

Equal Opportunities in Medicine: Workforce Planning and Flexible Working Symposium

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INTRODUCTION

Accurate and effective workforce planning has always been difficult but recently there have been several new challenges. There has been an increased demand for flexible working patterns as well as a significant rise in the number of female doctors over the past ten years. Furthermore, the European Working Time Directive (EWTD) has had an adverse impact on fully staffed and therefore 'safe' rotas, training opportunities and patient safety, especially in the acute setting. This symposium explored the changing face and future needs of the National Health Service (NHS) workforce. The prospect of a predominantly female workforce of which a significant number work part-time was addressed. Ways to promote flexible working patterns while maintaining the integrity of training was discussed. Personal accounts illustrated how flexible training can be achieved and a more desirable work-life balance attained.

SESSION 1: WORKFORCE OF THE FUTURE

The symposium was opened by Dr Alistair Cook (Director of Medical Education, NHS Lanarkshire) who predicted a future oversupply of doctors. He demonstrated a mismatch in the number of doctors joining the NHS and the number retiring; consequences of which include low morale and unemployed doctors. However, more staff also means that there is an opportunity to establish flexible working patterns.¹ He also proposed longer basic postgraduate training to ensure that doctors are 'judgement' safe, the evolution of 'service' posts with training opportunities and the introduction of a new grade between SpR and consultant which would decrease the reliance on doctors in training for service delivery.

The EWTD and its implications were discussed by Dr Mike Jones (Vice President, RCPE). The findings of Sir John Temple's report *Time for Training*² were shared. The report

highlighted gaps in rotas, increased pressure on the workforce and shifts with no senior presence, although there has been an increase in the number of consultants. The report concluded that consultants need to be more flexible in their working patterns and that effective training can be delivered in a 48-hour week. Dr Jones reiterated that medicine is a practical profession and when training opportunities arise, they should be taken. Learning is more effective when 'doing'. Reflection is also important but action is needed. In the acute setting the number of hospital admissions increases in the early evening. This results in a prolonged waiting time which is associated with an increase in patient mortality.³ In order to deal with this Dr Jones envisaged the future formation of a multi-disciplinary 'twilight' team with well-structured rotas and standardised documentation.

In the next ten years the majority of registered doctors will be women. Professor Gill Needham (Postgraduate Medical Dean, North of Scotland) revealed the results of a recent Scottish study of medical students. Job satisfaction was deemed to be important, along with good personal relationships and family. All specialties should offer flexible working opportunities for both consultants and trainees with less onerous 'out-of-hours' working in order to recruit female doctors. Professor Needham argued that doctors will remain public servants committed to the healthcare of the population, but not at all costs.

SESSION 2: PROMOTING FLEXIBLE WORKING AND TRAINING IN MEDICINE

Professor Jane Dacre (Director, University College London Medical School) spoke about several important and influential women in medicine since the 1800s. She pointed out that although there are now more women, many of the highest positions in the field are still held by men. In order to achieve career advancement, women need to be more prepared to accept the extra responsibilities that come along with the roles.

Dr Ian Starke (Royal College of Physicians of London) provided an overview of revalidation, what it is and what it isn't. In summary, revalidation is the means by which doctors demonstrate fitness to practice and that they are up-to-date. It is not a performance management tool or intended to introduce competition.⁴ Returning to work after any period of absence is recognised as a potentially difficult time and Dr Starke advised that the process should be formalised, planned and supported.

Nicola Sturgeon (Scottish Government Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy) emphasised the Scottish Government's commitment to the NHS. She acknowledged the increasing number of women in medicine and promoted flexible working for both sexes, but warned that reshaping the medical workforce would be a major challenge with resource implications. Ms Sturgeon said that the government would remain committed to quality, but difficult decisions would have to be made regarding pay restraints, in order to afford job protection. She also said that there would be no compulsory redundancies in the NHS in Scotland.

SESSION 3: SIMULTANEOUS WORKSHOPS

Career choices: medical students and trainees, what are you going to do?

The advantages and disadvantages of choosing hospital medicine versus primary care were discussed by Professor Sue Carr (Consultant Nephrologist, Associate Medical Director [Clinical Education] University Hospital, Leicester). The importance of managing a good work-life balance was emphasised, and a variable or flexible working pattern would help achieve this.

Dr Sue Robertson (Associate Specialist, Dumfries and Galloway Royal Infirmary) followed, presenting financial aspects of different career structures, including their impact on pensions. She compared the career paths of a consultant, an associate specialist and a GP.

How I did it and how to become a less than full-time

Six consultants from six different specialities shared their experiences of working less than full-time (LTFT). There are negative connotations to LTFT working, as illustrated by Dr Ian Reeves (Consultant Geriatrician, Southern General Hospital, Glasgow). He is often called 'part-time' with negative connotations, and his job is perceived as being 'less busy'. In his experience, LTFT employees have an excellent sickness record, are capable, flexible and consistently deliver. He advocated LTFT working to achieve the optimum work-life balance.

Career progression and advancement

To get ahead in a medical school, students need to be involved in research, enabling, education and knowledge transfer. Education alone isn't enough. A portfolio of work and the demonstration of leadership and training skills are recommended. Professor Jane Dacre advised a Machiavellian approach to getting along in academic medicine. The ability to present oneself well, highlight achievements and challenge opinions are necessary skills.

The Royal Colleges are involved in education and training, setting standards, exams, revalidation and appraisals. To progress in a college environment, Dr Jacqueline Taylor (Honorary Secretary, Royal College of Physicians and Surgeons of Glasgow) encouraged enthusiasm, interest and networking.

The qualities and skills of a good leader were emphasised by Dr Gill Gaskin (Medical Director, Specialist Hospital Board, UCLH). The session was concluded by Professor Charles Swainson (Medical Director, Scottish Advisory Committee on Distinction Awards), who discussed the Distinction Award Scheme and the process for achieving recognition for clinical leadership and excellence.

TAKE-HOME MESSAGES

More doctors are entering medicine than leaving, and women will soon be in the majority. A significant number of doctors of both sexes wish to work LTFT. The establishment of flexible working patterns may well serve to absorb the oversupply of doctors as well as accommodate those who wish to work LTFT. The symposium demonstrated that with robust systems in place such as revalidation, appraisals and training, LTFT doctors can make significant contributions and achieve much. Flexible working should no longer be seen as a 'second class' career choice: those of us who are currently working LTFT should regard ourselves as 'pioneers'.⁵

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