



WESTERN AUSTRALIA

**AMA(WA) Doctors in Training**

# **HOSPITAL RATINGS 2008**

## **PRINCESS MARGARET HOSPITAL REPORT**

**May 2008**

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

**OVERALL RATING:** ★★★★★½

**General Comments:**

There were clearly problems associated with understand and accuracy of payslips, adherence to timelines for confirmation of leave and if leave was cancelled there was poor communication regarding the reasons and the notice provided. There was also a difficulty highlighted with parking at PMH and the lighting at night in certain areas of the Health Service which will need to be discussed with the Health Service to ensure the improvements occur. Respondents did provide positive ratings and comments regarding access to part time or job share arrangements, notice given regarding rostered hours, access to medical administration, hospital security and access to hospital library facilities over extended hours.

**1.0 PAY**

**Overall Score:** ★★★★★

**Ease of understanding payslip**

**Score:** ★★

**Comments:**

Whilst there have been recent improvements in the payslips with a daily breakdown there is still a significant concern regarding the capacity to understand the payslip which leads to difficulties in ensuring that the pays are accurate.

**Recommendations:**

Further consultation should occur with HCN to see whether improvements can be made.

**Authorisation of unrostered overtime**

**Score:** ★★★★★½

Comments:

There did not appear to be a significant difficulty in claiming unrostered overtime and consultants' appeared agreeable to signing the necessary forms.

### Accuracy of pay

Score: ★★★★★

### Resolution of Pay Issues

Score: ★★★★★½

Comments:

Given the difficulties highlighted in "ease of understanding payslip" there was concern that this lead to difficulties in knowing whether the pay was accurate. However once a mistake has been identified HCN do correct it although there were delays highlighted in making the correction which did cause ongoing frustration.

## 2. LEAVE

Overall Score: ★★★★★

### Access to annual leave

Score: ★★★★★

Comments:

There appeared to be a very mixed response to this question ranging from those that did not experience difficulty to those who could not access leave, did not know whether leave had been approved, had to request well in advance to try and secure the leave, and couldn't taken any in the first 6 months of the year despite applying early.

Recommendation:

AMA to liaise with Medical Administration to review their procedures and processes

### Access to study leave

Score: ★★★★★½

Comments:

Whilst the rating indicated that the access to study leave was above average the comments seemed to reflect difficulties in either accessing leave altogether or accessing the amount requested or none available in the first half of the year. There was comment made that there were a significant number of physician exam candidates which made access difficult to facilitate.

Recommendation:

AMA to liaise with Medical Administration to review the situation.

### **Access to sick/carers leave**

Score: ★★★★★

Comments:

This did not appear to be a significant problem. There was comment made that doctor's often experience extreme pressure from administration to work as they say "we'll try and get someone to cover; if not I'll ring you back and you will have to come in".

### **Adherence to timelines for confirmation of leave**

Score: ★★★

Comments:

There clearly appeared to be a problem i.e. did not receive confirmation of leave within the required timelines detailed within the Agreement and when they are told it is very close to the period of leave so it makes it difficult to plan overseas holidays i.e. have to pay a premium price for tickets and accommodation.

Recommendation:

It would be appreciated if the AMA could liaise with Medical Administration to ensure compliance with the provisions of the Agreement.

### **Is your leave ever cancelled?**

Comments:

89% had not experienced difficulty in having their leave cancelled.

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

Score: ★½

Comments:

However of those that had experienced their leave being cancelled the notice provided was poor which only added to the frustration experienced.

Recommendation:

Discuss the outcome with Medical Administration

### **3. TERM ALLOCATIONS**

Overall Score: ★★★★★

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

Score: ★★★★★

**Ability of term allocation to meet training requirements**

Score: ★★★★★½

Comments:

The comments were varied i.e. felt that PMH was better than SCGH therefore did not feel that there was a problem at PMH. However some felt that the issue varied from hospital to hospital. Others were dissatisfied and did not know what term they were doing for the second half of the year as on leave relief despite being on a training program.

**Access to rural secondments**

Score: ★★★★★½

Comments:

Whilst Joondalup was an option this was not felt to be rural therefore the only options available from PMH were Port Hedland and Derby. Therefore it was suggested that further research be done to broaden the range of secondments available.

Recommendation:

Clarify whether there are any other options available for rural secondment

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

Score: ★★★★★½

Comments:

Has not been a problem at PMH per se although there is a need to negotiate and therefore felt that individuals could be easily intimidated by administration if they were not strong-willed/assertive. Comment was made that you needed to find your own job share partner to ensure that the arrangement could be implemented and that there had been some difficulties with the job share arrangement when leave was taken.

#### **4. EDUCATION/SUPERVISION**

**Overall Score:** ★★★★★

##### **Quality/Regularity of Formal Teaching**

Score: ★★★★★

##### **Who Provides Most Training?**

Outcome: Consultants

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

Score: ★★★★★½

Comments:

ED was highlighted as an area where excellent structured teaching was available i.e. appeared to have a strong education focus. There was comment that quality and regularity differed widely between different specialities and hospitals. Given that Registrars/Senior Registrars were the majority of the respondents to the survey it is not surprising that Consultants were identified as the ones who provided most training.

Recommendation:

That the hospital be commended for provided such an excellent teaching/training program.

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

Score: ★★★★★½

Comments:

There were varied comments regarding this aspect of teaching i.e. some felt that there was protected time available when not busy in department whereas others felt that there was no time allocated and therefore you were left teaching on the run which was not ideal.

## 5. ROSTERS

**Overall Score:** ★★★★★

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

Score: ★★★★★

Comments:

There did not appear to be a major problem with notice some felt that it was just within the suggested time frame but there was no other problem highlighted.

## 6. HOSPITAL ADMINISTRATION

**Overall Score** ★★★★★<sup>3/4</sup>

### Access to Medical Administration Staff

Score: ★★★★★

### Service provided by Hospital Administration

Score: ★★★★★<sup>1/2</sup>

Comments:

The responses provided were varied i.e. some felt that the service provided and access available was excellent and that the staff were helpful and tried to be accommodating whereas other respondents clearly had difficulties with administration either associated with access to leave, being paid incorrectly and a significant lack of action from administration, a feeling that the admin staff had an attitude and appeared to "play favourites".

## 7. SAFE HOURS

**Overall Score** ★★★★★<sup>1/2</sup>

### Adherence to safe working hours principles

Score: ★★★★★<sup>1/2</sup>

Comments:

Did not appear to be a significant problem although there were a number of areas highlighted where hours were felt to be excessive e.g. participating in orientation all day and then moving straight onto a night shift until 9am the next morning or working 14.5 or 16 hours shifts as the norm.

Recommendation:

Review hours of work i.e. combination of length of shifts, no of long shifts worked in a row and difficulties of combining shifts with on-call/call back obligations.

#### **Access to Taxi vouchers or reimbursement of expenses**

Score: ★★ ★ ½

Comments:

Many did not know that the option was available and if they were aware they did not know where to access the vouchers or obtain the reimbursement.

Recommendation:

Liaise with Medical Administration to identify who is responsible for facilitating the vouchers or reimbursement so that this could be publicised. Need to ensure that they are accessible after-hours.

### **8. SECURITY**

**Overall Score:** ★★ ★

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

Score: ★★ ★ ½

Comments:

For the most part the areas outside were reasonably well lit. The section between ED and the staff car park and the underpass were highlighted as poorly lit areas and therefore unsafe at night.

Recommendation:

Liaise with the Hospital and advise them of these problem areas.

#### **Hospital security**

Score: ★★ ★ ★

#### **Access to secure lockers**

Score: ★★ ★

Comments:

ED was highlighted as an area where there was a good supply of secure lockers however as a general rule there was insufficient supply and therefore more needed to be made available.

Recommendation:

Can the Hospital invest in some more lockers which can be adequately secured?

### **Motor vehicle parking**

Score: ★★

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

Score: ★★★

Comments:

It was felt that the proximity of staff parking was good but the access was poor i.e. limited numbers available. Felt that it was difficult for shift workers to access a car space. It was suggested that there had been a proposal to allow registrars access to the underground Consultants car park after hours e.g. weekend but this had not been facilitated.

Recommendation:

Investigate whether certain junior doctors can access the Consultants car park facility after hours to ensure safety?

## **9. WORKSPACE ON WARDS**

**Overall Score** ★★★★★½

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

Score: ★★★

### **Access to computer to check test results**

Score: ★★★½

### **Access to a telephone on the ward**

Score: ★★★★★

### **Access to a chair and desk**

Score: ★★★½

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

Score: ★★ ★ ½

### **Availability of work stationary**

Score: ★★ ★ ★

Comments:

It was felt that there was a need for better workplace facilities i.e. increased number of computers (that were not old and slow), increased chairs/desk space particularly at handover time. It was noted that access to a private meeting space for clinical handover in ED was excellent. The availability of work stationary was not considered a significant issue.

Recommendation:

Liaise with Hospital Administration to see if improvement can be made to access up-to-date computers, chairs, adequate private space for discharge summaries and handover etc.

## **10. STUDY FACILITIES**

**Overall Score:** ★★ ★ ★ ¾

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

Score: ★★ ★ ★

Comments:

Access 24 hours was considered excellent.

Recommendation:

The library be commended for the service it provides particularly it's after hours access.

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

Score: ★★ ★ ★ ½

Comments:

Whilst the library was available there was no other specific dedicated study space available therefore it was felt that further improvements could be made regarding this issue.