



WESTERN AUSTRALIA

AMA(WA) Doctors in Training

HOSPITAL RATINGS 2008

ROYAL PERTH HOSPITAL REPORT

May 2008

KEY:	Excellent	★★★★★★
	Good	★★★★
	Average	★★★
	Poor	★★
	Very Poor	★

OVERALL RATING: ★★★★★½

General Comments:

Royal Perth Hospital respondents clearly identified problem areas with ease of understanding pay slips, adherence to timelines for confirmation of leave, if leave was cancelled there was little notice or communication, access to part time or job sharing, adherence to safe working hours principles, access to taxi vouchers, access to secure lockers and their administrative work area and facilities.

Respondents rated the following areas i.e. Authorisation of unrostered overtime, Hospital Security and Lighting inside and in the immediate vicinity at night, motor vehicle parking and RPH's library facilities, terms allocated and their capacity to meet training requirements, the quality/regularity of formal teaching and access to advice from supervising consultants.

1.0 PAY

Overall Score: ★ ★ ★

Ease of understanding payslip

Score: ★★½

Comments:

It was felt that recent improvements had been made with the new report page however there was further clarification sought e.g. HECS contributions, print out of roster for which the pay corresponds to. This would enable the doctors to assess whether the pay was accurate. Given difficulties in overtime being processed late and corrections being made in subsequent pay periods it was difficult to reconcile the pays

Recommendations:

Liaise with HCN regarding ongoing problems

Authorisation of unrostered overtime

Score: ★★★★★

Comments:

It was evident that the authorisation of overtime was department dependent i.e. some departments clearly do not have a problem authorising the overtime, other doctors have struggled to get authorisation or are actively discouraged from claiming the unrostered overtime. Therefore whilst the authorisation was overall a four star response there appears to be work required associated with ensuring consistency across the departments and across the hospitals.

Recommendation:

Liaise with Medical Administration to seek changes.

Accuracy of pay

Score: ★★ ★★½

Resolution of Pay Issues

Score: ★★ ★★½

Comments:

Whilst the rating was slightly above average i.e. a 3.5 star rating the comments made by various doctors paints a different picture. There was a feeling that the accuracy was poor and when they have sought to resolve the issue with HCN it is difficult to get hold of them, there is a long waiting time to speak with someone and then there is difficulty in getting the matter resolved. The feeling was that checking the pays and trying to resolve inaccuracies was a chore but a necessary one because of the feeling that the pays were inaccurate. The centralisation of the payroll department was viewed negatively.

Recommendation:

See recommendation under "Ease of Understanding Payslips".

2. LEAVE

Overall Score: ★★ ★★½

Access to annual leave

Score: ★★ ★★½

Comments:

Again whilst the rating was 4 star the comments made were quite scathing i.e. having to book many months in advance, not being advised whether

leave has been granted and this leads to difficulties in booking flights and accommodation. It would appear that again the capacity to access leave was departmentally dependent i.e. if there were appropriate relief mechanisms in place then doctors did not experience problems. It was highlighted that the policy of only approving leave 6 weeks prior to the leave being required caused significant problems and was clearly at opposites to the provisions of the Enterprise Agreement i.e. Clause 34. – Annual Leave sub clause (11).

Recommendation:

Liaise with Hospital/Medical Administration to seek changes to poor practices and non-adherence with Agreement provisions.

Access to study leave

Score: ★★★★★

Comments:

Again whilst an overall good response there were difficulties expressed in applying for leave, this not being granted and then 2 weeks prior to a conference being advised that you can now attend. Therefore timeframes are such that it is too difficult to try and organise at such short notice. Employer has then been seen to cover themselves for the purposes of providing access to the leave and therefore the entitlement does not accumulate to next year. It was felt that access was dependent upon the time of year that you were seeking it. Some doctors that were studying for and taking their fellowship exams were able to access the leave more readily which was appreciated.

Recommendation:

Liaise with Medical Administration re the comments made by respondents.

Access to sick/carers leave

Score: ★★★★★

Comments:

Was noted that this was not an issue for 30% of respondents and therefore they declined to answer. There were problems identified with some doctors feeling that they were pressured to attend work regardless of how they were feeling as they would be letting the team down i.e. inadequate leave relievers. Others had felt that the increase in junior doctor numbers had assisted in gaining greater access to sick and carers leave. Therefore it would appear that this may be departmentally dependent.

Adherence to timelines for confirmation of leave

Score: ★★½

Comments:

The responses to this were varied that is the number that had problems matched those who did not have problems. Felt that the result was quite polarised. The comments however were very critical of the lack of adherence to timelines and then the corresponding difficulty in making plans i.e. booking flights, accommodation. Again there was mention of the RPH policy to only advise doctors 6 weeks prior to the taking of the leave. This was clearly an area that required further attention by the Hospital.

Recommendation:

Write to Medical Administration to ensure compliance with the Agreement.

Is your leave ever cancelled?

Comments:

There were 8% who did have their leave cancelled who then responded to the next question.

If Yes, was notice provided when leave was cancelled?

Score: ★★

Comments:

Of those who responded yes to the previous question the notice provided was poor. The additional comments focussed on problems with late approvals and the gross uncertainty of being able to take the leave and the subsequent difficulty in making appropriate plans.

3. TERM ALLOCATIONS

Overall Score: ★★★★★

Your satisfaction with the terms allocated to you?

Score: ★★★★★

Comments:

Respondents appeared satisfied with their term allocation. There was comment made about preferences not being met but that the term ended up being satisfactory in the end. It was noted that no unsatisfactory responses were received.

Ability of term allocation to meet training requirements

Score: ★★★★★

Comments:

No dissatisfaction expressed regarding the term allocation meeting training requirements. It was noted that there was adequate exposure to appropriate training opportunities particularly for those in their Fellowship year.

Access to rural secondments

Score: ★★★★★

Comments:

21% did not respond. Of those that did respond access was considered good. RPH was felt to offer good access to rural attachments more so in intern year than RMO years.

Access to part-time or job sharing arrangements

Score: ★★★

Comments:

52% did not respond. Of those that did respond the results returned a normal standard deviation. Again would appear to be departmentally dependent

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:

Comment was made that intern teaching had been increased to 2 sessions per week and this was seen as positive.

Majority identified Consultants as the primary trainers. This would tally with the types of respondents i.e. of the survey's returned 69% were Registrars/Senior Registrars, 25% were RMO's and only 2% were interns.

There were a range of departments that received excellent comments e.g. Emergency Department, Dermatology, General Medicine, ICU however a number of departments were criticised e.g. Plastics, Urology and Orthopaedics. Therefore it is felt that the issue was dependent upon which department you were in.

Time allocated to teach junior colleagues / medical students

Score: ★★★★★½

Comments:

Whilst the rating was above average the comments made highlighted a range of problems e.g. no formal time allocated to enable teaching, felt that teaching was on the run, that doctors were too busy to facilitate appropriate time to junior colleagues.

5. ROSTERS

Overall Score: ★★★★★½

The notice given to you of your rostered hours

Score: ★★★★★½

Comments:

Whilst a reasonable rating there were still 30% who were dissatisfied with the notice given. The comments focussed on a significant lack of notice being provided e.g. some received their roster on their start date, others usually in the week prior, usually the Thursday/Friday before due to start on the Monday.

Recommendation:

Liaise with Hospital to ensure compliance with the Agreement.

6. HOSPITAL ADMINISTRATION

Overall Score ★★★★★½

Access to Medical Administration Staff

Score: ★★★★★½

Service provided by Hospital Administration

Score: ★★★★★½

Comments:

It is interesting that the rating was 4 stars whereas the comments were quite critical of Medical Administration e.g. extremely difficult to see them, always told they are busy, disorganised and unapproachable, feel that they can punish you if they don't like you.

Recommendation:

Liaise with Hospital Administration to notify them of the concerns raised by respondents.

7. SAFE HOURS

Overall Score



Adherence to safe working hour's principles

Score:



Comments:

There was significant criticism about lack of adherence to safe working hours e.g. 72 hours of on-call on weekends, falling asleep at traffic lights after excess hours, on-call shifts immediately after overnight shifts. There were however a range of positive comments that there were improvements being made and whilst RPH as an acute hospital was busy it was the best experience gained in WA.

Recommendation:

Liaise with Hospital Administration to ensure compliance with the Agreement.

Access to Taxi vouchers or reimbursement of expenses

Score:



Comments:

The rating was quite polarised favouring a poor result rather than good. It should be noted that 43% of respondents did not respond. Many made comments that they did not even know the provision existed and they wouldn't know where to access the vouchers anyway.

8. SECURITY

Overall Score:



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

Score: ★★★★★

Comments:

It was felt that there some areas that still required improvements e.g. Ward 5E – expected to cannulate in the dark, lighting in the car park poor i.e. dark during the day in winter, poor lighting on the way to McIver Station. It was felt that the lighting in front of Emergency was much improved.

Recommendation:

Notify the Hospital of the results.

Hospital security

Score: ★★★★★

Comments:

Whilst a 4 star rating was achieved there were still some problems highlighted e.g. drunks walking through RPH at 10pm, staff being victims of crime e.g. bag snatching and cars being broken into.

Access to secure lockers

Score: ★★★

Comments:

There were variable responses. Again the issue would appear to be dependent upon which department you were in. It was noted however that the RMO Society had assisted in accessing common room lockers and this has been positively received. It would appear that this is an area where further improvements would be appreciated.

Recommendation:

Liaise with Hospital Administration to see if improved access to secure hospitals lockers can be achieved

Motor vehicle parking

Score: ★★★★★½

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

Score: ★★★★★

Comments:

It should be noted that 37% of respondents did not answer this question. However of those that did response their view was that access was good and that they responded quickly to requests.

9. WORKSPACE ON WARDS

Overall Score ★★★★★^{1/2}

The administrative work area for each individual doctor

Score: ★★★

Access to computer to check test results

Score: ★★★★^{1/2}

Access to a telephone on the ward

Score: ★★★★★

Access to a chair and desk

Score: ★★★★^{1/2}

Access to a private meeting space for clinical handovers

Score: ★★★★^{1/2}

Availability of work stationary

Score: ★★★★★

Comments:

Again there were varied and polarised responses to this series of questions. Whilst the response ratings were generally above average the comments made were quite critical of the lack of adequate work space, the lack of access to computers, the lack of chairs and desks to work at and private meeting places to meet to facilitate handover. There were a number of wards that received significant negative attention e.g. 5G, 5H, 6H, 7A/B, ED.

Recommendation:

Notify the Hospital of the outcome of the survey

10. STUDY FACILITIES

Overall Score: ★★★★★

Access to hospital library facilities over extended hours

Score:



Comments:

It was felt that significant improvements had been made in this area. The comments were very positive and the library was commended on their 24 hour access, the access to the on-line library, the intranet and home access to e-journals.

Recommendation:

Liaise with the Library and commend them on their service and access.

Access to quiet dedicated study area

Score:



Comments:

Whilst the DCR was viewed as reasonable it was found to be noisy at times. The library was also seen as an appropriate option but there was no phone access in the study areas. It would appear that some departments had recently provided a separate doctors office which was well received.