

DISCUSSION PAPER

You can't study medicine part time, can you?

C. E. Scarff, L. Cheshire & R. Woodward-Kron

Abstract

Societal expectations about inclusivity have resulted in changes in several aspects of higher education, many of which are aimed at promoting a broader student population engaged in learning. The option for part-time study does not exist in relation to primary medical education, and we assert that this limits the ability to train a population of doctors who truly represent the populations they serve. In this article, we discuss drivers and barriers to flexible study patterns for medical students—continuing a conversation begun almost a decade ago—and provide four key factors for consideration in regard to less than full-time medical education.

Keywords: part-time; time-flexible; medical school; inclusivity

Changing societal expectations and healthcare student demographics

Flexible work arrangements are a hallmark of an inclusive workplace, allowing individuals to manage familial and other obligations and still participate in the workforce. In higher education, societal expectations about inclusivity have resulted in enduring and aspirational changes to policies for student access and support, and they have also prompted innovations for flexible course delivery in the form of online learning as well as part-time study options (Matthews & Kotzee, 2020). Trends in health professional education (HPE) in the 21st century reflect these societal expectations, for example, with broad international consensus for socially accountable accreditation of HPE courses (Frenk et al., 2010), principles informing selection criteria for social accountability (Crampton et al., 2018; Prideaux et al., 2011), as well as calls for flexible delivery (Higgs & Edwards, 2002). The COVID-19 pandemic has heightened awareness of societal needs for the future health workforce, with time-variable education emerging as one trend (Thibault, 2020). While digital technologies are likely to have a lasting impact post pandemic in enabling flexible HPE (Jeffries et al., 2022), entry-to-practice medical education, unlike other entry-to-practice health professional courses, remains largely resistant to less than full-time course delivery.

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We are educators at an Australian medical school engaged in curriculum redesign for a time-flexible curriculum and have recently conducted a scoping review on flexible medical education (Barrett et al., 2022). The scoping review found that there are limited examples of time-flexible entry-to-practice medical education. This is despite significant changes to medical student demographics (Raven, 2014), including the feminisation of the medical and other HPE student cohort (Crampton et al., 2018). Educational systems have arguably not kept up with the implications of these changes (Webb et al., 2019). Some post-graduate medical education and speciality training have options for less than full-time training (Randive et al., 2015; Webb et al., 2019), yet options for less than full-time medical studies appear restricted. Doctors with health conditions in the United Kingdom have reported that less than full-time study is non-existent in medical school; they also argue that part-time study should be available (Moberly, 2022). Raven's (2014) question *If doctors can train part time, why not medical students?* remains pertinent (Raven, 2014). Indeed, most recently, the British Medical Association (BMA) passed a motion to:

Lobby medical schools to widen participation through the development of reasonable pathways to study all medical degrees part-time for students with caring responsibilities or health conditions or disabilities. (Moberly, 2022, p. 377)

In this discussion paper, we aim to progress this discussion by considering what “part-time” means and to review drivers and barriers to flexible study patterns for medical students. We also argue that this option should be open to all who wish for it, not just those with stated reasons. We conclude by outlining four key factors for time-flexible, or less than full-time, medical education.

The current situation and its challenges: Terms, availability, need

Terms

There are several terms used in the HPE literature to refer to flexible study patterns, including flexible, time-variable, less than full time and part time. There appears to be no standard definition of part-time or full-time work hours across specialties or countries, for example, in anaesthesia training in the United Kingdom (Randive et al., 2015) or anaesthesia workloads in Australia and the United States (McIntosh et al., 2008). Aside from the number of hours worked, “part time” may refer to various weekly work patterns, such as 2 or 3 full days a week, 5 “half” days or working hours confined to evenings. Some standardisation of terminology will be a useful starting point for this conversation. We propose use of the term “time-flexible” study to encourage the consideration of a range of study options that allow the systematic reduction of study load, acknowledging that time-variable and less than full-time study are established terms in the literature.

Availability

Informed by our scoping review of flexible medical education (Barrett et al., 2022), we surmise that no medical school appears to offer time-flexible study options for the whole

course, notwithstanding that a number have options for interrupted, accelerated or decelerated study. Significant minorities of students, 14% in one cohort from the United States reported in an earlier study (Saalwachter et al., 2006), take leave during their course for various reasons, including personal, health or financial reasons, or to complete additional study. Providing students with the option of time-flexible study may reduce the need to take a long leave of absence from study. Many of those undertaking residency training have the option of less than full-time study, for example, in surgery in the United Kingdom (Harries et al., 2016), and family reasons are often cited as the background for training in a less than full-time capacity (McIntosh et al., 2008; Saalwachter et al., 2006; Scriven, 1998).

Need: Parenthood, carer roles and other responsibilities

Given the increasing age of medical students, family reasons for studying in a time-flexible manner are likely to be relevant for the medical school cohort also. Determining exact numbers of medical students who are parents is challenging, as this information is not always collected (Glauser, 2019; Khadjooi et al., 2012), but studies have shown rates of less than 3% (Vujčić et al., 2017), 4% (Niehues et al., 2012) and just over 14% (Khadjooi et al., 2012)—the first and last studies included students who were either pregnant or a parent, and the last included partner data. Data collected from final-year medical students in Australia in 2021 show that more than 4% of responding students have dependent children and just over 2% have other dependents (Medical Deans, 2022). Final-year students in New Zealand in 2020 reported a similar percentage of students had children, while over 5% had other dependents (Wilkinson et al., 2021). This translates to a significant number of people who may benefit from time-flexible study options. In their United Kingdom survey study, Khadjooi and colleagues (2012) found that some female students reported considering delaying medical school studies to have children, which would have implications for the future workforce. Another approach to parenthood was evident in a Serbian study in which medical students highlighted the view of the importance of having completed studies, among other factors, prior to having children (Vujčić et al., 2017). Some student groups call “for greater flexibility in medical school curricula to accommodate parents better” (Glauser, 2019, p. e244). A recent survey of United States medical school websites showed that many schools still lack parental leave policies, making becoming a parent during medical school harder still (Kraus et al., 2021). The option of time-flexible study may assist in navigating many of these concerns.

Beyond parenthood and parenting, medical students can have other carer roles and commitments. The option of time-flexible study in medical school may reduce the number of students stepping out from studies for extended periods to manage aspects of their lives. Further, full-time study loads are potentially problematic for students with situations and commitments other than ones related to caring responsibilities. Full-time study may not suit high-performance athletes or students with disabilities (Iden et al.,

2012) or health conditions (Moberly, 2022), who may benefit more from an adjustment to their study patterns rather than extended periods of leave, which is the main current option. Like those who call for less than full-time training to be available for all residents who wish to pursue this option, we feel that all students should be eligible.

Benefits of time-flexible training

The importance of self-care and achieving a work-life balance is well recognised today. Perceptions and beliefs around these factors may influence career planning (Picton, 2021). The desire for a better work-life balance or to improve or promote student wellbeing is a strong motivator for time-flexible study options. The risk to the workforce of not providing part-time residency training has been recognised for some time. Saalwachter et al. (2006) explained, “The upcoming generation is less willing than previous ones to sacrifice quality of life; academic medicine will lose both women and men if greater work balance is not achievable” (p. 6). Other work supports this, for example, a study of anaesthetists in the United States and Australia outlines the importance of offering flexible training to attract Generations X and Y to anaesthesia (McIntosh et al., 2008). Data shows the demands for less than full-time training are increasing (Harries et al., 2016) and likely to continue to increase (Jones, 2015). Some studies have noted the potential for better mental health for trainees who train part time (McIntosh et al., 2008). This may hold particular relevance for those most at risk of burnout, as working part time is associated with reduced reports of burnout (Mechaber et al., 2008).

Offering time-flexible study options has potential benefits beyond those to the individual. For institutions, offering time-flexible study options may lead to a greater interest in their course and improve both the calibre and diversity of applicants. The option of time-flexible study may attract students who, owing to an inability to study full time, could never have considered a career in medicine. Prideaux et al. (2011) argue that “social accountability requires responsiveness to the communities the medical school serves and ensuring that the communities are represented in the student population” (p. 219).

Potential consequences of and barriers to time-flexible study

There are potential negative consequences of time-flexible study that need to be explored, such as the impact on learning and skill acquisition. For example, in anaesthesia training, some suggest part-time training may have beneficial effects on learning through a greater opportunity for reflective learning, while others caution against a reduction in immersive learning (McIntosh et al., 2008). The optimum time to commence and the duration of time-flexible training as well as the effect on skill development in medical school is not yet known. Opinions are divided on whether part-time physicians have the same performance as full-time physicians (McIntosh et al., 2008; Saalwachter et al., 2006), though patient perspectives are often reassuring (Mechaber et al., 2008). From the anaesthesia specialty training context, a study from the United Kingdom showed less than

full-time trainees were just as likely to achieve consultant level compared with full-time ones (Randive et al., 2015). Other issues have been raised that may be of potential concern for students studying less than full time. For example, over half of less than full-time residents surveyed in the United Kingdom reported having experienced undermining behaviours towards them by staff (Harries et al., 2016). Whether this translates to a similar experience for medical students would be important to explore in relation to the development and monitoring of time-flexible medical education options.

Time-flexible study options leading to delays in graduation from medical school will have implications for workforce planning, though studies in the vocational training area indicate these are perhaps not as impactful as predicted (Randive et al., 2015). Consultation with regulatory bodies and employing health services will be important to ensure that students who graduate out of the usual cycle can proceed on to the next phase of their education cycle and career without delay.

Where to next?

We suggest four key factors for a time-flexible medical education roadmap. *Knowledge of students' desired study patterns* is important, and we recognise this will be driven by their reasons for wishing to study part time. *Support infrastructure* to make time-flexible study more accessible, including tailored career counselling (Buddeberg-Fischer & Stamm, 2010) and improved access to quality childcare or support groups among peers (Iden et al., 2012) will be essential. *Significant curricula and assessment program modifications* will be required to support flexibility, and an outcomes-based assessment program is well suited to such a model. *Research into the volume and variety of clinical work* needed to acquire and maintain competence while studying in a time-flexible way will also be needed.

Societal change and the current educational frameworks no longer fit the circumstances of all students, if they ever did. For doctors to effectively serve their communities, they need to represent them, which highlights the need to increase the opportunity to study medicine for those for whom this was previously not an option. Time-flexible study may help to address this. While many challenges to implementation exist, contemporary drivers serve to reignite this conversation. Time flexibility is not about convenience—it is crucial to ensuring an ongoing just and representative medical workforce.

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