

White Paper

Flexible Surgical Training in Australia: It's Time For Change

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Abstract

Australian surgical trainees and medical students are increasingly expressing a desire to undertake flexible surgical training. Barriers to flexible training exist at the trainee, College, Specialty Board, hospital administration and medical organisational levels. We discuss the availability, demand, models and impact of flexible training, calling for partnership between trainees, supervising departments, hospital administrators, the Australasian College of Surgeons and jurisdictions to ensure that suitable flexible training positions are developed.

Introduction

The Australian medical workforce is undergoing significant changes in lifestyle expectations, gender balance, working conditions and ethnic and cultural background¹. Graduating medical students are older, with one third of Australian medical school places are now for graduate-entry programs². Both men and women are working fewer hours and men are retiring earlier³. Younger doctors of both genders are seeking structural and organisational changes that will allow them to have a more balanced lifestyle, including part-time training during postgraduate training⁴.

A recent survey by the Royal Australasian College of Surgeons Trainee Association (RACSTA) found that only 0.3 percent of surgical trainees were currently training part time, but 33.8% expressed an interest in undertaking less than full time training⁵. While flexible surgical training is a gender-related issue, it is certainly not gender specific. Trainees of both genders are increasingly requesting part-time training to allow them to combine training with the care of children, study, hobbies, research and additional study⁶. Given the increased age of medical graduates many trainees are balancing child-raising and work commitments, and for increasing number of junior doctors there are periods where it is no longer feasible to undertake full time training, particularly during advanced training⁷.

A 2011 MJA editorial summarised the situation thus: “too many medical graduates, particularly women, leave the workforce before completing their training because of difficulty in balancing study, work and family commitments. The cost in time and resources — for the individual and the community — is high.”⁸

Part time surgical training availability

The number of Australian advanced training doctors undertaking part time training has risen substantially over the last decade (Figure 1). In 2009 12.8% of all Australian advanced training doctors were in part time training, but none of the 901 surgical trainees were undertaking part time training (Figure 2)⁹. The Royal Australasian College of Surgeons' policy allows part time training (Figure 3), but in practice part time training must be organised on an individual basis and trainees remain frustrated by an inability to

¹ Sewell, J. Vocational part-time training: jobs for the girls *and* boys. *MJA* 2001; 174: 376-377

² Catherine M Joyce, John J McNeil and Johannes U Stoelwinder. Time for a new approach to medical workforce planning *MJA* 2004; 180 (7): 343-346

³ AIHW 2011. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW. Viewed 12 November 2011 <<http://www.aihw.gov.au/publication-detail?id=10737419680>>

⁴ Sewell, J. Vocational part-time training: jobs for the girls *and* boys. *MJA* 2001; 174: 376-377

⁵ McClelland B. Report Card on Surgical Education. *Surgical News* July 2010 Vol 11 No. 6 p 8. Viewed 12 November 2011 <http://www.surgeons.org/media/18532/SurgicalNews11_06.pdf>

⁶ Sewell, J. Vocational part-time training: jobs for the girls *and* boys. *MJA* 2001; 174: 376-377

⁷ Suzanne E Mahady. Adding flexibility to physician training. *MJA* 2011; 194 (9): 460-462

⁸ Katelaris, A. “The Women in Surgery Committee was established to encourage and support all Trainees, but females in particular” — RACS Women in Surgery *Med J Aust* 2011; 194 (9): 435.

⁹ Australian Government Department of Health and Ageing. Health workforce resources. Medical Training Review Panel: thirteenth report. Viewed 12 November 2011 <<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp-13>>

obtain a suitable part-time training position¹⁰. Barriers exist at the trainee, College, Specialty Board, hospital administration and medical organisational levels¹¹.

Surgical trainees who wish to undertake part time training must first find an employer who is willing to offer a suitable position, then apply at least 6 months in advance for permission from the relevant Specialty Board to undertake part-time training and accreditation for the position. The lack of guidance for trainees and supervisors and the difficulty of overcoming existing barriers explains why only a handful of surgical trainees have undertaken a period of part time surgical training despite significant levels of trainee interest.

Demand for flexible training

With 33.8% of Australian surgical trainees expressing interest in less than full-time training positions the existence of an unmet need is clear. A societal shift has seen young male doctors increasingly working part-time for family reasons, and for women "access to flexible training and work opportunities emerges as one of the most important determinants of career choice"¹². A cohort of Australian paediatric trainees undertaking part time training cited myriad reasons for their decision, including exam preparation, childcare responsibilities, personal ill health, desire for more leisure time and completion of a Master of Public Health Degree¹³.

Recruitment and retention of surgical trainees

Increasing emphasis on lifestyle considerations by men and women, coupled with the changed gender demographics in the medical workforce poses challenges for the recruitment and retention of surgical trainees. In order to attract the best and brightest candidates surgical training must adapt. A 2006 survey found that 36% of female and 24% of male medical students agreed to increased interest in surgical careers if part time training were an option¹⁴.

There is no Australian data regarding reasons for attrition in Australian surgical training. In Norway a far higher proportion of men than women were found to complete their surgical training¹⁵. Whether this relates to a paucity of flexible training options, or to possible other closure mechanisms, is unknown.

Similarities to the Safe Work Hour debate

The Safe Work Hour debate and subsequent reduction in trainee hours was driven by research demonstrating that doctor fatigue compromises patient care, awareness that fatigue hampers learning, and a desire to improve trainee well-being and work-life

¹⁰ Neuhaus S, Teague B. South Australia – leading the way. RACS Surgical News 2007, Vol 8 No. 1, page 16. Viewed 12 November 2011 <http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf>

¹¹ Suzanne E Mahady. Adding flexibility to physician training. MJA 2011; 194 (9): 460-462

¹² Australian Medical Workforce Advisory Committee. Influences on participation in the Australian medical workforce. Sydney: AMWAC, 1998

¹³ Whitelaw CM, Nash MC. Job-sharing in paediatric training in Australia: availability and trainee perceptions. Med J Aust 2001; 174: 407-409.

¹⁴ Saalwachter AR, Freischlag JA, Sawyer RG, Sanfey HA. Part-time training in general surgery: results of a web-based survey. Arch Surg. 2006 Oct;141(10):977-82.

¹⁵ Gjerberg E. Gender similarities in doctors' preferences--and gender differences in final specialisation. Soc Sci Med. 2002 Feb;54(4):591-605.

balance¹⁶. A 2010 RACSTA survey found that trainees averaged 61.4 hours at work each week, with an average of 27.8 on-call hours each week¹⁷. Five percent of trainees were at work for over 80 hours per week (in addition to rostered on-call shifts)¹⁸. Some rosters were felt to promote chronic sleep deprivation and the authors concluded that “ongoing efforts are needed to promote safe rostering practices”¹⁹

There are Australian surgical units where the workload is excessive for a single trainee, but there is insufficient work to meet the training needs of two trainees. In such instances establishing a stand alone part-time training position would address the workforce needs of the unit, allow safe working hours to be achieved, expand the number of postgraduate training positions and increase the available options for flexible training.

Concerns have been raised that flexible training regimens threaten patient care and the quality of training. The same arguments were raised during the Safe Working Hours debate, and is a predictable response to any proposal that challenges existing models of surgical education and training, continuity of care and the provision of hospital service. However, there is no evidence that flexible training regimens adversely affect patient care or the quality of training – in fact the evidence is quite the opposite.

Models

Three models exist for flexible training²⁰:

1. Full time flexible model
2. Stand alone part time model
3. Job share model

The *Fair Work Act 2009* supports the right of a parent (or carer) of an under-school age child or a disabled child to request a flexible work environment under the National Employment Standards (NES)²¹. An employer can only refuse such a request on “reasonable business grounds”. However, the full time flexible model, where a trainee starts late or leaves early to accommodate external commitments can therefore be very difficult to achieve in surgical training given workplace demands, under resourced surgical units and a long-standing culture of hard work, long hours and total commitment.

The stand-alone part time model best juggles the requirements for training and service delivery for surgical trainees with family commitments. It can also be designed to increase the workforce at periods of high demand, while still accommodating trainee commitments. This model has had significant success for general surgical training in South Australia, with accredited positions having been offered at three hospitals

¹⁶ Iglehart JK. Revisiting duty-hour limits – IOM recommendations for patient safety and resident education. *N. Engl. J. Med.* 2008; **359**: 2633–5

¹⁷ O’Grady G, Loveday B, Harper S, Adams B, Civil ID, Peters M. Working hours and roster structures of surgical trainees in Australia and New Zealand. *ANZ J Surg* 80 (2010) 890-895.

¹⁸ O’Grady G, Loveday B, Harper S, Adams B, Civil ID, Peters M. Working hours and roster structures of surgical trainees in Australia and New Zealand. *ANZ J Surg* 80 (2010) 890-895.

¹⁹ O’Grady G, Loveday B, Harper S, Adams B, Civil ID, Peters M. Working hours and roster structures of surgical trainees in Australia and New Zealand. *ANZ J Surg* 80 (2010) 890-895.

²⁰ Mahady SE. Adding flexibility to physician training. *MJA* 2011; 194 (9): 460-462

²¹ Australian Government. Fair Work Ombudsman. Flexible working arrangements. <http://www.fairwork.gov.au/employment/conditions-of-employment/flexible-working-arrangements/pages/default.aspx> (accessed October 2011)

(Flinders Medical Centre Hepatobiliary Unit; Royal Adelaide Hospital Breast, Endocrine and Surgical Oncology Unit; Queen Elizabeth Hospital Upper Gastrointestinal Surgical Unit)²². These 12-month positions provide training equivalent to a six-month full-time position²³.

Job share positions are common within paediatric training and have been undertaken in general surgical training in Australia. A major difficulty arises in matching trainee requirements in specialty, geography, and level of training in a specific accredited training position. A married general surgical trainee couple in South Australia who job-shared for 2 years in a teaching hospital and a rural hospital were clearly in a unique position. This model can accommodate splitting of weeks, which is well suited to trainees with family commitments, or trainees sharing for 1-3 week blocks of time. Coworkers need to adapt to working with two people who are responsible for the same tasks²⁴.

Twelve month periods of part-time or job-sharing positions provide the equivalent of six months' accredited training. These year-long positions are generally preferred over six part time month terms, which provide only three months of accredited training and require the trainee to undertake a further 6 month part time position, or a 3 month full time position. For practical purposes an accredited position of 3 months' duration is highly unlikely to be offered, so trainees in this situation will almost certainly find themselves needing to take a 6 month full time contract to fulfil their remaining 3 month training term accreditation requirements.

Trainee and Training Impact

Part time training can allow trainees to continue training in situations where their only other options are deferral or withdrawal from training. A study of flexible training found that without flexible training 9% of the obstetric and gynaecology trainees and 20% of the anaesthetists would have ceased to train. Arguments against part-time training that espouse a necessary immersive surgical training experience are not applicable in situations where the only continuation option currently offered is deferral. Cultural change is required if surgical training is to meet the needs of, and reap the most benefit from, its entire medical workforce²⁵.

Part time training has been associated with significant improvements in personal well being and clinical performance. Australian paediatric trainees reported that job sharing resulted in decreased tiredness, increased enthusiasm for work and increased work-life balance, with no evidence of compromised continuity of care²⁶. Part time medical trainees were found to score significantly higher with respect to clinical skills ($p = .0005$) and humanistic skills ($p = .0001$)²⁷. All general surgical trainees who have undertaken

²² Neuhaus S, Teague B. South Australia – leading the way. RACS Surgical News 2007, Vol 8 No. 1, page 16. Online at http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf

²³ Neuhaus S, Teague B. South Australia – leading the way. RACS Surgical News 2007, Vol 8 No. 1, page 16. Online at http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf

²⁴ Suzanne E Mahady. Adding flexibility to physician training. MJA 2011; 194 (9): 460-462

²⁵ Sewell, J. Vocational part-time training: jobs for the girls and boys. MJA 2001; 174: 376-377

²⁶ Whitelaw CM, Nash MC. Job-sharing in paediatric training in Australia: availability and trainee perceptions. Med J Aust 2001; 174: 407-409.

²⁷ Carling PC, Hayward K, Coakley EH, Wolf AM. Part-time residency training in internal medicine: analysis of a ten-year experience. Acad Med. 1999 Mar;74(3):282-4.

part time training in South Australia have passed their Fellowship examinations at the first sitting.

Trainees surveyed have felt that their part-time training has not been of lower quality than full-time training²⁸. However, some have expressed concerns about the career consequences of undertaking part-time training²⁹ and have felt that part-time trainees are viewed by consultants as "less committed" than full-time trainees³⁰. We strongly support Neuhaus' opinion that "far from demonstrating a lack of commitment, the ability to manage the demands of part time training and care for a young family requires a high level of organisational skill"³¹. Katelaris recently expressed similar views: "Being a good doctor and a good parent need not be mutually exclusive, but it does need to be supported by appropriate training models."³² Whether the trainee's external commitments are family, research, sporting pursuits or any of the other myriad possibilities, addressing the difficulties of combining work and external commitments can prevent this negatively impacting on Trainees' ability to work and study effectively, to the benefit of Trainees, surgical units and employers³³.

There is no reason to believe that appropriately designed part-time training should be less effective than full-time training. A competency based learning model may further facilitate flexible training and rationalize training requirements³⁴, increasing the feasibility of these posts³⁵.

Accredited training positions ideally need to incorporate inpatient and outpatient care, on-call and educational and audit activities if educational imperatives are to be met. Partnership with supervising departments, hospital administrators, specialist training colleges and jurisdictions are critical to success to ensure that suitable training and adequate employment conditions are obtained³⁶.

Employer Impact

Flexible workplace arrangements can create organisational difficulties and unintended consequences. It can also encourage planning and innovation brings significant benefits for employers. These include cost savings from reduced overtime, enhanced staff retention and loyalty, reduced sick leave and burnout, ability to advertise for and select applicants from across Australasia, greater rostering flexibility (as the part time position rosters can be targeted to periods of peak weekly demand) and an expanded employee

²⁸ Whitelaw CM, Nash MC. Job-sharing in paediatric training in Australia: availability and trainee perceptions. *Med J Aust* 2001; 174: 407-409.

²⁹ Elston MA. *Women and medicine: the future*. London: Royal College of Physicians, 2009

³⁰ Whitelaw CM, Nash MC. Job-sharing in paediatric training in Australia: availability and trainee perceptions. *Med J Aust* 2001; 174: 407-409.

³¹ Neuhaus S, Teague B. South Australia – leading the way. *RACS Surgical News* 2007, Vol 8 No. 1, page 16. Online at http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf

³² Katelaris, A. "The Women in Surgery Committee was established to encourage and support all Trainees, but females in particular" — *RACS Women in Surgery Med J Aust* 2011; 194 (9): 435.

³³ Neuhaus S, Teague B. South Australia – leading the way. *RACS Surgical News* 2007, Vol 8 No. 1, page 16. Online at http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf

³⁴ Katelaris, A. "The Women in Surgery Committee was established to encourage and support all Trainees, but females in particular" — *RACS Women in Surgery Med J Aust* 2011; 194 (9): 435.

³⁵ http://www.surgeons.org/media/224947/accs_2004_review_of_hospitals_for_basic_training_and_hospital_posts_for_advanced_surgical_training.pdf page 14

³⁶ http://www.surgeons.org/media/224947/accs_2004_review_of_hospitals_for_basic_training_and_hospital_posts_for_advanced_surgical_training.pdf page 14

pool for crisis, illness or annual leave cover. The reduction of employee overtime payments and the Specialist Training Program can assist employers in funding the creation of these new postgraduate training positions.

Hospitals that employ registrars in a job-share arrangement have to carry employment liability for two employees. In any flexible arrangement potential difficulties can be perceived with continuity of care, communication and role allocation³⁷. These difficulties can be prevented by acknowledging the differences between the existing and proposed training and work models. Adequate communication and planning remains key, and the need to have clear job descriptions and thorough handover between all staff is clear.

Workforce benefits

The relative lack of postgraduate training positions in the Australian medical workforce has created interest in developing specialist training positions in both traditional and non-traditional environments, supported through the federally sponsored Specialist Training Program. The creation of stand-alone part time training positions in environments where there is the capacity to meet the training requirements of a part-time trainee, but not a full-time trainee, will increase the effective number of full-time vocational training positions, expanding the surgical workforce and helping to address the national shortfall in postgraduate training positions.

Conclusion

We encourage jurisdictions to identify potential part time training positions and to express their willingness to employ trainees who wish to train flexibly. We support Whitelaw's opinion that "specialist medical colleges must become directly involved in the development of flexible training positions rather than simply providing reluctant permission. Hospitals must formulate clear policies regarding job-sharing and make this information available to prospective employees".³⁸ In order to further flexible surgical training the Specialty Boards and Colleges need to provide strategies for trainees, supervisors and jurisdictions in the development of training positions. Only by embracing this issue will we ensure that surgery remains able to attract and retain the best and brightest candidates, and to meet the needs and desires of existing and future surgical trainees.

³⁷ Neuhaus S, Teague B. South Australia – leading the way. RACS Surgical News 2007, Vol 8 No. 1, page 16. Online at http://www.surgeons.org/media/223593/surgical_news_2007_01.pdf

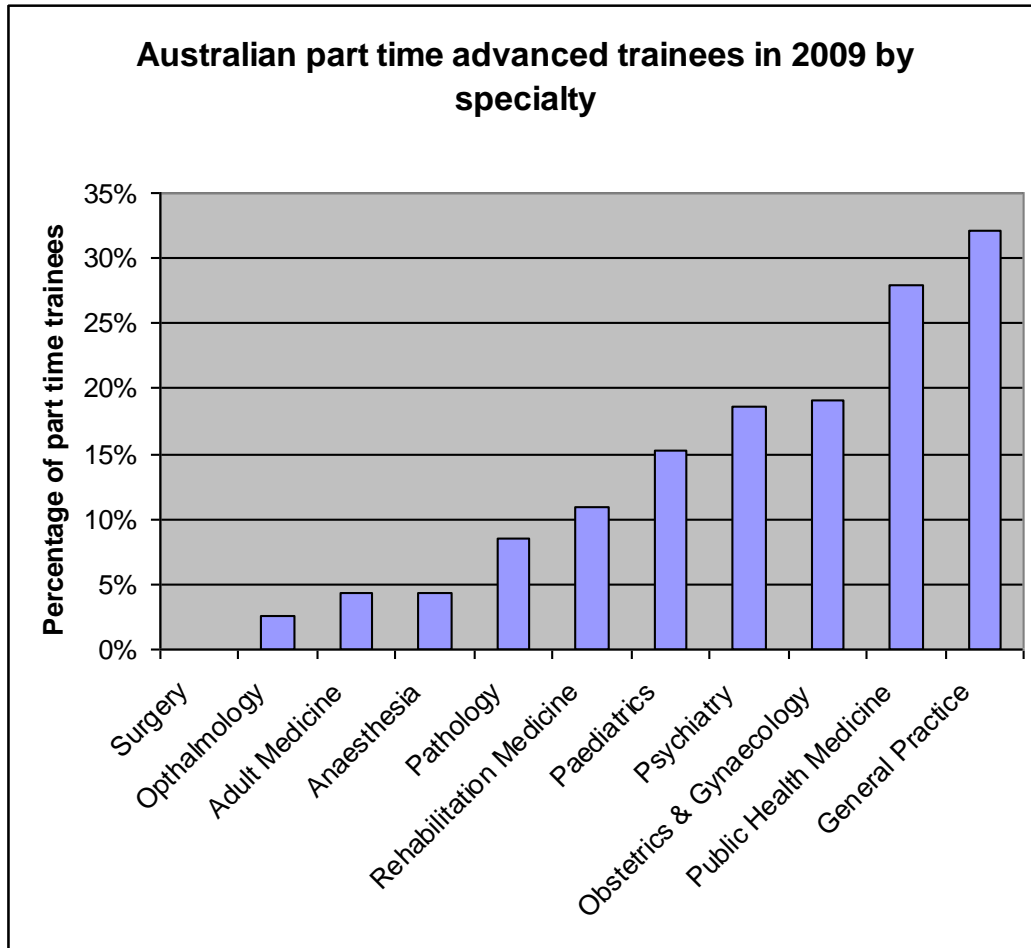
³⁸ Whitelaw CM, Nash MC. Job-sharing in paediatric training in Australia: availability and trainee perceptions. Med J Aust 2001; 174: 407-409.

Figure 1 - Number of part-time advanced trainees, 1997–2009³⁹



³⁹ Australian Government Department of Health and Ageing. Health workforce resources. Medical Training Review Panel: thirteenth report. <<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp-13>> Viewed November 12, 2011

Figure 2 – Australian part time advanced trainees in 2009 by specialty⁴⁰



⁴⁰ Australian Government Department of Health and Ageing. Health workforce resources. Medical Training Review Panel: thirteenth report. <<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp-13>> Viewed November 12, 2011

Figure 3 - Excerpt: Royal Australasian College of Surgeons Trainee Registration and Variation Policy, 2008⁴¹

3.4. Part Time Training

3.4.1. Part time training is a period of training undertaken on less than a full time equivalent basis as part of the SET Program in which the trainee is registered.

3.4.2. Trainees on a SET Program who wish to apply for part time training must apply to the relevant Specialty Board at least six (6) months prior to the proposed commencement of the part time training.

3.4.3. Applications for part time must have a training commitment of at least 50% of a full time trainee in any one training year. The overall duration of the training program must not exceed the published expected minimum duration of training plus four (4) years.

3.4.4. The Specialty Board of the SET Program to which the application is made will make the determination on the approval or otherwise taking into consideration the availability of a suitable part time training position.

3.4.5. Trainees approved for a period of part time training are required to participate in pro rata out-of-hours work and surgical teaching programs. The components of the SET Program which must be undertaken during the approved period of part time training will be determined by the Specialty Board. All trainees will be required to satisfactorily complete all components of the SET Program to be eligible for Fellowship.

3.4.6. Trainees approved for a period of part time training will be registered with the College for that period as part time and will be required to pay an applicable pro rata training fee in accordance with the College policy for Surgical Training Fees.

⁴¹ Royal Australasian College of Surgeons Trainee Registration and Variation Policy, 2008. <http://www.surgeons.org/media/14189/POL_2008-08-12_Trainee_Registration_and_Variation_Policy_V1.pdf> Viewed November 12, 2011