Flexible Training Program

P/F Rank: 19

Educational level: *University* | **Beneficiaries**: *Students (Medical trainees/ residents)*

Background

Women comprise at least half, and in some specialties, the majority of medical trainees in countries including the US, UK, Canada, and many European Union countries.[1,2,3] In one study, up to 85% of female physicians reported intentions to have children,[4] yet training programs often require a full-time commitment.[1] There are some European Commission directives on workers' rights and on employers' responsibilities to fairly consider and treat requests for a part-time work schedule.[5]

Description

At the University of California at San Francisco (UCSF), pediatric residents who have completed their first year of full-time residency training can take a "flexible option," in which they work six to eight months a year and are permitted to take up to five years to complete their training.[2] Although the residency program does not pay a salary during time off, all flexible option residents are covered by disability insurance, workman's compensation, and medical malpractice benefits, and those choosing the flexible option for maternity or dependent care reasons are also covered by medical insurance. Since 1969, the UK's Flexible Training Scheme has also offered a part-time training option.[1] Also referred to as less than full-time (LTFT) training, the option may be granted (with an application) for reasons such as ill health, disability, caregiving responsibilities, or professional development opportunities.[5] The total time in and quality of training must be the same for all trainees, whether they are on a full-time or LTFT schedule,[1] although LTFT trainees must work at least 50% time.[5]

At McMaster University in Canada,[3] family medicine residents can have flexible rotations with a lighter workload at the beginning of their return from parental leave. Residents on maternity leave can work part-time and "bank" hours to take time off when they return. Many residents work two half-days each week in activities such as tutorials and clinical care and then return to a full-time schedule within a few weeks of giving birth.

Several strategies exist to compensate for the shifts in workloads. UCSF structures salaries such that they are combined across multiple flexible option residents.[2] The UK National Health Service (NHS) implements slot-sharing, in which two doctors work on a LTFT basis under one full-time position; emergency short-term flexible arrangements; permanent flexible posts, if funding allows; study leave and return to work from maternity; and pay structures that do not create financial disincentives for facilities/health care systems to accept LTFT trainees.[6]

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)

- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*).

By allowing medical residents to complete their training on a flexible schedule, this practice has the potential to transform arrangements for medical residents with family responsibilities. Flexible medical training also legitimizes female life cycle needs, and caregiving in general. However, as noted in the Implementation Lessons Learned section below, there may be financial constraints for medical residents who use this practice.

Some documented results are available for this practice. As of 2003, the UK NHS employs approximately 1,700 LTFT trainees, most of whom are women with young children,[4] and "half [of] the UK's 39,000 junior doctors (including four in ten men) would like to work part-time in [the] future"[4]. As of 2006, an estimated 3.8% of residency programs in the US offer part-time options.[7] A 1994 study found that while some UK doctors did not support having "special arrangements for women with small children,"[1] there was "considerable support for the view that there should be greater availability of part-time training posts."[1] UCSF, which supports an average of four residents per year on the flexible option,[8] found that of those who opted for the flexible option, none responded that they would have left the program without the flexible option, but 48% would have taken a leave of absence.[2] In addition, 57% of those interviewed said that this practice was "critical to their success,"[2] 43% said that it was helpful, and "none felt that it was disadvantageous for their residency education or detrimental to their careers."[2] Likewise, interviewees from McMaster University who had returned to work following maternity leave said that the part-time option was helpful in giving them time at home and "slowly integrat[ing] back into [the residency program]."[3] However, UCSF residents who took the flexible option were concerned about "the delay in their 'graduation' and finishing out of sync with their class (45%),"[2] and some reported concern that their skills might be not be as sharp upon returning to the residency, although their scores were comparable to those of full-time residents.[2]

Implementation lessons learned

Institutions considering implementing this practice should anticipate possible financial constraints, as well as the perceptions of residents whose workloads may be affected. UCSF residents, who do not receive a salary during their flexible option time off, cited financial concerns as the primary reason for not taking the flexible option.[2] Residents applying for LTFT placements in the UK NHS may also face challenges doing so because of the financial resources needed by the training authorities.[8] In addition, a study of the UCSF flexible option found that 12% "somewhat resented the participation of other residents in the [flexible option]"[2] because of the increased workload for fellow residents, although some of these changes may also have been due to other departmental needs. However, despite these concerns, most UCSF residents, both flexible option and regularly scheduled, support the practice.[2] Program planners must also raise awareness of the option. For example, from 1994-1999, only one McMaster University family medicine resident took the part-time option, which "appears to be little known."[3]

Summary conclusions

This practice has the potential to level the playing field by countering the disadvantage faced by medical students who would need to stop training entirely due to family responsibilities. By offering flexible training schedules, this practice allows students to remain active. However, more documentation and evaluation is needed on the implementation and costing of this practice, as the review noted possible constraints in the attitudes of full-time residents toward this practice and toward those who use it, as well as in financial concerns for students who use the practice.

Reference(s) and source(s)

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Other references used in this review

Holmes, Alison Volpe, William L. Cull, and Rebecca R. Socolar. 2005. "Part-time residency in pediatrics: description of current practice." *Pediatrics* 116: 32-37. http://pediatrics.aappublications.org/content/116/1/32.full.pdf+html (accessed June 16, 2011).