-quarter of advanced vocational trainees undertaking part-time training<sup>1</sup>

#### Summary of selected specialty part-time & interruption training requirements

Selected College/Faculty/Training organisation	Requirements for part-time training and interrupted training requirements
Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine	<p>Minimum 50% of full-time commitment</p> <p>Training must be completed within 5 years</p> <p>Following prospective application to the Faculty assessor Part-time training and interrupted training is available. However, rules state: <i>“Local employers set the hours of work required for full time employment. It is expected that a full-time load would be at least 38 hours per week as defined by the Medical Board of Australia in the recency of practice standard.”</i></p>
Australasian College for Emergency Medicine	<p>Minimum 50% of full-time commitment</p> <p>Must result in FTE time</p> <p>Interruptions allowed up to 2 years and possibly beyond this, depending upon circumstances</p>
Royal Australian College of General Practitioners	<p>Approval on a case-by-case basis</p> <p>Approval provided by regional training providers</p> <p>Interruptions allowed up to a maximum of 2 years</p>

<sup>1</sup> Medical Training Review Panel 19<sup>th</sup> Report p72

Selected College/Faculty/Training organisation	Requirements for part-time training and interrupted training requirements
College of Intensive Care Medicine of Australia and New Zealand	<p>Minimum 20% of full-time commitment</p> <p>Must result in FTE time</p> <p>Interruptions allowed</p> <p>Advanced training must include at least 2 years interrupted only by normal holiday or short term (e.g. study, conference) leave</p> <p>If training is interrupted for between 1 and 2 years, there must be a minimum of 1 core advanced training year as part of subsequent training</p> <p>If training is interrupted for between 2 and 4 years, 2 advanced training years, including one core year must be completed as part of subsequent training</p> <p>If training is interrupted for 4 years or more, 2 core training years must be completed as part of subsequent training</p>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<p>Minimum 50% of full-time clinical commitment</p> <p>First year of training must be full-time</p> <p>Interruption allowed up to 2 years without loss of credit for previous training</p> <p>The FRANZCOG (i.e. Fellowship of the RANZCOG) specialist training program comprises Core Training (the initial four years) and Advanced training (the final two years). The RANZCOG allows fractional training (i.e. between 0.5 – 1.0 FTE). Trainees have a maximum of 6 years to complete Core Training and 3 years to complete Advanced Training – dated from commencement of the training program</p>

Selected College/Faculty/Training organisation	Requirements for part-time training and interrupted training requirements
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Royal Australasian College of Physicians	<p>Part-time training is possible, provided basic and advanced training are completed within the time limit specified in the flexible training policy</p> <p>Minimum load of 40% of full-time commitment</p> <p>Interruption allowed, but training program must be completed within time limit. Interruptions of more than 12 continuous months may require additional assessments (determined on a case-by-case basis). Interruptions of more than 24 continuous months may require additional training time and/or assessments (determined on a case-by-case basis)</p> <p>A maximum period of 24 months of full-time parental leave across each training program can be excluded from the time limit to complete training</p>
Royal Australian and New Zealand College of Psychiatrists	<p>Minimum 50% of full-time commitment, although in rare instances part-time training at less than 50% of full-time commitment may be approved for Advanced Training post-Fellowship</p> <p>Must result in FTE time</p> <p>Interruptions allowed</p> <p>Basic Training must be completed within 8 years or may need to repeat or complete the training experiences lapsed</p> <p>Advanced Training must be completed within 6 years or may result in review of overall training and assessment</p> <p>In the 2012 Fellowship program up to 5 years (FTE) of interrupted training may occur, this time is cumulative. Breaks in training can only be approved for a maximum of 12 months any longer and the trainee is considered to be not in training. Trainees can also defer training for up to 12 months, this time counts towards the 5 years of interrupted training. Trainees have a maximum of 13 years (calendar time) to complete the Fellowship program and must comply with the failure to progress policy throughout to ensure their continued progression.</p>

Selected College/Faculty/Training organisation	Requirements for part-time training and interrupted training requirements
Australian College of Rural and Remote Medicine	<p>Minimum 50% of full-time commitment</p> <p>Approval provided by training providers</p> <p>Interruptions allowed</p> <p>Total training time must meet the same requirements as full-time continuous training in order to complete the 5-year training program</p>
Royal Australasian College of Surgeons	<p>Trainees on a SET Program who wish to apply for part-time training must apply to the relevant Specialty Board at least 6 months prior to the proposed commencement of the part-time training</p> <p>The overall duration of the training program must not exceed the published timeframe as defined by each specialty</p> <p>Trainees on a SET Program who wish to interrupt their training must apply to the relevant Specialty Board prior to the proposed commencement of the training year in which the interruption will commence</p> <p>Trainees applying for interruption due to medical reasons may do so at any time if supported by medical evidence</p>