



WESTERN AUSTRALIA

**AMA(WA) Doctors in Training**

# **HOSPITAL RATINGS 2008**

## **FREMANTLE HOSPITAL REPORT**

**May 2008**

<b>KEY:</b>	Excellent	★★★★★★
	Good	★★★★
	Average	★★★
	Poor	★★
	Very Poor	★

**OVERALL RATING:**                      ★★★★★½

**General Comments:**

Fremantle respondents clearly identified problem areas with ease of understanding payslips, accuracy of pay, time allocated to teach junior colleagues or medical students, access to secure lockers and appropriate administrative work area and facilities.

Respondents provided positive reports associated with Access to medical administration, service provided by Hospital administration, Hospital Security and access to a security guard as escort at night, terms allocated and their capacity to meet training requirements, quality/regularity of formal teaching and the access to advice from supervising Consultants.

**1.0 PAY**

**Overall Score:**                      ★ ★ ★

**Ease of understanding payslip**

**Score:**                                      ★★

**Comments:**

Clearly this is a problem area. Difficulties are highlighted in interpreting the information. There are concerns that if you cannot understand the payslip then you can't ascertain whether payment has been made correctly. There was a request for a further breakdown of information e.g. rosters correlating to how the hours are paid i.e. which ones have attracted penalties etc.

**Authorisation of unrostered overtime**

**Score:**                                      ★★★★★

**Comments:**

Whilst the rating was deemed good there were comments made reflecting difficulties in obtaining authorisation, that it can be a humiliating process, that there is a culture of not applying and difficulties in getting certain Surgeons/Consultants to sign the appropriate forms.

### Accuracy of pay

Score: ★★ ★

### Resolution of Pay Issues

Score: ★★ ★½

Comments:

Clearly the accuracy is variable and given the issues associated with the interpretation of the payslips this does not assist the practitioners in knowing how accurate their pay is. It was felt that every payslip had to be closely checked to ensure that it was correct. It was felt that multiple calls had to be made to rectify problems. Others however felt that whilst mistakes were made they were usually resolved easily.

Recommendation:

The combined issues associated with interpretation of payslips, accuracy of pay and the resolution of any problems requires further attention. Whilst there may have been some improvements associated with recent payslips further work with HCN is required.

## 2. LEAVE

Overall Score (access): ★★ ★★ ★  
Overall Score (adherence): ★★ ★★ ★½

### Access to annual leave

Score: ★★ ★★ ★★

Comments:

There were a range of comments which focussed on (i) access to annual leave being average and a need to ensure that you book well in advance to (ii) those individuals who clearly felt that access at Fremantle was quite good and that the team that administered the leave were helpful and understanding of extenuating circumstances and were usually able to accommodate requests.

### Access to study leave

Score: ★★ ★★ ★★

Comments:

This was not seen as a problem area.

### Access to sick/carers leave

Score: ★★★★★

Comments:

Whilst the rating was "good" there were a number of comments made that highlighted some areas of difficulty in accessing leave i.e. there was poor or no cover available and therefore this acted as a disincentive to practitioners accessing the leave because you knew that you would be affecting your team and possibly negatively impacting on patient care.

### Adherence to timelines for confirmation of leave

Score: ★★★½

Comments:

There appears to be a difficulty in meeting the timelines i.e. the requirement to advise within 2 weeks of receiving the request for leave form does not occur and often confirmation only occurs 2 weeks prior to actually taking the leave. Therefore this causes problems in planning holidays e.g. booking flights and/or accommodation.

Recommendation:

That discussion takes place with Medical Administration regarding the requirement to meet the terms of the Agreement.

### Is your leave ever cancelled?

Comments:

There were no positive responses to this question.

### If Yes, was notice provided when leave was cancelled?

Comments:

N/A as no-one responded "yes" in question 2.5 (a)

## 3. TERM ALLOCATIONS

Overall Score: ★★★★★

### Your satisfaction with the terms allocated to you?

Score: ★★★★★

### Ability of term allocation to meet training requirements

Score: ★★★★★<sup>1/2</sup>

Comments:

The range of comments made were in the majority complimentary of the terms they were allocated i.e. always received my 1<sup>st</sup> preference and that administration were very accommodating. Harold Green received significant praise as did the Director of Clinical Training.

Recommendation:

Notify Medical Administration of the survey results

### Access to rural secondments

Score: ★★★★★ → ★★★★★<sup>1/2</sup>

Comments:

This issue did not appear to affect a number of the practitioners i.e. 32% indicated "not applicable". The comments made were also mixed ranging from haven't needed to access a rural term to those that felt that there was no rural term available at Fremantle and that this would be quite advantageous. It was identified that Bunbury was the only site accredited for rural radiology and all registrars were given the opportunity to go which was seen as an excellent opportunity.

### Access to part-time or job sharing arrangements

Score: ★★★

Comments:

50% of the practitioners that responded to the survey did not respond to this question i.e. did not affect them. Of those that did respond the comments were varied i.e. not aware that the option was readily available and that this was an option that ought to be more readily available.

## 4. EDUCATION/SUPERVISION

Overall Score (Time Allocated to You): ★★★★★  
Overall Score (Time you can Allocate): ★★★

### Quality/Regularity of Formal Teaching

Score: ★★★★★

### Who Provides Most Training?

Outcome: Consultants and Registrars

**Access to advice from your supervising consultant?**

Score: ★★★★★

Comments:

In general the comments made were complimentary of the quality and regularity of the teaching. Some practitioners were critical of a lack of formal team teaching and were critical of the consultants i.e. rarely seen, had been specifically advised they did not want to be contacted e.g. surgery. However there were also a number of comments which complimented their consultants e.g. very approachable (e.g. paediatrics), always available to talk. Therefore it would seem that the issue is departmentally dependent.

**Time allocated to teach junior colleagues / medical students**

Score: ★★★

Comments:

The comments made clearly highlighted an issue that there was no set time allocated to provide training, that it was all on-the-job and therefore somewhat ad-hoc. Given the nature of some of the work areas e.g. clinics, the hectic pace does not allow much time to be allocated to this task. There was comment made that some areas e.g. ED had weekly tutorials during day hours which were quite useful.

**5. ROSTERS**

**Overall Score:** ★★★★★

**The notice given to you of your rostered hours**

Score: ★★★★★

**6. HOSPITAL ADMINISTRATION**

**Overall Score** ★★★★★

**Access to Medical Administration Staff**

Score: ★★★★★

**Service provided by Hospital Administration**

Score: ★★★★★

Comments:

The majority of comments were complimentary of medical administration i.e. one of the attraction of working at Fremantle, always friendly, easy to contact. There were a couple of comments that felt that there were delays in obtaining information regarding rosters.

## 7. SAFE HOURS

**Overall Score**



### Adherence to safe working hours principles

Score:



Comments:

Whilst the rating was just above average the comments made were critical of the adherence to safe working hours i.e. very rotation dependent, anything goes when on-call, Armadale overnight shift is ridiculous, doing 14 hours night shifts 3-4 nights in a row.

Recommendation:

Liase with Medical/Hospital Administration to ensure compliance with the Agreement.

### Access to Taxi vouchers or reimbursement of expenses

Score:



Comments:

This provision is not widely understood or accessed. The issue was not applicable to 36% of the respondents. Of those that did respond the comments suggested that they did not know the vouchers or reimbursements were available, didn't feel that you were entitled to claim for the return trip to pick up your vehicle or return to work the next day or that whilst it is available it is not the done thing.

Recommendation:

Liase with Hospital/Medical Administration regarding who is responsible for providing the vouchers/reimbursement so that this can be advertised.

## 8. SECURITY

**Overall Score:**



## Lighting inside and in the immediate vicinity of the hospital at night

Score: ★★ ★ ½

Comments:

A number of areas in the hospital were highlighted as dark or dimly lit e.g. pathway to DCR, pathway to car park and some walkways (over to V block) and felt unsafe and they had identified that not all areas were locked in the evening. Still felt unsafe walking back to car at night.

Recommendation:

Notify the Hospital of those areas highlighted by respondents as requiring attention.

## Hospital security

Score: ★★ ★ ★

### Access to secure lockers

Score: ★★ ★

Comments:

Secure lockers were in short supply and were quite old and not in a secure area. It was felt that greater numbers were required which could lock properly.

Recommendation:

Liaise with Hospital/Medical Administration to see what improvements can be achieved in this area.

## Motor vehicle parking

Score: ★★ ★ ★

### Access to a security guard to escort you to your car at night

Score: ★★ ★ ½

Comments:

Some practitioners were not aware that this service was available. Often doctors walk with each at the end of a shift to ensure they feel safe.

## 9. WORKSPACE ON WARDS

**Overall Score** ★★★★★<sup>1/2</sup>

**The administrative work area for each individual doctor**

Score: ★★★

**Access to computer to check test results**

Score: ★★★

**Access to a telephone on the ward**

Score: ★★★<sup>1/2</sup>

**Access to a chair and desk**

Score: ★★★<sup>1/2</sup>

**Access to a private meeting space for clinical handovers**

Score: ★★★<sup>1/2</sup>

Comments:

Overall the comments were not complimentary of the workspaces and facilities on the wards i.e. admin areas are small, overcrowded, limits productivity, have to share facilities with nurses and allied health staff. The computers were identified as old, slow, limited in numbers, did not have word processing capacity and this caused problems when trying to do discharge summaries. Likewise there were limited chairs, desks and private meeting spaces. There were a few positive comments which would suggest that the issues are departmentally dependent.

Recommendation:

These issues ought to be taken up with the Hospital to see if improvements can be made.

**Availability of work stationary**

Score: ★★★★★

Comments:

It was felt that the wards are generally reasonably well stocked and that there appeared to be a consistent filing system adopted within the hospital which was advantageous. No significant problems were identified.

## 10. STUDY FACILITIES

**Overall Score:** ★★ ★<sup>1/2</sup>

### **Access to hospital library facilities over extended hours**

**Score:** ★★ ★<sup>1/2</sup>

Comments:

The hours of the library made it difficult to access except during lunch time i.e. closes at 1730 hours and was not open on weekends. However there was the capacity to access online journals which was useful and well received.

Recommendation:

See whether after hours access could be facilitated.

### **Access to quiet dedicated study area**

**Score:** ★★ ★<sup>1/2</sup>

Comments:

There was not seen to be any area which enabled quiet dedicated study which had adequate, up-to-date facilities e.g. felt there was only one room which had 3 very old computers (not always working) and a printer that also does not always work.