

Flexibility in Medical Work and Training Practices

2005. Revised 2015.

Introduction

The provision of accessible, safe, high quality medical care is a high priority for the medical profession. It is important that medical work and training practices reflect this priority, while at the same time recognising the broader social context in which medicine is practiced.

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.

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

- 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 technology to work on the move).
- Working practices (purchased leave, phased retirement, job-sharing, annualised hours).⁴

Unsupportive employers and colleagues, lack of information and concerns about impact on career progression and on service delivery can impact on the ability of doctors to work flexibly and/or part time.⁵ Other barriers to establishing flexible work and training positions include difficulty in finding job share partners, a lack of funding for creating flexible positions and concern over the educational validity of flexible training.⁶

While 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. It has not always been easy for health services to provide flexible workplaces due to pressures on hospital funding, staffing and service delivery, but 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.²

A supportive working culture, funding models and innovative medical work and training practices will enable doctors to work more flexibly at different career stages while continuing to provide safe and excellent care for patients. Flexible work arrangements are associated with significant improvements in personal well-being and clinical performance.⁷² The implementation of flexible work and training arrangements should have regard to the particular characteristics of each medical discipline, the circumstances of the workplace setting and the medical workforce issues impacting upon it. The initiatives below aim to provide a framework for adaptation and implementation in this context.

1. Policy and Process

- 1.1. Employers, medical administrators and medical training providers must make a commitment to offer flexible work and training arrangements. Policy and process should facilitate doctors' access to flexible work arrangements in line with training and service requirements. Systems must ensure that all doctors have access to flexible work and training practices, and that no excessive burden falls on any one group.
- 1.2. Clear and accessible policies about flexible work and training arrangements should be developed, implemented and promoted in both work and training environments.
- 1.3. Employers should work with Colleges and other stakeholders to create and promote flexible work and training positions in sufficient numbers to meet the evolving demographic of the

medical workforce. Application and assessment processes for access to flexible work and training arrangements should be simple and clearly articulated. Practical support and assistance should be offered by employers and training providers to doctors seeking to apply for flexible work and training arrangements.

- 1.4. Employers must have available clear policies regarding flexible work and training arrangements and make this available to doctors. Systems should also be in place to facilitate doctors seeking flexible work and training arrangements including job-share partners; this could include actively promoting a flexible work/job-share register to enable doctors to network with others of a similar specialty, level of training or within a geographical region.
- 1.5. Employers must ensure that senior managers, administrators and medical staff are educated in flexibility policy and have an understanding of the needs of doctors to access flexible provisions.
- 1.6. Employers and education providers should have systems in place to deal with reports of bullying or harassment in relation to doctors who choose to work flexibly. These systems should be timely, transparent, confidential and outcome oriented and include support for the person making the complaint.

2. Flexible Initiatives

- 2.1. Initiatives to improve access to flexible provisions that could be implemented in training programs and the workplace include:
 - 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 specialty.
 - Provision of paid parental leave (maternity, paternity and adoption 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 such as academic work or working in a rural environment or overseas.
 - Options to support return to work (e.g. planned return to work programs, access to child care/nannies, family rooms and staff counselling).

3. Communication

- 3.1. Successful flexible work and training arrangements should be promoted. A number of employers and colleges have successful flexible work policies and arrangements in place. To complement this, 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.
- 3.2. Doctors should have access to up to date information and promotional material on employer and training provider policies relating to flexibility at their place of work.

- 3.3. Employers and training providers should actively communicate flexibility policy and support individual doctor's applications for flexible work and training arrangements.
- 3.4. Training providers should communicate with each other in the development of flexibility policy and to facilitate a candidate's application to move between training providers.
- 3.5. On-going contact and support should be maintained between employers, training providers and doctors making use of flexible provisions.
- 3.6. Adequate communication and planning is vital to maintain patient safety and continuity of care. Flexible work arrangements need to be accompanied by clear job descriptions and good clinical handover so that all staff are clear about their roles and responsibilities.

4. Evaluation

- 4.1. There should be regular data collection, monitoring and evaluation by both employers and training providers of 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.
- 4.2. Employers and training providers should keep records on the success or otherwise of flexibility policies, including the number of flexible 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 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.
- 4.3. Further research on the views of employers and supervising departments towards flexible work arrangements and on the educational outcomes and minimal training level associated with flexible training models is required.

5. Training

- 5.1. Medical training providers and employers must work together to identify and develop high quality and educationally valid flexible training positions. Training providers should have systems in place to quantify the demand for flexible training, identify successful programs and make these available to other trainees.
- 5.2. Training programs should be made as flexible, modular and transferable as possible to facilitate movement between training programs.
- 5.3. Where appropriate, training positions should be advertised as amenable to part-time, job-share or other types of flexible training arrangements.
- 5.4. Employers should enter into a 'training contract' with their doctors in training. The 'training contract' should set out the employer's undertakings with regard to delivery of the training as well as the doctor's undertakings in relation to the way in which they will approach training.
- 5.5. Best practice clinical handover guidelines should be developed and included in training programs to ensure clinical care is not compromised.
- 5.6. Education providers should provide support to assist doctors to organise flexible work and training arrangements including access to career advice and mentorship, and support trainees to take career breaks.

6. Return to work

- 6.1. Flexible work arrangements and career breaks are becoming more common and must be factored in to medical workforce planning. Factors that influence return to work include support at home and work, employment availability, structure of return to work, salary and information on process.⁸
- 6.2. Employers and professional organisations need to develop a range of systems, processes and strategies to facilitate exit from work 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.

- 6.3. 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.
- 6.4. Return to work strategies should include a focus on support, supervision, professional development, peer networks in addition to the flexible work arrangement itself.
- 6.5. Employers should make information about returning to work publicly available, with links to advice from medical colleges and other medical organisations.

7. Workplace Organisation

- 7.1. Workplaces should develop management tools to better handle and manage requests for flexible work arrangements. This includes having an administrative contact to assist doctors' access flexible work arrangements and or develop and appropriate training program.
- 7.2. Employers can improve awareness and promotion 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 and education and training should be provided to hospital managers and staff about flexible work arrangements and how to facilitate them.
- 7.3. Employers should openly and actively communicate with all doctors regarding the structure of rosters and working arrangements.
- 7.4. Hospitals should have adequate staffing levels and relief staff to accommodate requests for flexibility and accrued leave. Responsible senior medical staff and doctors who are not utilising flexible provisions should not be excessively burdened to accommodate the absence of other doctors due to training or family commitments.
- 7.5. There should be a range of flexible work options available for doctors who choose to work less than full time. Suitable flexible work models include flexible full time, job-share and part-time positions.
- 7.6. A number of employers and colleges have successful flexible work policies and arrangements in place. To complement this, it would be beneficial to promote specific, real examples of successful flexible work arrangements and how they work in each hospital or training program.

See also:

AMA position statement Equal Opportunity in the Medical Workforce - 2012

AMA Work-life flexibility survey report - 2007

AMA Clinical Handover Guide – Safe Handover: Safe Patients - 2006

AMA Submission to HREOC 'Striking the Balance: Women, men, work and family' – 2005

End Notes

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 Australian Public Service Commission. Defining flexible work. <http://www.apsc.gov.au/about-the-apsc/parliamentary/state-of-the-service/sosr-2012-13/chapter-nine/defining-flexible-work> (accessed Aug 2015).

⁵ Academy of Medical Royal Colleges. Results of the Flexibility and Equality Survey 2012.

⁶ Mahady S. Adding flexibility to physician training. *Med J Aust* 2011; 194:460-462.

⁷ Whitelaw CM. Job-sharing in paediatric training in Australia.

⁸ Holdcroft A. Career breaks for NHS and University doctors. Medical Womens Federation. 2013

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