



Royal Australasian  
**College of Surgeons**

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# Flexible Training Toolkit



## **RACS policy position**

RACS supports less than full time surgical training as a legitimate training option that is viable for Trainees and surgical units and supports diversity in our profession.

RACS Flexible Training Policy endorses less than full-time training rotations, with a minimum component of 50% of full-time training as suitable for assessment of competence.

All RACS Specialty Training Boards (STBs) support flexible training, which is reflected in their individual training regulations. The STBs are reporting regularly to Board of Surgical Education and Training (BSET) on levels of interest and take-up in less than full time training.

Flexible training can only be delivered in partnership with the hospitals that host training posts accredited by RACS and its Specialty Training Boards. In 2018, 75% of hospitals said in response to a question from RACS that they could provide flexible training.

## **How to use this tool kit**

To make it easier to create new flexible roles, we've put together tips from many of the Trainees, Fellows and Consultants who have already made flexible training a reality in Australia and New Zealand. There are lots of questions to get you thinking and pragmatic suggestions to help set each new role up for success.

If you're a trainee keen to speak with other trainees about flexible training, RACSTA can help. Just email [racsta@surgeons.org](mailto:racsta@surgeons.org) and they will put you in touch.

# Introduction

RACS supports flexible training. It increases diversity in the surgical workforce by enabling Trainees to broaden their experience and pursue wider interests and opportunities while progressing towards Fellowship. Flexible training refers to less than full time training and may be of interest to all Trainees, regardless of gender.

## Setting the post up for success

Setting up a new flexible role for success is an important first step. Suggestions include:

- Make sure there is an operational need for the role and enough meaningful work for the team
- Roster carefully, so Trainees can attend team meetings/de-briefs, educational activities, and other mandatory unit activities
- Minimise the number of supervisors/ consultants working with the flexible Trainee (some adjustment of supervisor/ consultants' roster could have a significant positive impact)
- Maximise support from the surgical team for flexible training, including by collaborating with other team members in planning for the role, communicating effectively and sharing information.

## Supply and demand

Flexible roles can be established in response to demand or proactively. Demand for flexible roles can vary according to each group of Trainees. Trainee interest in flexible roles can be shaped by the level of support shown by senior surgeons. Many Trainees are concerned they will be judged harshly for requesting flexible training. Some questions to ask when considering establishing a flexible post include:

- Is there interest from an accredited Trainee in a flexible training role?
- Could the role be filled by a non-accredited registrar if there is no interest from a Trainee in any rotation?
- Could the role be performed by two Trainees at different skill levels?
- Is the Trainee/applicant performing adequately and progressing? Some surgeons indicate that managing poor performance can be difficult in a flexible role, including because poor performance can be less visible. Others argue that poor performance is difficult to manage in any setting and no more difficult in a flexible role.
- The Trainee's motivation in seeking a flexible post is not relevant. Less than full time training can support diversity in the profession by encouraging breadth of experience, while making progress in training.

# Models of flexible training

There are two basic models of flexible training currently in place and working effectively in Australia and New Zealand - job share of a full time training post, and a stand-alone part time role. There are many variations of these two arrangements, and are likely to be additional new models that could also work well.

## 1. One full time role, job share

Uses single accredited training position, split between two 'paired' accredited Trainees:

- Role can be split week on, week off, with Trainees at the same level (traditional model)
- Role can be split 2/3 days per week, alternating weeks
- Role can be split between Trainees at different year levels

### Advantages:

- easy to manage when two 'paired' Trainees want job share and have flexibility
- limited impact on rostering and supervision
- team consistency: same two Trainees for one year, both working week on week off
- Minimises handovers
- Minimises confusion for the team about which Trainee is on duty
- Possible to have different levels of Trainee week about – e.g. a junior and a senior can split the role.

### Challenges and solutions:

- Week on week off does not suit all Trainees seeking flexible training – e.g. can be difficult for child care or research commitments
- Onus is often on the Trainee to find a training pair, which can be difficult and limit opportunities
- Careful rostering is required to ensure each role stands alone and the training needs of each Trainee are met (to reduce competition between Trainees for experience and training opportunities)
- Can be more challenging for supervisors and the surgical team if job share partners are at different training and skill levels
- Can be some additional paperwork for hospital administration to employ two people instead of one.

## 2. Stand alone, part time role:

- Flexible stand-alone role can be 0.5 FTE - 0.8 FTE – scaled to reflect the unit's clinical load and Trainee preferences
- Can be specifically created and funded by re-allocated overtime
- Role is additional to other full time accredited Trainee posts or unaccredited registrars in the unit
- Role meets unit needs, hospital operational requirements and RACS training requirements
- Can have a part time senior Trainee supervising a full time unaccredited registrar

### Advantages:

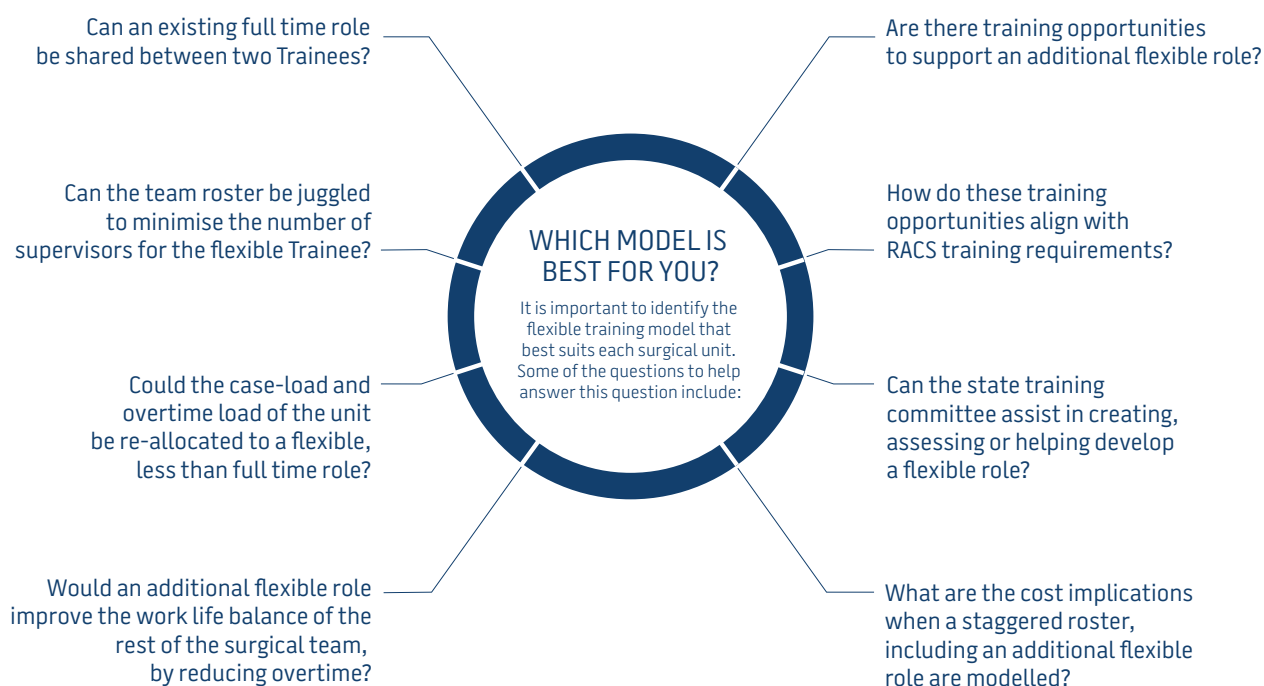
- Cost-effective, by re-allocating unit overtime
- Can meet both hospital operational needs and RACS training requirements
- Offers flexibility for Trainees and supports diversity by enabling Trainees to broaden their interests and experiences while progressing surgical training. Flexible training is not gender specific
- Work-life balance for surgical team, through reduced overtime for other team members
- Trainee progression not an issue when the role has been well planned and meets RACS training requirements and clinical needs
- Ideally includes ongoing regular formative assessment (initiated by the Trainee)

- Can be filled by an unaccredited registrar in any rotation when there is no demand from accredited Trainees
- Can be accredited post-hoc, if an unaccredited registrar is subsequently accepted into training program (and given training requirements have been met and documented)
- Role can be proactively created before there is a specific applicant, and filled by an unaccredited registrar if there is no Trainee demand in any rotation.

#### Challenges and solutions:

- Requires careful planning and scheduling
- Best with regular days per week
- Best to align Trainee and consultant rosters, to reduce number of supervisors and increase consistency of supervision
- Increased number of handovers, addressed with strong focus on communication, Trainee leadership opportunities and compliance with robust site and unit handover procedures

- Requires support from unit's clinical leaders, hospital administration, Specialty Training Board and State RACS committee
- Best supported by preparation of business case demonstrating cost/efficiency impacts
- Best supported by a training plan, demonstrating how the role can meet Training Board requirements.



## Consistency, continuity and competency progression are the big issues in flexible training and all can be achieved in a less than full time role.

### Making a business case for a flexible training role

Preparing a business case for a flexible training role is useful when establishing a flexible post, especially a new stand-alone role. Tips for preparing a business case in support of a new flexible training post include:

- Check unit records over a six month period and identify both the total overtime budget and the number of cases that involved overtime. The 'tipping point' that justifies an additional flexible role may vary between sites. At one site, 150 cases requiring overtime over six months warranted an additional stand-alone flexible role.
- There is avoidable and unavoidable overtime. Some clinics and theatre go late...and there is unavoidable rostered overtime due to clinical need. There can also be 'avoidable' overtime that results from misalignment between operating lists and rosters. For example, junior doctors are rostered 38 – 40 hours per week, 5 days per week and eight hours per day, but operating clinics are often 10 hours, leading to overtime, or a staggered roster
- You can use a roster to model how another Trainee on the day could have saved overtime
- Surgeons who have established flexible training posts say collaborating with hospital administration in developing a business case – as needed, both HR and finance departments – is useful, as you can make sure the case addresses both administrative and operational needs. Collaboratively, the roster can be modelled and cost implications identified.

### Sorting fact from fiction

There are a number of misconceptions about flexible training, and an increasing evidence base about how to make it work. These include:

1. Financial: It costs time and effort to source funding for a flexible Trainee and it costs more.
  - Many successful surgical teams report that creating a flexible role has been cost neutral to the unit, by re-allocating overtime.
  - In a job share, there can be small administrative costs in employing two people instead of one – but there is usually also significant upside in terms of team morale, productivity and well-being.
2. Progression: There is an argument that you can't progress through surgical training if you're part time.
  - a. Pro-rata progression is an expectation of most flexible posts.
  - b. Many Trainees are not satisfied with roles that offer only a 'steady state' (no loss of skills, but no skills development).
  - c. With planning and attention to skills development and training opportunities, and usually supported by ongoing formative assessment, flexible Trainees progress through the training program.
  - d. Most Trainees seek flexible training opportunities at specific points in their training, for a range of reasons. Almost always, it is for a fixed period, in response to circumstances or opportunities.

Rarely do Trainees seek flexible training for an extended period

3. Limited applicability: There is a perception that flexible training only suits a limited number of specialities, such as breast and endocrine units where there is little or no on call and fewer complex patients and surgeries to look after.
  - a. Flexible training is already in place in a range of specialities, including paediatrics
  - b. There is no evidence to indicate that flexible training would not be effective in other specialities
4. Handover issues: Effective handovers are essential for good patient care.
  - a. Handover may be more frequent when there is a flexible training post, but it need not be more difficult than a standard handover
  - b. Most surgeons currently work across the public and private sector and between hospitals – and systems are in place across the health sector to support and enable smooth handovers.
5. It matters why the Trainee wants flexible training...No it doesn't.
  - a. There can be many different reasons a Trainee seeks flexible training, including family, health, burnout, research, other interests or opportunities – but it shouldn't matter.
  - b. The reason for the request and the gender of the Trainee should have no bearing on their suitability for the post.

# FAQs

These questions and answers address common challenges involved in creating and delivering flexible training.

## How do I manage inconsistent demand for a flexible role, between rotations?

The role can be filled by an unaccredited registrar if no applications from Trainee in any rotation.

The post can be accredited post-hoc if the registrar's log book is actively maintained and the role is structured to meet RACS training requirements.

## What if the role is not in place when Trainee makes request?

A role can be created in advance, and filled by either a Trainee or an unaccredited registrar.

## How can I make a business case for a flexible role?

Here are some tips that other surgeons have found helpful when establishing a flexible role:

- Identify unit overtime
- Work with hospital administration (finance and HR) to cost a flexible role
- Create and cost an alternative roster for the unit, including a staggered roster with part time Trainee, as a comparison with current roster and unit overtime
- Include link to more detailed section above

## How can I compare the cost of current overtime with a stand-alone part time role?

- Stand-alone part time roles can be cost neutral by reallocating unit overtime.

- Work with hospital administration/finance to cost alternative staggered roster that reflects a flexible role

## How do I ensure the flexible role meets RACS Specialty Training Board requirements for the post?

- Optimise Trainee leadership opportunities (e.g. supervision of registrars/ unaccredited roles in unit)
- Roster embeds RACS training requirements (e.g. clinical experience, operating lists, audit and team meetings, on call sessions etc)
- Needs to be pro-rata on call
- Personal support for Trainees is important

## How important is consistency of supervision for flexible Trainees?

- Works well in units with a full time Fellow
- Careful rostering to overlap Trainee and supervisor/ Consultant roster
- limit supervision to one or two consultants per Trainee

## How are issues like continuity and handover best managed for flexible Trainees?

- Handover is a critical issue – there may be more handovers, but they are not more difficult
- Clear team / unit focus on communication, including use of digital comms (email, WhatsApp groups, texts within surgical team)
- Compliance with standard robust hospital handover procedures

## How can competency progression be assured with flexible training posts

- Regular formative assessment (initiated by Trainee)
- Team work and forward planning are keys
- Embed leadership opportunities
- Active supervision and regular feedback

## Is there a 'legitimate reason' for flexible training?

- There is no 'wrong answer' when a Trainee seeks flexible training. Their motivation for seeking a flexible role should not be relevant to the assessment of their request.
- Reasons Trainees have sought flexible training in the past include research, music or sporting opportunities, family, health issues, work-life balance etc.

## Is flexible training gender specific?

- Flexible training may be of interest to all Trainees, regardless of gender.
- Flexible training supports diversity by enabling Trainees to broaden their interests and experiences, while progressing surgical training.
- The reason a Trainee explores flexible training motivation for seeking a flexible role should not be relevant to the assessment of their request.



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**Further information**

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