Flexible training:
Improving workplace equality and diversity

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Speakers/Bio’s

- Dr. Judy Marois
  - MD, FRCPC Anesthesiology, Department of Anesthesiology, Perioperative and Pain Medicine, Cumming School of Medicine, University of Calgary

- Dr. Sally Davies
  - MA, MSc FRCP, FLSW Retired consultant & RCP LTFT specialty advisor, DPIA (Displaced people in Action)

- Dr. Roopa McCrossan
  - MBBS, MRCP, FRCA. Specialty Trainee in Anaesthesia, Health Education England North East, Honorary Secretary of Trainee Committee and LTFT lead trainee for the Association of Anaesthetists of Great Britain & Ireland.
Learning Objectives

Upon completion of this session, participants will be able to:

1. summarize the history of, lessons from and benefits of flexible training in the UK

2. describe methods to incorporate flexibility into training in Canada and other contexts

3. practice developing flexible training plans for diverse and representative trainee scenarios
Flexible Training
History

- 1965 The Oxford Married Women Doctors Scheme
Dame Rosemary Rue 1928-2004
Context

• Establishment of training standards
• 1965 New medical schools with more women
• New clinical school in Oxford
• New professors with doctor wives who couldn’t work
• Wasted talent
• Pilot scheme – 4 supernumerary registrars
Women doctors’ scheme

- 1967 Total women on scheme 100
- The Lancet published details of scheme

“Administrative and financial flexibility applied with speed”

“All needed is a little imagination and recognition to prevent wastage”

- Implemented widely
Dame Rosemary Rue

“Rosemary has become a legend in her own lifetime”

“The Secular Saint of Women Doctors”
MORNING BOYS, HOW'S THE WATER?

WHAT THE HELL IS WATER??

-DFW- THIS IS WATER-
My LTFT story
My story

- 0.6 of full time
- 3 days a week, 60% of on calls
- 1 training year full time (12 months/0.6) = 20 months
- Time out of training – 3 x maternity leave
- Due to complete training at the end of this year
Canadian experience

- Personal
  - Unheard of until late in training
  - For additional education
Canadian perspective

- Flexible training is requested sometimes
- Reasons:
  - After medical/personal leave
  - Additional study time
  - Pursue additional education (i.e. Masters)
- Usually temporary but may be full residency
Canadian National Colleges

- Allowed with stipulations
- Equivalent educational experience, supervision and assessment
- Minimum 50% of time
- Maximum 4 years (CFPC)
Canadian Postgraduate Medical Education
Other Canadian organizations

- Provincial collective agreements
Myths

- Avoiding the traditional pathway
- Too many doctors
- Too few doctors as lazy women want to work part time
- It’s an easy option
- Not fair on other doctors
- Not committed to medicine
- Lower standard doctors
Reality

- Do the same CB pathway but spend longer
- The need for doctors is always underestimated
- Dinosaur view
- Not an easy option
- Paid less – money used other options
- Stigma of part time
- Commitment greater
- Useful return to work or health/disability
Who can train LTFT?

Category 1  94%
• Ill health / disability
• Caring responsibility
  > Children
  > Partner
  > Parent
  > Other relative

Category 2
• Personal or professional development
  > Medical
  > Non medical
• Religious commitment
• Clinical research

Category 3  (EM trial)
“Personal choice that meets individual professional or lifestyle needs”
GMC UK National Training Survey

Currently about 11% in Anaesthesia

% of all trainees working LTFT

LTFT
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Applications</th>
<th>LTFT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occ Med</td>
<td>16/47</td>
<td>34%</td>
</tr>
<tr>
<td>GP</td>
<td>1379/5049</td>
<td>27%</td>
</tr>
<tr>
<td>Paeds</td>
<td>869/3592</td>
<td>24%</td>
</tr>
<tr>
<td>O&amp;G</td>
<td>477/2347</td>
<td>20%</td>
</tr>
<tr>
<td>Path</td>
<td>112/605</td>
<td>18.5%</td>
</tr>
<tr>
<td>Psych</td>
<td>533/3559</td>
<td>15%</td>
</tr>
<tr>
<td>Radiol</td>
<td>225/1466</td>
<td>15%</td>
</tr>
<tr>
<td>Public Health</td>
<td>7/52</td>
<td>13%</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>472/4235</td>
<td>11%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>52/634</td>
<td>8%</td>
</tr>
<tr>
<td>Medicine</td>
<td>1031/13919</td>
<td>7%</td>
</tr>
<tr>
<td>Emerg Med</td>
<td>212/3199</td>
<td>6%</td>
</tr>
<tr>
<td>Surgery</td>
<td>257/8360</td>
<td>3%</td>
</tr>
</tbody>
</table>
How do UK trainees apply?

- Discuss with educational supervisor/college tutor
- Discuss with Training Programme Director (TPD)
- Application to Deanery with support from TPD
- Occupational Health involvement if for health reasons
- Request approved
- Allow 3 months – but usually much quicker, especially for health problems
How does it work practically?

- Slot share
- Part time in full time slot
- Supernumerary
- Job share
- Everything is pro-rata
- On calls
- Study Leave
- Annual leave
So where are we now?

- Becoming more popular
  - Core values: WORK/LIFE balance, job satisfaction
  - Baby boomers more work-centric
- The HEENE, School of Anaesthesia experience
  - 2009, 7 LTFT trainees
  - 2017, 33 LTFT trainees
  - 2019, 55 LTFT trainees (of a total of 150 trainees)
Local support for LTFT anaesthetic trainees

- Department – LTFT lead consultant in each hospital
- Informal peer support – LTFT Facebook group
- LTFT trainee representative for Anaesthesia – regular trainee meetings
- TPD for trainees with differing needs – Dr Kathryn Bell
- Deanery level - LTFT representation on the Trainee executive Forum
National support for LTFT anaesthetic trainees

- National seminars, events, publications specifically for LTFT trainees
- Nationally inclusion of parent-baby rooms at conferences
Summary

- Can we afford not to do it?
- Can we afford not to do it?
- Can we afford not to do it?
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