

Strategy to support flexible work arrangements for network trainees

Queensland Health supports and encourages the implementation of flexible work practices for the mutual benefit of Queensland Health and its employees by boosting the performance and wellbeing of individuals and teams. Likewise, the Royal Australasian College of Physicians (RACP) provides and supports flexible training options for trainees.

The Queensland Basic Physician Training (Adult Medicine) Network is committed to the following strategy that aims to best support trainees seeking flexible work arrangements and that enables them to work and train in a less than full time capacity:

1. The network will ensure that trainees are fully aware that flexible arrangements are supported and that trainees who wish to work flexibly will not be disadvantaged either in the selection process or during their training journey. This will be achieved through:
 - 1.1 Inclusion of the following clause in the network model: The network supports flexible working arrangements for trainees on the network wherever possible. Flexible working arrangements are employment options that aim for the best match between the interests of the organisation and individual employees. Trainee requests for flexible working arrangements will be determined by the Rotation Education Committees (REC). This will be done balancing the needs of individual trainees with consideration to workforce needs; that does not negatively impact other work unit members; trainees with special circumstances and trainees who are currently in a regional site and who wish to remain there. All requests will be treated fairly and whilst every effort will be made, some requests may not be able to be accommodated. Final decisions will be made in accordance with relevant legislation, directives, and departmental policy; and must be approved by the appropriate delegate.
 - 1.2 Ongoing engagement with current and future network trainees, regarding flexible arrangements available to them including:
 - 1.2.1 provision of information at trainee information sessions
 - 1.2.2 Information published on the network webpage e.g. a Frequently Asked Questions (FAQ) document with links to both RACP and Queensland Health flexible arrangements policies
 - 1.2.3 regular consultation with the RACP trainees committee and trainee representatives on Physician Training Oversight Committee (PTOC) to ensure trainees are both comfortable in seeking flexible arrangements and are treated fairly when doing so.
 - 1.3 PTOC via the RECs, will ensure that all medical stakeholders are aware, engaged, and supportive of flexible working arrangements by:
 - 1.3.1 highlighting potential operational benefits and outcomes of supporting flexible arrangements at the local level
 - 1.3.2 actively encouraging and supporting Health Services to accommodate requests for flexible arrangements by starting from the position of 'how can we make this work?'

- 1.4 PTOC via the RECs will monitor requests for flexible arrangements with the goal being to ensure:
 - 1.4.1 trainees are comfortable seeking flexible arrangements, and any associated stigma is actively address by RECs through promotion of a 'guilt-free' attitude to requests
 - 1.4.2 RECs remain committed to increasing both requests for and approval of flexible arrangements across the network over time. Where requests for flexible arrangements decrease and/ or refusals increase, this must be reported to PTOC. PTOC will work with RECs and local training sites to assist in identifying strategies to improve access to flexible work arrangements.
 - 1.4.3 that all hospitals within the network will explore flexible arrangements within their units; with larger hospitals expected to be able to accommodate greater numbers of flexible arrangements. These numbers will be monitored and transparently reported annually.
2. RECs will be responsible for approving requests for flexible working arrangements as follows, in line with current [Queensland Health policies and guidelines](#)
 - 2.1 Established part-time positions are available through the network. Part-time preferences will be collected as part of the annual preference survey conducted shortly after selection (September each year). Where possible, RECs will match candidates to available part-time positions. Merit ranking in conjunction with requests for [special consideration](#) will be used to determine which trainees are offered a part-time position.
 - 2.2 Trainees who preference a part-time position but who are not matched to one will need to work with the network to look at possible solutions. Depending on allocations there may be an option to negotiate alternative arrangements such as job-sharing. This may be organised by trainees or via the network if positions can be made available however, this cannot be guaranteed. All job share requests must be completed using the [Queensland Health Job Share Proposal](#), clearly address the key principles and set out the following;
 - the terms of the arrangement (period)
 - preferred location(s) of the job
 - proposed work pattern
 - reasons for the request
 - how leave will be managed (i.e. both parties will agree to take leave during the same period or one party will agree to step up to full time to cover the partner who is taking leave)
 - how safe handover of care will be managed
 - how any difficulties with the arrangement will be overcome (e.g. 1 partner resigns) etc.

Once a request is finalised it must be submitted via email to the DPE of the hospital and the Network Rotation Coordinator (NRC) of the relevant network rotation for consideration.
- 3 Trainees applying for any form of flexible work arrangement after the commencement of the medical training year, will need to initially liaise with their DPE and NRC to ensure appropriate support is in place and that the request is reasonable and in the best interests of the trainee, while being mindful of the needs of the hospital and in consideration of network allocations.
- 4 When a request for flexible work arrangements is unable to be accommodated, the issue can be escalated by the NRC to the network medical directors and/or PTOC to explore a possible rotation wide solution.