



A Flexible and Functional Workforce

This report and action plan are outcomes of a symposium delivered by the Royal College of Physicians and Surgeons of Glasgow on 6th June 2008 entitled “The Future Medical Profession: a female workforce?” The participation of the Cabinet Secretary for Health and Wellbeing and Deputy CMO in this symposium highlighted the relevance and importance of the issues discussed.

Introduction

The symposium addressed the current and future roles of women in the UK medical workforce, particularly concerning specialty practice. The specific strengths of and challenges facing the female workforce were explored. Career opportunities, practical considerations and issues of national policy to enhance optimum contribution to clinical service were also reviewed.

RCPSG — drawing on the experience of its Fellows and Members — and conscious of its representative role of the profession in Scotland and the UK, was keen to help identify the issues about the changing demography of the medical workforce and to explore solutions for the health service. By so doing, College wishes to recognise and optimise the contribution women can make to medicine and to healthcare in Scotland.

Background

There is clear evidence that the medical workforce is changing: 60% of medical undergraduates are female, and both male and female doctors are seeking greater opportunities for flexible training and working to improve their work-life balance. These factors will inevitably influence the delivery of healthcare. Despite the growing number of female medical graduates, only 30% of consultants are women, and women are under-represented in certain acute specialties, in academia and in senior management and leadership positions. The reasons for this are multifactorial and are explored later.

There is a pressing need to address two related areas:

- How do we continue to ensure delivery of high quality healthcare in the context of a changing workforce with greater demand for flexible work patterns?
- How do we ensure that female doctors are supported and enabled to pursue career choices and leadership roles?

Key issues

The following is a summary of the key issues raised during the symposium lectures and workshops:

- The NHS is the largest employer in Scotland: 80% of overall workforce and 45% of medical workforce is female. Therefore, it has a significant leadership role to play.
- As women will constitute an increasing proportion of the medical workforce, the NHS must be a model employer to attract and retain staff. This will require change in organisational culture at senior levels.
- There are fundamental differences beyond gender between men and women. These are cognitive, temperamental and in occupational choice. Team working will benefit from these essential differences.

- The “traditional” medical career path is based on a perceived male model of working. This will be of limited success for women in medicine and new career paths need to be developed.
- Perceptions and misconceptions about “suitable careers” for female doctors begin early in undergraduate courses and indeed during secondary school education.
- Careers advice generally appears to be sub-optimal.
- Women are more likely to modify their career aspirations to accommodate their family responsibilities.
- Female trainees choose careers which are perceived to be more conducive to balancing work commitments with family life: General Practice is attractive to both men and women because of the option to opt out of out of hours work, while acute specialties are less attractive because of the requirement for on call availability.
- Flexible training has undoubtedly improved retention of trainees in the medical profession and within Scotland. It is well organised with clear eligibility criteria and an application process through Associate Postgraduate Deans for less than full time training. There are challenges for trainees in ensuring optimum training opportunities, adequate out of hours experience, and time for research, audit and study leave. Recognition by and inclusion within peer groups can also be problematic. Financial disincentives for employers remain, particularly with regard to out of hours payment, and organisational difficulties remain in staffing rotas, particularly in Hospital at Night.
- While the EWTD has reduced overall hours of work, the demand for flexible training and working continues to grow.
- Work placed childcare is a rarity and very few sites offer 24 hour nurseries. This is a significant and growing problem for both trainees and career grade staff as we move to more shift patterns of working.
- There are significant challenges for consultants who wish to work part time:
 - a. very few consultant posts are constructed on a part time basis.
 - b. there are limited opportunities for job shares as currently there is no system to identify potential job sharers.
 - c. as trainees move towards shift patterns, the consultant is often the only continuity of care.
 - d. cultural and attitudinal problems-covering work of absent colleagues requires team working and often organisational change.
 - e. cost: two part time employees will be more expensive than one.
- Attitudinal problems still exist towards those working in part time/flexible roles: less than full time continues to be equated with lack of commitment.
- Career development for Consultants working part time is challenging. They often have a disproportionate reduction in SPA time making CPD and other professional roles very difficult to achieve.
- There is a perceived lack of role models for women in some specialties e.g. surgery and in academia and clinical leadership roles. There is no formal mentoring structure to support women (or men).
- The Partnership Information Network guideline on Family Friendly Policies outlines a framework for flexible working, including recommendations on parental leave, term time contracts etc. The principles are excellent but awareness is poor and implementation by employers is piecemeal and discretionary.
- Flexible working does not necessarily equate with part-time working: on-call with compensatory leave and flexible use of SPAs have the potential to improve flexibility. Overzealous interpretation of the new Consultant Contract may reduce flexibility.
- Projected retirements show an alarming trend: many consultants might be prepared to work for longer and continue to contribute the benefit of their experience to the NHS in Scotland if flexible working and retirement were feasible. Currently this is financially unattractive.
- Workforce planning has historically been plagued with difficulties; following the publication of Better Health, Better Care, there has been renewed interest in workforce planning across the NHS and this may be an opportunity to address the problems.

Recommendations

Over the last ten years, a great deal of evidence has been collected, a considerable amount of discussion has taken place and a number of comprehensive reports have been published. To date however, little progress has been made. It is essential that we develop a framework for action now. To this end we would make the following recommendations:

Flexibly developing the workforce:

- The medical profession, Colleges and Scottish Government need to promote positive attitudes to part time working.
- There needs to be positive career advice to those entering medical school, undergraduates and trainees to challenge traditional gender roles.
- Formal mentoring schemes should be developed along with identification of role models, particularly in surgical specialties, academia and senior management.
- Continued expansion and mainstreaming of flexible training is required by:
 - a. the use of slot-shares, and the continuing development of this system in to a wider view of training opportunities, in terms of whole time equivalents, which can be filled by any combination of flexible and full-time trainees.
 - b. in specialties and boards where numbers allow it, the development of permanent flexible posts.
 - c. guaranteed equity of access to study leave, out-of-hours working and all other employment rights and protections. In particular, the right of timely return to appropriate work from maternity leave needs to be respected and promoted; and revised pay arrangements that will ensure there is no financial disincentive for boards that accept flexible trainees.

Flexibly utilising the workforce:

- A move to portfolio careers allowing a flexible combination of clinical, educational, managerial and other professional responsibilities which is responsive both to the needs of the individual and the service. The medical profession, Colleges and Scottish Government need to work to change the culture that consultants are expected to do all of the above, all of the time throughout the course of their career.
- The development of more effective and broader multi-disciplinary teams with effective and consistent handovers of care, good communication skills and more integrated team education and training.
- Development of flexible working opportunities for consultants including greater access to part time working and job shares.
- Innovative and imaginative development by employers of job plans suited to part time working, in order to facilitate both recruitment and retention.
- Regional or national co-ordination:
 - a. of the matching of opportunities to those seeking flexibility for family, retiral, health or career-related roles, e.g. managerial.
 - b. of funding to support board-level flexibility for alterations to posts within the context of service commitments.
 - c. of an effective process to facilitate the above:
- Close work with BMA and other professional bodies to develop more flexible contracts.
- Improve awareness of PIN Family Friendly Policy and ensure implementation of policies contained therein as a requirement of employers.
- Investment in high quality workplace childcare facilities with benefits for a wide range of healthcare employees (c.f. Improving Working Lives initiatives by DoH)

- Robust workforce planning, which takes account of demographic trends in medical workforce and requires an agreed methodology and tool, consistency, realistic projections and clarity of financial framework.

Action Plan

Developing a flexible and functional workforce is a joint responsibility. The RCPSG symposium has provided an opportunity to highlight the issues and to begin to develop the solutions. It is essential that the enthusiasm generated is harnessed and that momentum is maintained. The work over previous years to develop and promote flexible training must now be complemented by innovative ways to best utilise a trained workforce flexibly.

The most important step in implementing the recommendations which we have made is for the Scottish Government to initiate the formation of a forum of relevant stakeholders and steer its output: specifically the Universities, NHS Education for Scotland, the Colleges, the BMA, the Scottish Government Workforce Planning Unit and, perhaps most importantly, the Medical and HR Directors representing the Employers.

A forum like this would be a unique development and is crucial to future progress, as all stakeholders have a key role to play. Tasks would require to be allocated to the appropriate stakeholder(s), specific objectives framed and timescales agreed.

Conclusion

There can be no doubt that the medical workforce is changing, both in its constitution and expectations. The growing number of women is a catalyst for change, but is by no means the only driver. Many men are also seeking a different career path and greater flexibility in their working lives, e.g. a phased approach to retirement or a portfolio career.

Achieving a work life balance needs to be reconciled with the impact of other factors such as EWTD and shift patterns, Modernising Medical Careers with falling numbers of trainees, rising expectations of the public, and the desire for a consultant delivered service and Better Health, Better Care. Significant challenges lie ahead, and they require imagination, innovation, enthusiasm and the political will to find solutions. We believe that the suggestions in this paper provide an initial direction for resolving the issues highlighted and for working towards a flexible and functional workforce.