

IS FLEXIBLE TRAINING POSSIBLE?

ENIS KOCAK

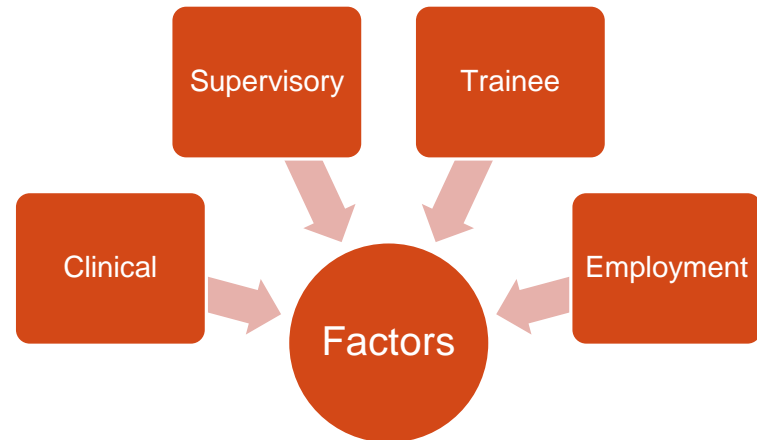
Australian Medical Association
Council of Doctors-in-Training

WHAT IS FLEXIBLE TRAINING?

- Less than full time load
- Interrupted training
- Leave entitlements
- Time limits to complete training

BARRIERS

- Concern over educational compatibility
- Can you fulfil training requirements?
 - Gaining technical skills
- Continuity of care?
- Prolongation of training
- Reduction in salary and benefits
- Contract and administrative difficulties
- Negative attitude from supervisors / trainees
- Limited posts available
- Limits to experience achievable in flexible capacity (e.g. acute care?)



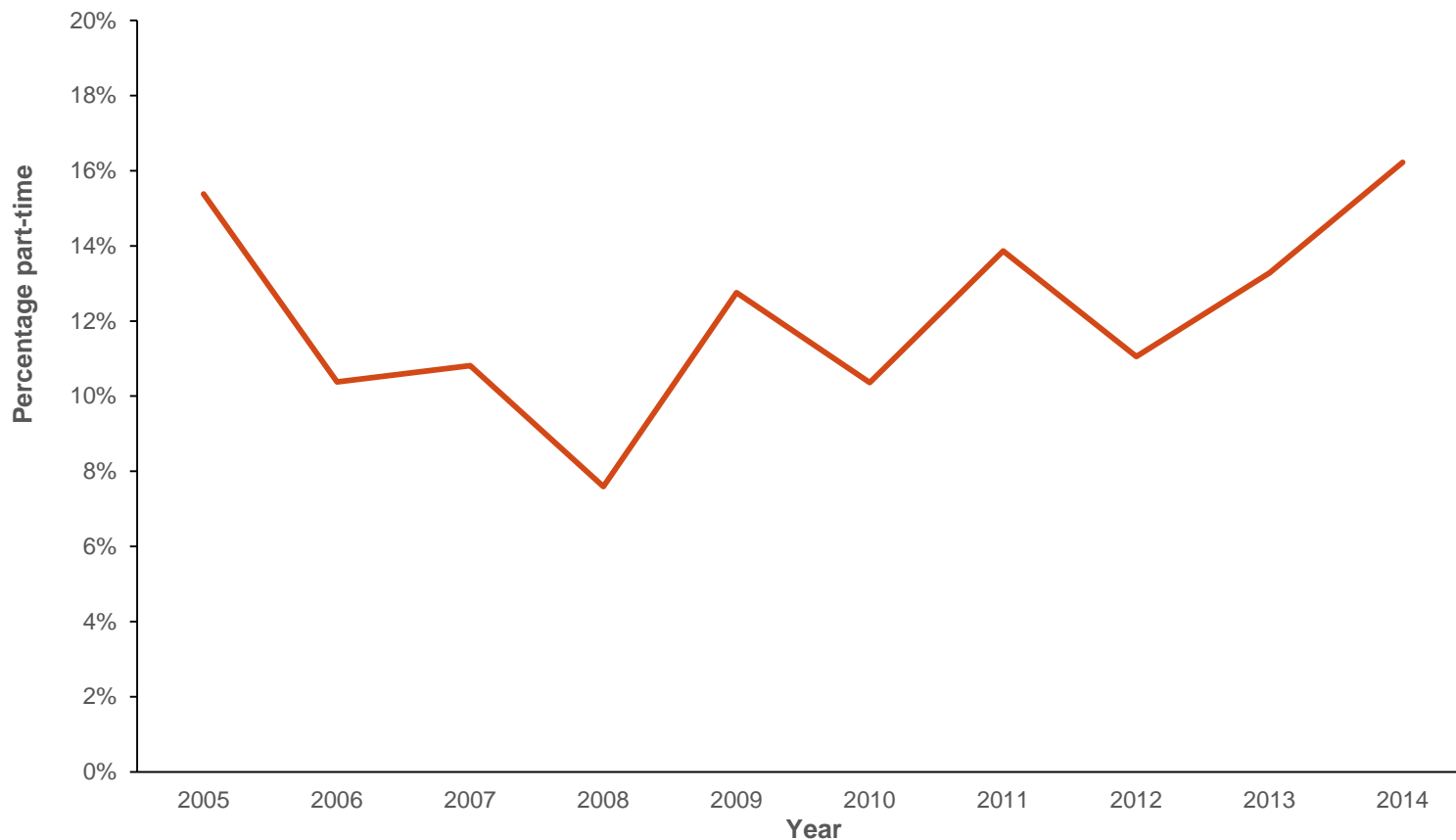
WHERE ARE WE?

Table 4.28: Vocational training positions/trainees: Total, advanced, female advanced and part-time advanced trainees, 2010-2014

	Total college trainees	Advanced training positions/trainees	Female advanced trainees	Proportion female (%)	Part-time advanced trainees	Proportion part-time (%)
2010	14,679	9,432	4,494	47.6	971	10.3
2011	15,478	10,214	5,116	50.1	1,416	13.9
2012	16,740	10,996	5,536	50.3	1,220	11.1
2013	17,888	11,832	6,160	52.1	1,576	13.3
2014	19,158	12,791	6,733	52.6	2,075	16.2
Change 2010-2014 (%)	30.5	35.6	49.8	10.6	113.7	57.5

2005 – 2014

Advanced trainees



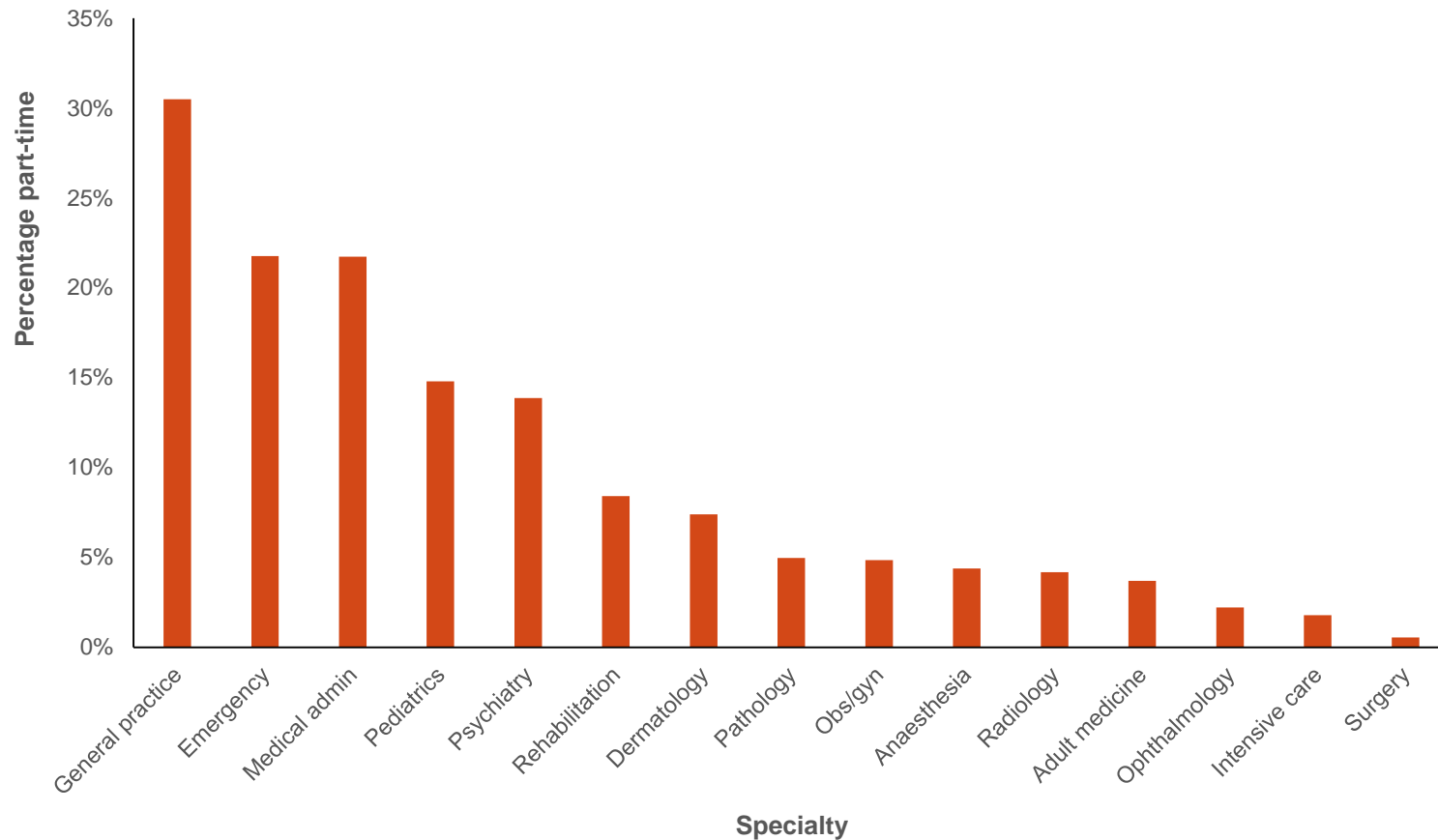
BY SPECIALTY

Table 4.33: Advanced trainees undertaking part-time training by medical specialty, 2010-2014

Medical specialty	2010	2011	2012	2013	2014
Addiction medicine	5	3	4	5	7
Adult medicine	59	63	55	48	63
Anaesthesia	24	25	45	24	21
Anaesthesia – Pain medicine	6	6	8	10	11
Dermatology	5	2	7	6	4
Emergency medicine ^{(a),(b)}	^(a) 23	44	105	193	295
General practice	631
– GPET ^(c)	..	991	^(b) 715	1,020	^(b) 1,368
– ACRRM	..	0	0	0	0
Intensive care	1	3	5	4	6
Medical administration	1	5	4	^(a) 9	25
Obstetrics and gynaecology	3	7	6	8	8
Occupational and environmental medicine	0	0	0	0	0
Ophthalmology	1	0	3	4	2
Oral and maxillofacial surgery	na	na	na	na	na
Paediatrics ^(a)	76	154	74	75	98
Palliative medicine	6	2	4	11	6
Pathology	11	18	28	15	20
Pathology and RACP (jointly)	..	1	5	9	7
Psychiatry	64	29	82	78	58
Public health medicine	11	17	16	7	23
Radiation oncology	4	2	5	5	8
Radiodiagnosis	7	13	8	11	14
Rehabilitation medicine	26	24	31	25	17
Sexual health medicine	11	4	5	7	5
Sport and exercise medicine	1	0	3	2	3
Surgery ^(d)	1	3	2	0	6
Total	977	1,416	1,220	1,576	2,075

BY SPECIALTY

Advanced trainees in 2014



COLLEGE SUPPORT

Flexible Training Policy – at a glance

Effective from 1 July 2012



The Royal Australasian
College of Physicians

Purpose

- Retain trainees who are unable to train on a full-time continuous basis
- Outline the College's flexible training pathways for trainees, including Fellows in training
- Detail provisions around the time limit to complete training, leave entitlements, part-time training, and interrupted training (including parental leave)

Leave entitlements

- Are calculated on a pro-rata basis
- Full-time trainees are entitled to a total of 8 weeks during a 12-month training period. This includes all types of leave
- Education/training committees may approve additional educational leave as training time if it is determined that the additional leave will directly contribute to the goals of the training program

FOLLOW THE UK?

**ACADEMY OF
MEDICAL ROYAL
COLLEGES** _____

Flexible Careers Committee

Mission Statement

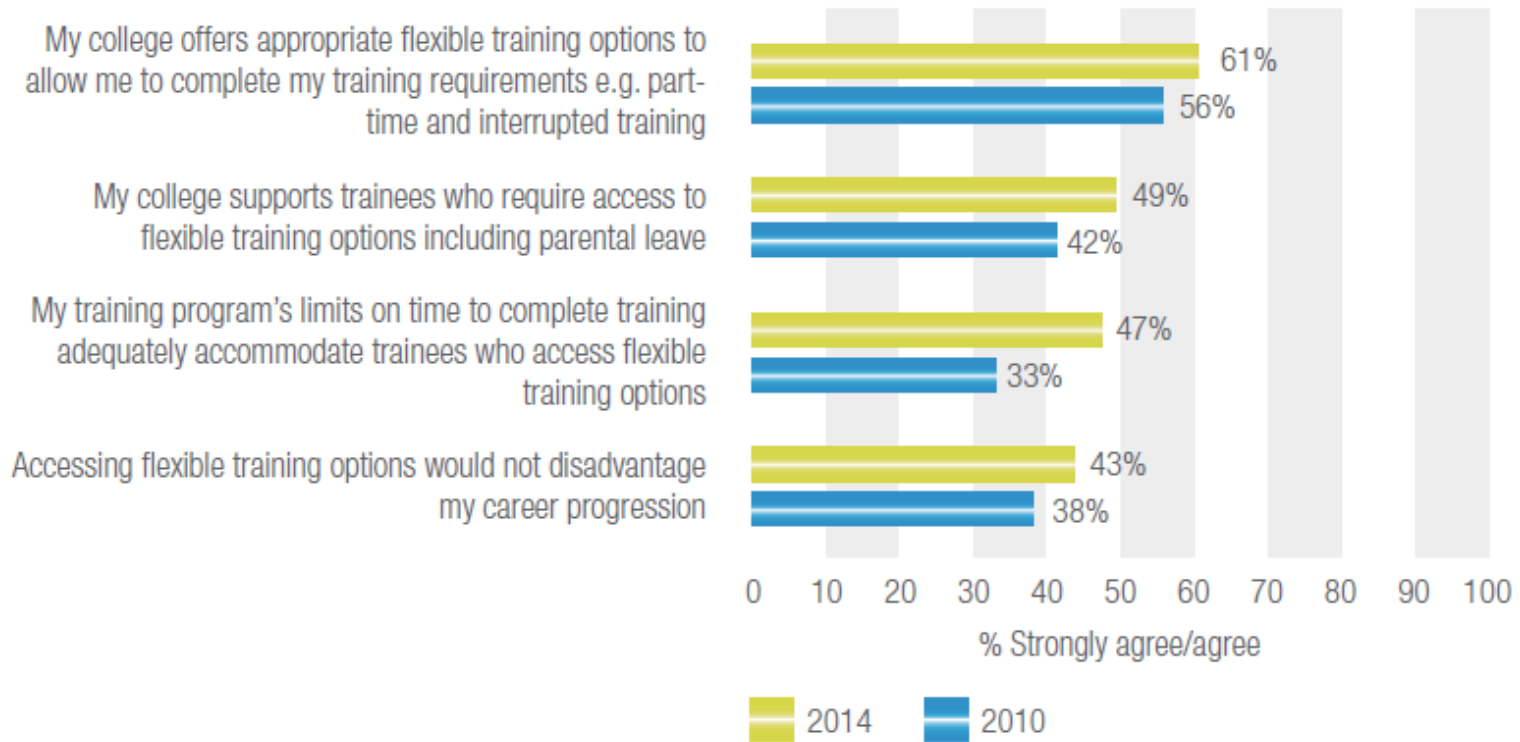
The Flexible Careers Committee believes that everyone is entitled to a good work-life balance.

The Committee intends to achieve this by:

- Supporting flexible training and LTFT working
- Supporting flexible retirement
- Encouraging personal career development
- Establishing the portfolio career concept
- Promoting professional values in all doctors and dentists
- Lobbying working issues via the Medical Royal Colleges

AMACDT SURVEY (N=583)

FIGURE 11 - Flexibility



LIMITATIONS

- Limits of ≥ 0.5 FTE
- Tendency to split a full time post
- Reliance on trainees arranging job share

SURGERY IN AUSTRALIA

Research

Supply and demand mismatch for flexible (part-time) surgical training in Australasia

Rachel E McDonald, Amy E Jeeves, Carolyn E Vasey, Deborah M Wright and Gregory O'Grady

MJA 2013; 198: 423–425

doi: 10.5694/mja12.11685

- Respondents 659/1191 (55.3%) in 2010
 - 28.4% female
- 0.3% (2!) in part-time training
 - Working 40 hours a week
- 31.6% interested in flexible training
 - General surgery most interested
- 2/3 reported “too many” or “far too many” hours worked

SURGERY IN THE UK

Open Access

Research

BMJ Open Less than full-time training in surgery: a cross-sectional study evaluating the accessibility and experiences of flexible training in the surgical trainee workforce

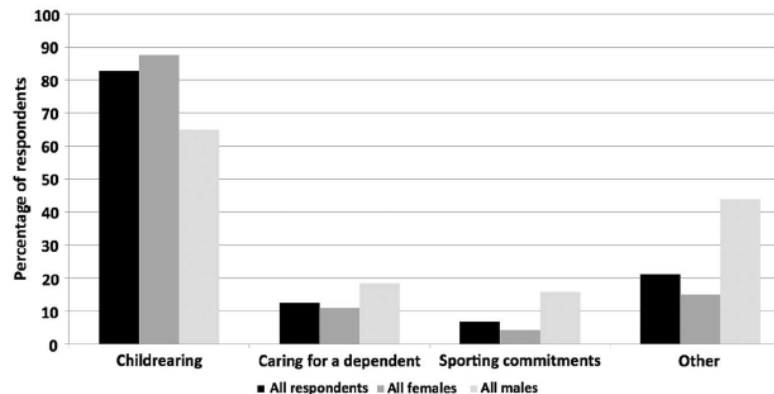
Rhiannon L Harries,¹ Vimal J Gokani,¹ Peter Smitham,² J Edward F Fitzgerald,¹ on behalf of the councils of the Association of Surgeons in Training and the British Orthopaedic Trainees Association

Harries RL, *et al.* *BMJ Open* 2016;**6**:e010136. doi:10.1136/bmjopen-2015-010136

HARRIES ET AL. 2016

- 876 respondents
 - Have or plan to undertake less than full-time training (LTFT)
 - 63.4% female
- 18.3% (160) previously/currently LTFT
 - 92.5% female
 - 92.5% during advanced training
 - 41.1% general surgery
 - 53.8% reported undermining behaviour from staff
- 53.7% considering LTFT in future

Figure 2 Reasons for previously choosing or considering LTFT in the future. LTFT, less than full-time training.



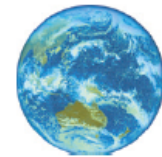
TRAINING MODELS

3 Flexible training models for advanced physician trainees

Model	Advantages	Disadvantages	Funding
Full-time flexible <i>Flexibility in hours (eg, start late, finish late), days or weekly rosters</i>	<ul style="list-style-type: none"> • Trainees maintain full-time training and financial status • Workplaces have personnel available outside of traditional hours 	<ul style="list-style-type: none"> • Trainees may miss educational sessions • Hours worked may not coincide with peak clinical demand 	<ul style="list-style-type: none"> • From current full-time positions
Part-time <i>Usually 50% or more of full-time equivalent, either in place of a full-time position or in a supernumerary position</i>	<ul style="list-style-type: none"> • Supernumerary positions can be customised to trainees' needs • Positions can be designed to meet specific departmental needs (eg, busy clinics) 	<ul style="list-style-type: none"> • Funding may not be available for supernumerary positions • Training duration is prolonged 	<ul style="list-style-type: none"> • Additional funding required from departmental "soft" money or federally funded schemes
Job-share <i>Two trainees share a full-time position on a rotational basis (eg, week on, week off)</i>	<ul style="list-style-type: none"> • Trainees can access flexible training and meet other commitments (eg, family, postgraduate research) • Workplaces can accommodate two trainees in a pre-existing position without additional funding 	<ul style="list-style-type: none"> • Trainees need to find a suitable partner, and may be expected to provide cover if their partner is unavailable • Handover can be onerous, and continuity of care may be affected if handover is inadequate 	<ul style="list-style-type: none"> • From current full-time positions

IT CAN BE DONE... EVEN IN SURGERY

SURGICAL TRAINING



ANZJSurg.com

Part-time general surgical training in South Australia: its success and future implications (or: pinnacles, pitfalls and lessons for the future)

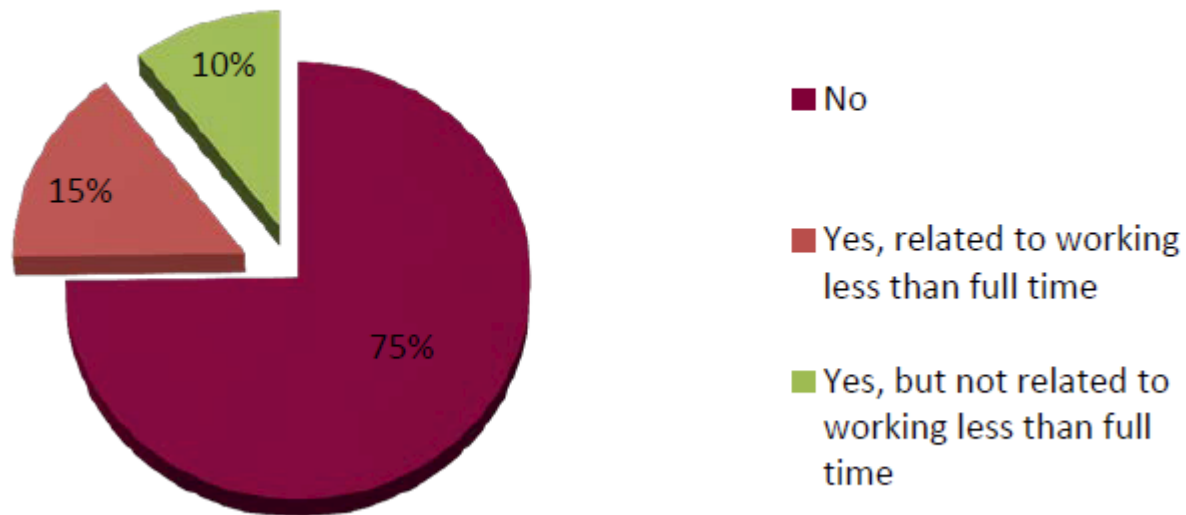
Susan Neuhaus,* Emma Igras,* Beverley Fosh* and Sarah Bensont

*Department of Surgery, University of Adelaide, Royal Adelaide Hospital, Adelaide, South Australia, Australia and

†General Surgeons Australia, East Melbourne, Victoria, Australia

A CULTURAL PROBLEM?

Figure 4. Have you been subjected to bullying/undermining?



ADVOCACY



AMA Position Statement

Flexibility in Medical Work and Training Practices

2005. Revised 2015.

HOW DO WE IMPROVE?

- Employers:
 - Facilitating job sharing
 - Stand alone part-time posts
 - Different settings?
 - Acute units
 - Private settings
- Colleges
 - Follow the UK example?
 - Intercollegiate collaboration
- Cultural shift (all of us!)

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