

Department of Medicine Career Adaptation Guidelines For Reassessing Physicians' Work Responsibilities



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Department of Medicine (DOM) Career Adaptation Guidelines (CAG) For Reassessing Physicians' Work Responsibilities

- The DOM and its membership have collective clinical and academic obligations to the people of Alberta and the delivery of high-quality patient care is the primary obligation.
- Life events frequently trigger the need for changes to physicians' work responsibilities and career paths.
- The DOM supports a collegial, supportive, and innovative work environment that equitably and transparently promotes career development and accommodates diversity, to the extent that collective obligations are met.

Use of this document:

- This document provides a system-level approach to reassessing DOM members' work responsibilities during career adaptation.
- Each Division/Section chief, in consultation with their membership, must develop a supplementary document, specific to their Division/Section, that includes a system-level approach to:
 - Workforce planning that will mitigate workforce issues related to leaves and career adaptations secondary to planned and unplanned life events
 - Identification and allocation of "gristle, meat and gravy" work tasks, e.g., on-call activities; clinical rotations; procedures and related resources; highly and poorly remunerative activities
 - Coverage of clinical and/or on-call services for members away on short term leave (e.g., illness, maternity, paternity, family issues) or unable to participate in certain services
 - Age of elective discontinuation of on-call services for senior physicians

Goals

This document will guide the DOM when reassessing physicians' work responsibilities due to imposed or desired changes in practice related to life events. This document may provide a model for similar consideration at the level of the faculty. Of importance to note is that the intent of this document is not to address any issues relating to professional performance. These must be channeled through the existing pathways within the Department, Alberta Health Services (AHS) Medical Staff Bylaws and the College of Physicians and Surgeons of Alberta. Also, these guidelines do not specifically refer to Research and Scholarship leaves (e.g., sabbatical), as the related processes are defined and described in relevant University of Calgary Medical Group (UCMG) and University of Calgary (UC) documents, also available on the DOM website.

These guidelines apply to all members within Divisions/Sections of the DOM including Geographical Full Time (GFT), Major Clinical (MC), and Fee for Service (FFS) members. **The guidelines are particularly salient to those members with an Academic Medicine and Health Services Program (AMHSP) contract**, given the DOM's collective responsibilities to deliver services according to the AMHSP Master Agreement, which include the provision of scheduled after-hours and on-call services.

Historical perspective

In 2009 the Department of Medicine fostered a Senior Physician Initiative that articulated the value to the Department of the skills and experience of its senior members. The original 2013 Career Adaptation Guidelines (CAG) document expanded the scope of this concept to include other diverse circumstances, in which reduced or modified contributions to the Department could be requested by a member. In advance of the preparation of the 2013 document, we contacted all available Department of Medicine Chairs at the major university centers across Canada to inquire as to how they deal with reassessing physicians' work responsibilities when desired or imposed life events dictate change. The response was unanimous and urgent. To paraphrase, "We have no guidance, and it is an increasingly salient issue". In 2019, the same message persists. This document represents an updated and expanded version of the original 2013 CAG.

The DOM and its membership have collective obligations to the people of Alberta with the delivery of high-quality, tertiary level patient care as the primary obligation.

As a clinical department, the DOM is largely dependent on non-salaried, independently contracted members to teach at the Cumming School of Medicine and to provide specialized clinical services in AHS facilities, University of Calgary Medical Group (UCMG) clinics, and in private or community offices. The DOM recognizes these responsibilities in its physician workforce planning and clinical appointments (e.g., as specified in AMHSP Individual Service Agreements (ISA's) and FFS Scope of Services agreements that form the basis of all DoM members' initial and ongoing appointments).

The DOM and its membership have a collective obligation and professional and fiduciary responsibility to provide high quality services to the Cumming School of Medicine and AHS health care system through patient care, medical education, research, and leadership/administration. Within the privilege of our diverse academic practice, there is an ever shifting dynamic that is nonetheless dominated by the primary obligation of providing high quality, evidenced-based, competent and skilled medical care to our patients.

This collective obligation is uniquely configured at each Division/Section level. Furthermore, each individual physician's practice is also distinctive, and based on their training, skills, expertise, and experience. The individual's role will vary throughout their professional career, based on these characteristics, as well as on the needs of the Division/Section.

The needs of the organization are often time and situation dependent. DOM Career Adaptation Guiding Principles must take into account the impact of change in one member's practice on

the collective provision of research, medical education, leadership/administration and patient care, the latter of which is the dominant primary obligation. The change in one member's practice may also impact quality of patient care, patient safety, physician workforce planning, and the work responsibilities of peers and colleagues.

Life events frequently trigger the need for changes to physicians' work responsibilities and career paths.

Physicians will experience normal personal/career transitions or, at times, unexpected and catastrophic events. These circumstances might necessitate a temporary or permanent change in work responsibilities or full time equivalence (FTE). For example, there may be restrictions on certain activities (e.g. specific procedures or rotations) or on work hours (e.g. total weekly hours, consecutive hours, or on-call hours).

Workforce diversity and life events that may initiate a reassessment of physicians' work responsibilities	
Physiological	<i>e.g., acute or chronic illness or disability, pregnancy, maternity, paternity, parenting, burnout, age</i>
Career stage and evolution	<i>e.g., senior physician, junior physician with young family, change in scope of practice, shift to leadership position</i>
Personal situation	<i>e.g., family member ill health, caregiver to aging parent, financial stressor</i>
Personal preference	<i>e.g., desire to curtail work hours</i>

The DOM supports a collegial, supportive, and innovative work environment that equitably and transparently promotes career development and accommodates diversity, to the extent that collective obligations are met.

Every year, a number of members of the DOM will need a reassessment of their work responsibilities based on diversity within the workforce, including that driven by gender and generational shifts within the profession. Members may request a leave of absence for reasons of maternity/paternity, illness or other circumstances. Many Divisions/Sections have an increasing proportion of members over the age of 55 years, who face late career transitions and succession planning.

Rather than an arbitrary response to these events, the DOM seeks to foster and promote a spirit of openness, preparedness, and flexibility, balancing the collective obligations of the DOM

and its Divisions/Sections with individual physicians' needs or preferences to recalibrate their departmental and divisional responsibilities.

In addition, individual physicians' work responsibilities will differ in content based on their strengths and limitations. This diversity, further magnified by current gender and generational shifts within the profession, should create opportunities to innovate the workplace with respect to health care delivery for patients, and a flexible work environment for physicians. As examples, senior physicians could double the number of on call weeks, but only work half of a week in a shared model with another senior physician. They might work more weekends and less week-days. DOM members with young families might co-attend on the Medical Teaching Unit. Appendix A offers further examples of innovation in health care delivery that could benefit both the members and the healthcare system.

The DOM's collective work responsibilities comprise "gristle, meat and gravy" (attribution Dr. Ian Scott), that must be shared equitably, with remuneration harmonized to the work responsibilities. These elements will vary by Division/Section. Worthy of specific discussion are *after-hours services and on-call responsibilities*, the glue that holds members of a medical group together because of its shared nature. After-hours services and on-call responsibilities are also the requirements for the privilege of using the health care institution's facilities. The case-mix on-call can be very interesting and sometimes exciting. The shared experience can build collegiality and is a valuable community service. However, taking call or providing after-hours services are often considered an unpleasant responsibilities i.e. "gristle". The arduousness of being on-call or providing after-hours services can also vary greatly across groups (e.g., Division/Section, site) and this arduousness can affect DOM members' ability to participate. However, providing on-call and after-hours service is critical to patient care and therefore reassessment of individual physicians' work responsibilities in this regard must take into account the primary obligation to patient care. Perceived unfairness or inequity will cause dissent within a group. The group, as represented by the Division/Section – not the individual – should set the guidelines for reducing or stopping call or after-hours services, as well as re-tasking the other "gristle, meat, and gravy" work responsibilities. This enables prioritization of group consensus over individual preference. By forward planning, in anticipation of such inevitable occurrences, arbitrary decisions are avoided.

Physicians are *independent contractors*. Those who must or choose to change the content or volume of their work responsibilities should expect proportional compensatory adjustments, either financial, work-volume related, or work-task related, commensurate with these changes.

DOM Career Adaptation Guidelines: Guiding Principles

Changes to DOM physicians' work responsibilities must be based on the following foundational principles:

1. There must be sustainability of the DOM's obligations to optimally and efficiently deliver existing and future service needs (e.g. clinical and academic) where the provision of patient care (and related on-call and after-hours services) is foremost in all decisions.
2. Arduous and desirable tasks within the DOM's collective responsibilities must be shared equitably with remuneration contracts and opportunities proportional to an individual's work responsibilities. If a change to a physician's responsibilities cannot result in an equal substitution and weight of new work tasks, the physicians' FTE, contract and/or set of service assignments must be adjusted accordingly.
3. The DOM Chair and Division/Section chiefs must have scope to endorse, adjust or deny changes based on the DOM's collective obligation to provide clinical, leadership, and academic services. These decisions will be framed by the impact of the changes on other members of the DOM/Division/Section. Other specific factors will be taken into account, such as service needs, the physician's past contributions, performance, and experience.
4. All yearly reviews should include opportunities for DOM members to articulate their career vision with their Division/Section chiefs, and when possible, discuss advanced planning for changes to work responsibilities (e.g., phased retirement, maternity/paternity leave).
5. Individual physicians' work responsibilities will differ in content based on their strengths and limitations. This diversity, further magnified by current gender and generational shifts within the profession, should create opportunities to innovate the workplace with respect to health care delivery for patients and provide some flexibility in the work environment for physicians.
6. When a physician's work responsibilities are reassessed using the framework of the CAG, that physician will remain as a full member of the relevant Division/Section, and his/her individual patients will have the same access to staff and resources as other members of the Section/Division. For those who transition off the AMHSP, their AHS privileges and medical staff appointment, and their ability to practice in a fee-for-service model are encouraged and maintained.
7. A DOM Career Adaptation Guidelines Committee, (Division/Section chief membership) will apply the above principles to review and arbitrate contentious decisions and make recommendations to the Department Chair.
8. All agreements between individual DOM members, the DOM Chair, AHS and the University of Calgary must be viewed within maintenance of clinical competency as determined by each Division/Section, based on RCPSC or other national guidelines, and be permitted within the laws of the province of Alberta, AHS Medical Staff Bylaws, and other applicable agreements (e.g., AMHSP and TUCFA contracts).

DOM Career Adaptation Guidelines: Added Considerations for On-Call and After-Hours Responsibilities

Changes to DOM members' work responsibilities when they discontinue on-call or after-hours responsibilities must be based on the following principles:

1. The guiding principles of the DOM Career Adaptation Guidelines apply.
2. Each Division/Section will have a system-level back-up approach to the provision of on-call and after-hours services for when a member is temporarily unable to provide on-call or after-hours services.
3. All DOM members who discontinue on-call responsibilities will have a review of their work responsibilities and access to clinical services, and must contribute in another capacity to maintain a fair balance and the scope of provision of services (e.g. additional clinics, in-hospital weeks, and/or weekend days).
4. DOM members who discontinue on-call responsibilities will have a reduction in FTE.
5. Senior DOM members may choose to discontinue on-call or after-hours responsibilities at the age specified in their Division/Section Career Adaptation document; points 1-4 above will apply.
6. For AMHSP contracted senior physicians who are transitioning to retirement, discontinuation of on-call responsibilities will be balanced with a commitment to end the AMHSP contract after no more than 2 years as a 1.0 FTE, or a 0.2 yearly reduction in FTE (0.8, 0.6, 0.4) over 3 years ending in termination of the AMSHP contract. FFS models remain as an alternative option.

DOM Career Adaptation Guidelines: Added Considerations for Senior Physicians

Changes to DOM senior physicians' work responsibilities as they transition from practice to retirement must be based on the following principles:

1. The guiding principles of the DOM Career Adaptation Guidelines, and the added considerations for on-call responsibilities apply.
2. Forward planning, whenever possible, is strongly encouraged and allows
 - a. Flexibility to design transitions to retirement that accommodate all DOM members
 - b. Succession planning within the Division/Section and the DOM
 - c. For GFT faculty members, the options for reduced duties leading to retirement over 2 or 3 years as per University policy – NOTE that #6 in the preceding section supersedes this principle
3. The DOM Chair, Division/Section chiefs and the senior member transitioning to retirement will discuss and document decisions, including
 - a. Timelines for the transition to retirement.

- b. Plans for flexible or scaled back work responsibilities through the transition period. (see also Appendix A)
- c. Documentation of the resources that will be available after the member's retirement and the timing of the transfer of those resources to the DOM pool (e.g., office space, clinic time, procedure time).
- d. A description of the ongoing benefits of Division/Section membership that might be retained and/or relinquished during the transition to retirement.
- e. A discussion of opportunities for post-retirement contributions, such as to teaching and mentoring.

DOM Career Adaptation Guidelines: Added Considerations for Parental Leave

Changes to DOM members' work responsibilities in preparation for and during parental leave must be based on the following principles:

1. The guiding principles of the DOM Career Adaptation Guidelines apply.
2. Having a family is an expected part of life for many DOM members. Each Division/Section must develop a parental leave and return-to-work plan with the affected DOM member (i.e., mothers, fathers, adoptive parent). This should include
 - a. A shared responsibility for arranging clinical coverage during the leave of absence - this can include the hiring of locum tenens physicians through the DoM, with the proviso that sufficient notice (>3 months) of the planned LOA is provided
 - b. Graduated back-to-work responsibilities for returning parents front-loaded with non-clinical work. These responsibilities are best laid out in a written memorandum of understanding, signed by the member and their Division/Section Head prior to the start of the LOA
 - c. For AMHSP contracted physicians, the opportunity to return to work at a fractional FTE (0.4 minimum) with work tasks as described in the Individual Service Agreement