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POSITION STATEMENT

Flexibility in Medical Work and Training Practices

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Introduction

The provision of accessible, safe, high quality medical care is a 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 patterns of work 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.[1,2,3,4]

With the advent of post graduate medical schools, medical graduates entering and completing training programs have more complex lives, often with children. Training programs and exit examinations must reflect this complexity and provide flexible training options and flexible access to exit exams.

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, support sustainable medical workforce retention and growth, encourage innovation, support doctor wellbeing, and support the delivery of high-quality medical care and training.

The AMA National Code of Practice - Flexible Work and Training Practices 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.[5]

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).[6]

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.[7] 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.[8]

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 considered. It has not always been easy for health services to provide flexible workplaces due to pressures on hospital funding/cost of private practice,

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]

Labour forces are driving the need for employers to become employers of choice to attract and retain medical workforce in tighter labour markets. Flexibility and improved access to routine conditions of employment are intrinsic qualities of an employer of choice.

A supportive working culture, sufficient resourcing and funding models for workplaces, 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.[2,9] This ultimately leads to better patient satisfaction and health outcomes.[10] 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. Employers should work with colleges and other stakeholders to create, promote, and coordinate flexible work and training arrangements in sufficient numbers to meet the evolving demographic of the medical workforce. Cooperation between employers and training providers is essential to remove the onus of managing several guidelines and requirements between organisations from trainees seeking access to flexible work arrangements.

1.2. 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.

1.3. Clear and accessible policies about flexible work and training arrangements should be developed, implemented and promoted in work and training environments.

1.4. 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.

1.5. Doctors seeking flexible work and training arrangements long-term should not be required to provide a reason/justification for their request.

1.6. Systems to access and manage flexible work arrangements, including job-share partners, should be implemented. This can 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. It can also include the creation of part-time or flexible roles that trainees can apply for without the onus of needing to find a job-share partner.

1.7. 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.

1.8. Employers and education providers should utilise systems to manage reports of bullying or harassment in relation to doctors who choose to work flexibly. These systems should be used in a timely manner, transparent, confidential and outcome oriented and include support for the person making the complaint. Their use should be promoted amongst employers and education providers.

1.9. The ability to partake in flexible training should be included in the accreditation standards for training posts and programs.

2. Flexible Initiatives

2.1. Initiatives to improve access to flexible provisions that could be implemented in training programs and the workplace include:

2.1.1. Promotion of flexible work policy and successful flexible work arrangements by employers, medical administrators and colleges.

2.1.2. Development and active promotion of flexible work initiatives (e.g., flexible rostering, job share registers). The onus should not be on the individual doctor to find a job share partner to facilitate flexible work arrangements, but rather the employer.

2.1.3. Provision for an administrative contact within the work and/or training environment to help doctors develop and access appropriate flexible work and training programs.

2.1.4. Development of comprehensive induction programs, orientation and support.

2.1.5. 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).

2.1.6. Use of alternative training environments (e.g., private sector, simulation) which may be suitable for flexible work arrangements.

2.1.7. Consideration of modular based training systems, adapted to suit individual and specialty.

2.1.8. Support for doctors who require increased flexibility in rostering or duties for a fixed period (e.g., pregnancy).[11]

2.1.9. Support for doctors with disability to arrange bespoke flexible training and work arrangements.

2.1.10. Support for doctors experiencing peri/menopause or other women's reproductive health issues (e.g., heavy menstrual bleeding) to train and work flexibly, to reduce the impact of sex-based health disparities.

2.1.11. Provision of paid parental leave.

2.1.12. Provision of adequate carer's leave for doctors who require time off from work to care for sick, chronically ill, or ageing family members.

2.1.13. 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.

2.1.14. Support for doctors who require periods of leave or other flexible arrangements due to ill health, or other personal or cultural reasons.

2.1.15. Ensuring provision of appropriate lactation room facilities within reasonable proximity of clinical areas, especially critical care settings and operating theatres[12]. Essential criteria to support maintaining breastfeeding/chestfeeding include[13,14]:

2.1.15.1. a designated private, safe, clean and quiet room separate from bathrooms; seating; hot and cold water and hand drying; fridge for storage of breast milk; power outlets; waste disposal; easily marked; accessible by any parent, which is smoke free and advertising free[15].

2.1.16. Options to support return to work for trainees with extended periods of interrupted training (e.g., planned return to work programs, access to childcare[16], family rooms and staff counselling).

2.1.17. Support for trainees who choose to train and work flexibly to progress through training in a timely manner. This includes:

2.1.17.1. reducing instances of high-stakes barrier exams through greater use of Competency Based Medical Education.[17]

2.1.17.2. flexibility around the timing and format of assessment, such as providing an opportunity for a candidate to re-sit an examination, more than annual sittings of summative examinations, and more flexible or modular assessment structures.[18]

2.1.17.3. reasonable adjustments to assessment venues, facilities, or amenities to support trainees with additional needs – for example, physical disability or breastfeeding/chestfeeding – to undertake assessment safely and fairly.[19]

2.1.17.4. allowing trainees to participate in educational requirements and sit examinations, including fellowship/exit examinations, while on extended periods of leave, such as parental leave.

3. Communication

3.1. Successful flexible work and training arrangements should be promoted by colleges and employers. 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/clinical setting 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 are 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 and 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. This includes flexibility as to when training can commence (e.g., mid-year entry), and support for trainees in dual training pathways.

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. The minimum full-time equivalent (FTE) for part-time training should be flexible. A minimum working fraction of 0.2FTE should be considered by all employers and vocational training facilities. Colleges should work with trainees to determine a realistic part-time work arrangement that will ensure they still meet their programs educational requirements within the maximum allowed training time.

5.5. 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.

5.6. Trainees should not be excluded from applying to undertake or from undertaking training examinations, including fellowship examinations, because they are on interrupted training for parental leave.

5.7. There should be no caps on Interrupted Training taken due to parental and carer's leave. In addition, time limits to complete training should not include full-time approved parental leave and medical leave.

5.8. Training programs should have training time limits, rather than a cap on how much leave a trainee can access throughout the program.

5.9. Trainees' personal circumstances, when voluntarily disclosed, should be considered by medical training providers when determining their rotations, and consider any relevant implications to vocational training obligations and/or requirements.

5.10. Doctors should be offered pro-rata fees by medical training providers for part-time training.

6. Return to work

6.1. Flexible work arrangements and career breaks are becoming more common and must be factored into 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. [20]

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/practice 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 must have adequate resourcing, 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. Employers and education providers should consider bespoke solutions when accommodating requests for flexible training and work to ensure there is adequate workforce for patient safety and quality of care.

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.

8. General practice training

8.1. General practice trainees (and other trainees working in private practice) face additional challenges regarding access to flexible training and work. This includes a lack of access to leave entitlements (e.g., paid parental, carer's, study/exam and cultural leave), and no portability of annual leave between rotations/training locations.

8.2. Government-funded employment reform is required to ensure GP trainees have access to paid leave entitlements similar to hospital-based trainees.

8.3. GP Trainees should be empowered to negotiate their employment contracts and flexible training needs with their employer and supervisor without fear of financial, employment or cultural repercussion. This can be achieved though employment reform to create a separation between training and employment that does not exist under current arrangements.

8.4. GP training should permit part-time training options in the interest of the trainees' needs, without qualification by exemption.

See also:

AMA Trainee Forum on College Initiatives to Support Flexible Training 2023

AMA Trainee Forum on College Initiatives to Support Women in Healthcare Leadership 2023

AMA position statement Competency-based training in medical education 2022

AMA position statement Entry Requirements for Vocational Training 2022

AMA position statement Workplace bullying, discrimination and harassment 2021

AMA position statement Medical parents and prevocational and vocational training 2021

AMA position statement Prevocational medical education and training 2020

AMA position statement Health and wellbeing of doctors and medical students 2020

AMA position statement Supporting assessment in vocational training 2019

AMA position statement Equal Opportunity in the Medical Workforce – 2016

AMA National Code of Practice – Flexible Work and Training Practices 2016

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[12] ibid
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[14] American Institute of Architects. Best practices. Lactation Room Design. 2008. http://www.breastfeeding.org/wp-content/uploads/2016/09/18.-LSE-AIA-Lactation-Room-Design.pdf. Specific architectural considerations are discussed and should be considered in any new building design.
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[16]AMA Position Statement – Medical Parents and prevocational and vocational training 2020
[17] AMA Position Statement – Competency-based training in medical education 2022
[18] AMA Position Statement – Supporting assessment in vocational training 2019
[19] ibid
[20] Holdcroaft A. Career breaks for NHS and University doctors. Medical Womens Federation. 2013