

Flexible work hours: the next frontier



Robert L. Barbieri, MD
Editor-in-Chief

As physicians, we pride ourselves on staying ahead of the curve. Pharmacology. Surgical techniques. Instrumentation. Research. We expend a great deal of energy keeping up with new developments in all these areas. In this high-tech world, our efficacy depends on it.

Unfortunately, when it comes to balancing our work and personal lives, doctors are decidedly behind the times. Although many other fields began addressing this issue 10 or more years ago, medicine is only now being challenged to provide greater flexibility for practitioners. In OBG, in particular—a specialty traditionally associated with long hours and night call—physicians are beginning to seek a better balance between work, family life, self-development, and recreation. In short, more clinicians are choosing to practice on a part-time basis.

Until recently, the typical career path entailed practicing OBG for 15 to 25 years, followed by a transition to a gynecology-only practice until retirement. During the first phase, many practitioners worked 60 to

80 hours each week. After the transition to gynecology only, they still often worked 50 to 60 hours. The long hours demonstrated their commitment to patients, ensured continuity of care, and helped them accumulate substantive experience. Unfortunately, the heavy workload also caused families to suffer. Spouses and children of Ob/Gyns often recount stories of birthday parties missed, picnics delayed, and vacations postponed.

Many Ob/Gyns would like to be able to reduce their workload to 30 to 50 hours a week during portions of their career, and practices are working harder to accommodate them. That means resolving complex issues related to equity in pay, night call, and governance. Ensuring that all the clinicians in a practice perceive that they are being treated fairly—regardless of whether they work full- or part-time—is an important goal. Part-time physicians want to feel they are reasonably paid and that their opinions are respected in important practice decisions. At the same time, full-time clinicians want to avoid unjustly subsidizing their part-time colleagues. They also want obstetrics night call to be shared equitably.

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In most practices, it costs more to hire a part-time doctor than a full-time physician. That's because revenues often decrease with part-time practice, but expenses do not necessarily decline proportionately. For example, one of the largest OBG outlays is professional liability insurance. In most states, this cost tends to remain constant regardless of the number of hours a physician works, with few opportunities to obtain policies for

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“part-time” obstetrics. One approach is to more precisely allocate expenses and costs to each practitioner. Salary decisions, which are based on the relationship between the 2, might then be perceived as equitable.

When a clinician wants to be relieved of night call, it creates a “ripple-in-the-pond” effect in many practices. That is, it often makes other doctors want to cut back on night duty as well. In some instances, the issue precipitates wrenching changes in a practice—even dissolution. In others, a physician maintains full- or nearly full-time obstetrics night call even after switching to

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part-time practice. Some practices offer a hefty incentive for volunteering for night call, which tends to neutralize the issue.

One creative approach is for 2 clinicians to share 1 job and 1 salary. For example, 1 doctor works in the office on Mondays and Thursdays, while the other comes in on Tuesdays and Fridays. The physicians share Wednesdays, alternating between the surgical and office milieus. This allows a practice to fully utilize space and administrative support. Surely, other creative solutions also exist.

Why, you might ask, should we spend time and energy trying to accommodate physicians who desire part-time work? Through its funding of resident education programs, society invests hundreds of thousands of dollars to develop the clinical skills of each Ob/Gyn. To optimize women's health-care resources, it is important that all these professionals not only remain active, but happy and well-rounded. Like other professions and business fields, the OBG specialty needs to begin offering innovative solutions to doctors who want to work part-time. Otherwise, we rob both our communities and our profession of an energetic—and highly valuable—asset. ■

