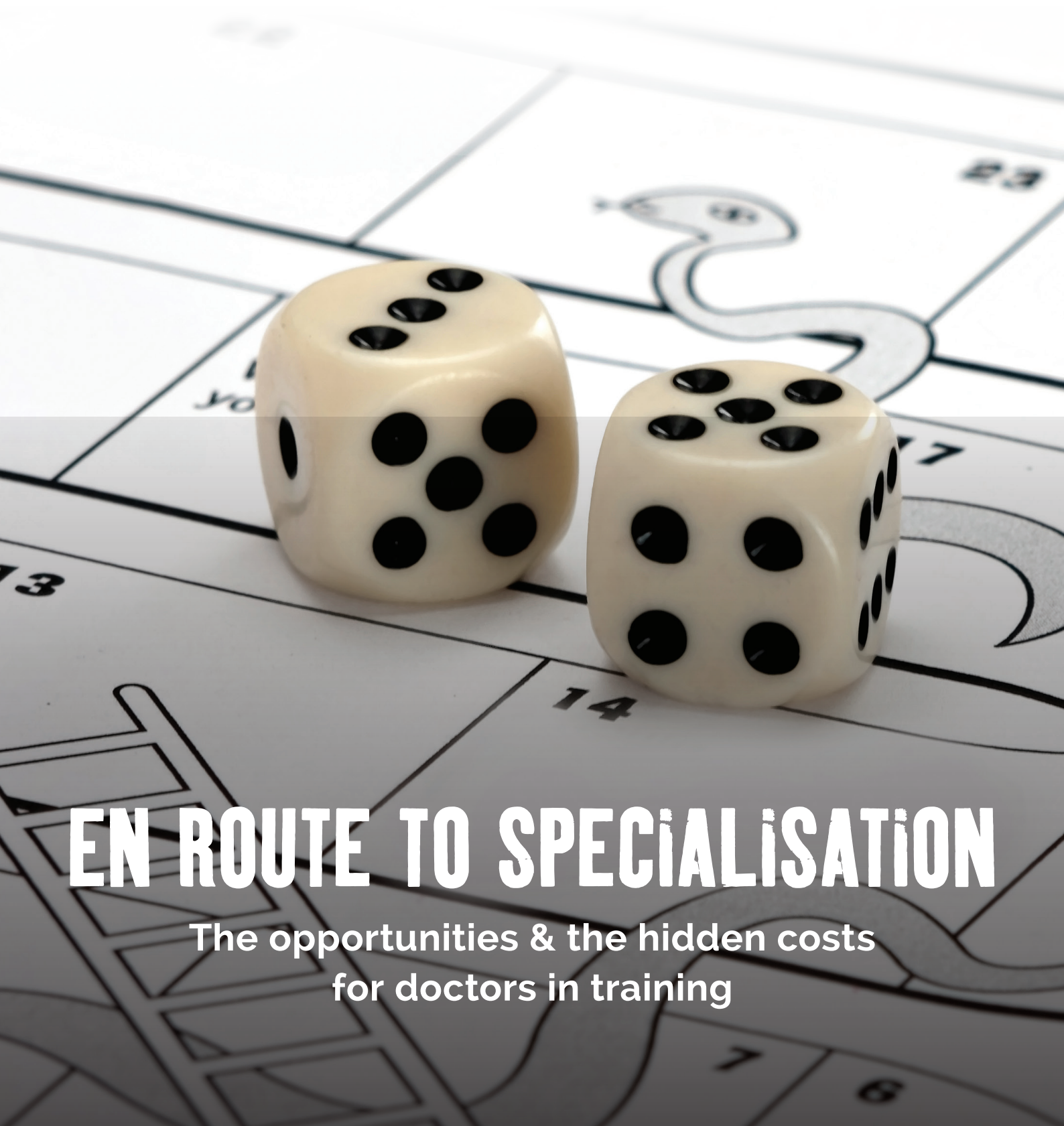
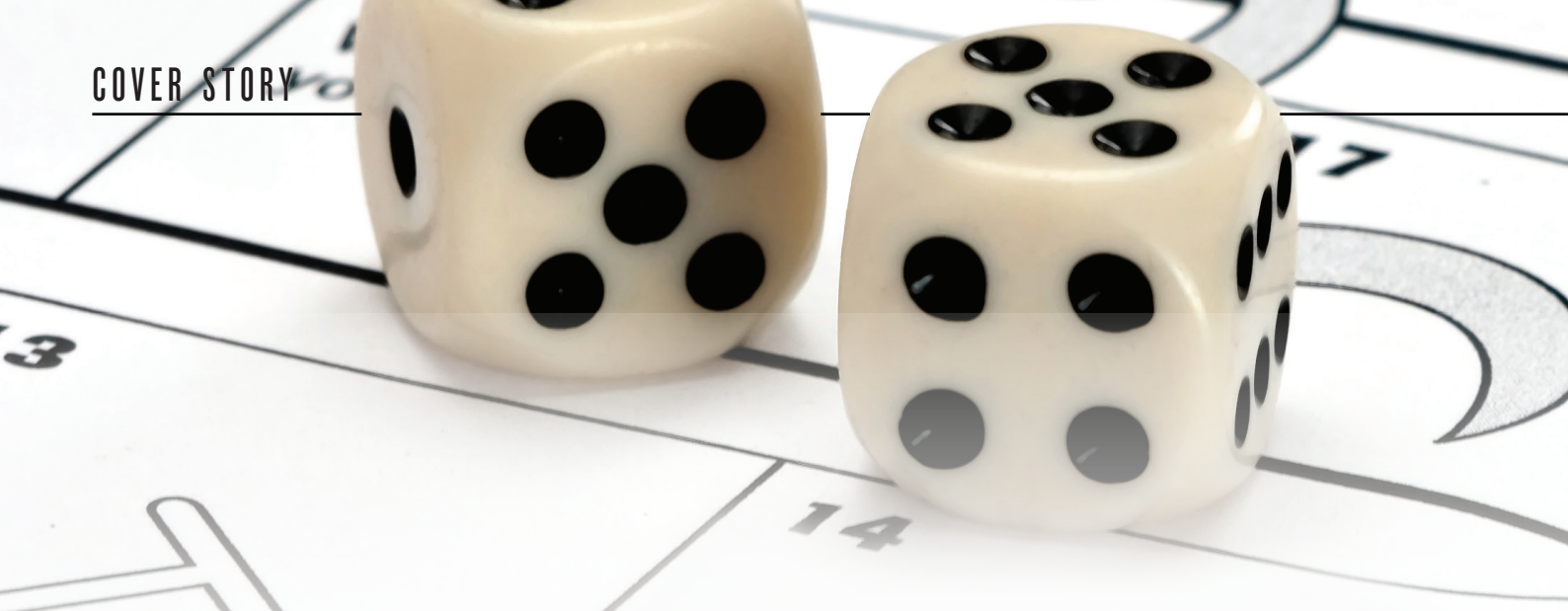
MEDICUS

Journal of the Australian Medical Association WA | **April 2019 Volume 59 / Issue 3** | amawa.com.au



EN ROUTE TO SPECIALISATION

The opportunities & the hidden costs for doctors in training



EN ROUTE TO SPECIALISATION

A fragmented health system is impacting on the training pathways of junior doctors, causing them to lose leave and service entitlements

In 2013, Dr Kristen Lindsay took 12 months' interruption of service at then Princess Margaret Hospital while she completed training for *Médecins Sans Frontiéres* (MSF), awaited placement and then spent six months working as a paediatric doctor in Afghanistan.

It was a life-changing experience and one that shaped her future aspirations in medicine.

But it also cost Dr Lindsay dearly – the loss of valuable leave entitlements.

"I was able to count three months of my MSF training towards non-core time in Basic Paediatric Training with the RACP," she said.

"Unfortunately, however, my application for leave without pay at PMH was not approved and I lost my entitlements. I had to start from scratch when I returned to work at PMH in 2014."

Since then, Dr Lindsay has taken leave from training and service at PMH and now Perth Children's Hospital on two more occasions – and thankfully, was well supported by the hospital both times. *Read more about Dr Lindsay's story on page 30.*

Dr Lindsay is just one of hundreds of doctors in the Western Australian health system who are striving to advance their clinical careers in their bid to become the best doctors possible. Yet throughout this highly demanding career trajectory, administrative and bureaucratic hurdles emerge – leading to missteps, decisions to walk away from significant career opportunities, financial pressures and a whole lot of stress.

In this cover story, we ask why this continues to happen, how this is allowed to happen and why doctors in training need to always be aware of their rights and entitlements.

A WIN-WIN...YOU'D THINK!

The world of medical education and training is constantly evolving to accommodate advances in medicine and to reflect the needs and expectations of the medical profession and society.

There is a wealth of interstate and international opportunities that attract WA DiTs to further develop their knowledge and hone their skills in clinical settings far beyond our State's teaching hospitals. These doctors return with broadened clinical horizons and collegiate connections that only serve to improve patient care and the practice of medicine in WA.

The breadth of training opportunities within WA itself is also widening. Two of the State's busiest public hospitals are operated by private providers – St John of God Heath Care and Ramsay Health Care, with the former recently accredited to employ interns from 2020.

St John of God Midland Public Hospital (SJGMPH) has become the first health campus within SJGHC to be appointed a Primary Employing Health Service, making it the first non-tertiary hospital in WA to directly employ interns. Training will be carried out at SJG's Midland and Subiaco hospitals with 12 interns offered two-year contracts,

which they may elect to extend.

This spells great news for SJGHC as well as DiTs, said Group Chief Executive Dr Shane Kelly.

"Our long-term commitment to medical training in WA has provided undergraduates and DiTs with significant levels of direct training access to highly qualified and experienced specialists – something that is sought after by those in training," Dr Kelly added.

With private healthcare providers expanding their footprint in WA, DiTs can now select from a smorgasbord of training and development opportunities in a diverse range of settings – all of which ultimately helps to advance medicine and improve patient outcomes in the State.

A win-win you'd think!

But it also means that WA's junior doctors can no longer expect to progress to specialist practice with just one employer. A combination of fixed-term employment contracts and a wide array of training opportunities has created a disjointed, clunky employment pathway to specialisation.

As a result of the WA Governments' decision to privatise public health services, the growth in WA's private health system and recognition of the benefit of interstate and overseas training opportuntities, DiTs can reasonably expect to have multiple employers as they progress towards becoming senior practitioners.

The Health Services Act (WA) 2016 (the Act) added to this profusion – and confusion – by establishing administrative boundaries that have carved up WA's public health system, devolving the Minster for Health's role as primary employer, to six distinct Health Service Providers (HSPs).

Consequently, eight separate employers now employ DiTs in WA's public hospitals – six HSPs and as previously mentioned, two private health providers.

The reality of multiple employers, potentially across two industrial jurisdictions, means that WA DiTs are subject to a fragmented and siloed employment and training regime, which can stymie their accrual of annual leave, sick leave, professional development leave and recognised service for the purposes of parental leave and long service leave.

Even within WA Health, the new governance structures allow health system employers to purposely or inadvertently structure practitioners' appointments in a way that denies DiTs a legal right to have these entitlements recognised in their future employment.

With SJHC's Midland Hospital now a Primary Employing Health Service, the AMA (WA) is concerned about how the private provider will support its DiTs and facilitate recognition of their service and accrued entitlements across employers.

Dr Kelly agreed this was a significant challenge.

"We intend to engage with WA Health to look at ways we can address this," he said.

Specialty colleges have an important role to play as well.

> **"Access to leave and the ability to accrue leave are both fundamental to employee health and wellbeing, which in turn are necessary components of a functional, productive and safe health system with positive patient outcomes**

The Royal Australian and New Zealand College of Psychiatrists helps Psychiatry trainees maintain continuity of service by ensuring that when they are allocated to private placements (which the College manages centrally), DiTs are always seconded from the WA Department of Health.

IMPACT OF LOST ENTITLEMENTS

With access to negotiated industrial entitlements, such as annual leave, non-existent for many DiTs, coupled with an inability to accrue entitlements over an extended period, DiTs are forced to consider the potential impact of their next employment contract, beyond the clinical opportunities it presents, which includes loss of accrued entitlements or restricted access to others.

For example, a loss of accrued personal leave or PDL can have a significant detrimental impact on both the individual and their career. A DiT who has been deprived the opportunity to take annual leave, faces having their entitlements paid out, and starting from zero when changing their employer. DiTs can attest that in this regard, a change is not as good as a holiday and ultimately signals another 12 months without the opportunity to take extended time off work.

There is a strong sense of injustice felt by DiTs who, having worked tirelessly for WA's public health system, arbitrarily lose access to basic industrial entitlements, such as parental leave, and are forced to accept their perennially denied annual leave as a cash entitlement paid out on termination. All this when they are required by virtue of their training or government decision-making, to leave the WA Health System to work in a WA public hospital operated by a private provider, or complete an interstate or overseas clinical rotation.

While industrial provisions negotiated by the AMA (WA) facilitate the recognition of certain industrial entitlements and

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service with certain employers, parental leave, paid parental leave and long service leave remain dependent on continuous service, and for many junior doctors in WA's fragmented employment system, can be impossible to accrue or access. *See table below.*

The WA Health System has a track record of failing to accommodate DiTs who fall victim to the privatisation of public services, even denying pregnant practitioners access to paid parental leave.

The AMA (WA) has encountered DiTs who have multiple years of continuous service in WA's public hospitals. However, time spent at Joondalup Hospital, Midland Hospital or Peel Health Campus, provides a convenient excuse under WA Health Service Providers' interpretation of industrial entitlements, to deny access to paid parental leave.

Their definition of continuous service for the purposes of paid parental leave includes any service with a Commonwealth, State or Territory public sector body or authority, whereas service with a public health service in WA operated by a private provider, does not. This leads to the absurd reality that DiTs who previously worked for an interstate public sector body would have a right to paid parental leave on their first day of employment in the WA Health System, while a DiT who had previously worked for a privately operated public health service in WA, would not..

WA's public health system *could* work around this. It chooses not to. In fact, in the AMA (WA)'s experience, HSPs will utilise these contrived 'breaks' in service to deny DiTs access to industrial entitlements.

For this edition of *Medicus*, we approached several DiTs who had sought advice from the AMA (WA)'s IR team in relation to this particular issue in the past. Most declined to comment for fear of negative career implications.

Some, however, did elect to speak with us and we thank them for their insights.

One doctor in training, who chose to remain anonymous, suggested that perhaps senior clinicians such as a Head of Department, Head of Speciality Training or a JMO education/ welfare officer could become more involved in helping junior doctors secure ongoing contracts in special situations.

Emergency Medicine registrar Dr Katie Perram explained why training in Emergency Medicine was particularly fraught with challenges. Fifty per cent of accredited peripheral training jobs lie outside WA Health, in emergency departments that are bound to private institutions, which have agreements with the State Government to treat public patients in their EDs and beyond.

ROAD BLOCKS

PREVIOUSLY EMPLOYED BY WA HEALTH SYSTEM HSP

Move to (without break in employment*)	ANNUAL LEAVE	PERSONAL LEAVE/ SICK LEAVE	PROFESSIONAL DEVELOPMENT LEAVE	LONG SERVICE LEAVE**	PAID PARENTAL LEAVE**
WA Health System HSP	🟢	🟢	🟢	🟢	🟢
WA Public Hospital (private operator)	🔴	🔴	🔴	🟡 With permission, previous service recognised on return to HSP within 24 months	🔴
Private Operator in WA	🔴	🔴	🔴	🟡 With permission, provided progressing through a College training program leading to specialist registration, previous service recognised on return to HSP within 24 months	🔴
RETURNING TO WA HEALTH HSP FOLLOWING:					
Break in employment for what would otherwise be parental leave	🔴	🔴	🔴	🟡 Previous service recognised on return to HSP within 24 months	🔴
Period of employment interstate (Govt or Commonwealth)	🔴	🟡 With permission	🔴	🟢	🟢
Period of employment interstate (private operator)	🔴	🔴	🔴	🟡 With permission, previous service recognised on return to HSP within 24 months	🔴
Period of employment overseas	🔴	🔴	🔴	🟡 With permission, previous service recognised on return to HSP within 24 months	🔴

The AMA (WA) believes that any 12 months' continuous service with a WA Health HSP entitles a practitioner to paid parental leave. However, WA Health HSPs have refused pregnant practitioners paid parental leave on the grounds that they did not have 12 months' continuous service with the HSP immediately prior to accessing parental leave.

The situation becomes more complex when a practitioner is employed by a private provider in WA and is required to move employers, interstate or overseas. SJGHC is the only WA private provider with an enterprise bargaining agreement that provides limited protection for long service leave. Under all other circumstances, entitlements are either lost or paid out on termination.

This table should only be used as a guide. Please contact the AMA (WA)'s IR team on 9273 3000 if you have any questions.

*Any gaps between employment contracts will negatively impact on entitlement retention. ** Continuous service for the purposes of accruing entitlement.

KEY

- Red Light - Entitlements lost
- Amber Light - Subject to permission/conditions
- Green Light - Entitlements preserved

HSP - Health Service Provider (non-private provider)

"It is therefore simply not feasible for all of us to remain with the same employer for the duration of our training, as we are not seconded, but directly employed each year," Dr Perram said.

"However, if we move to one of these institutions, we give up the majority of our accrued entitlements."

Read Dr Katie Perram's opinion piece on this issue on page 27.

Dermatology Registrar Dr Andrew Swarbrick feels a lot more fortunate as he navigates his way through the training pipeline.

Last year Dr Swarbrick had to undertake a six-month rotation at The National Skin Centre in Novena, Singapore. Upon discussion with Royal Perth Hospital, his WA Health Service employer, Dr Swarbrick was placed on leave without pay for six months, which allowed him to preserve all his accrued leave.

"The process was simple enough, requiring me to fill in a form which was approved and there were no issues involved."

Dr Swarbrick who travelled to Singapore along with his wife Dr Victoria Swarbrick and their two children, both under the age of two, said the rotation contributed significantly to his clinical development.

"Being a subsidised system, I was able to see the whole range of dermatological disorders, as opposed to only the more severe cases that the public system tends to result in.

"It was also great to get a different perspective on managing similar conditions.

"The National Skin Centre is a teaching centric hospital with a lot of time made for registrars to receive teaching. There were also times where I would sit in with the consultant as an observer, which provided a unique opportunity to observe consultants practising," Dr Swarbrick said.

In this case, the East Metropolitan Health Service did the right thing. It did not allow a decision related to training to be encumbered by considerations such as access to continuing leave accrual or recognition of prior service.

Dr Swarbrick, who is very thankful to RPH, returned to the hospital and is currently seconded to Fiona Stanley Hospital.

GP TRAINING

Fragmentation of the training pipeline in WA becomes an even more significant problem for GP registrars.

According to a WA Department of Health document, *GP Workforce Supply and Training in WA*, the recommended prevocational generalist training pathway model will also consider as part of its further development:

Industrial Relations and employment issues should be clarified and resolved, given the model requires a networked, rotational approach which would necessitate JMOs moving between HSPs e.g. access to leave, wellbeing, supervision, complaints processing, access to and management of mandatory training and occupational health and safety governance.

Six months in Singapore: Dermatology Registrar Dr Andrew Swarbrick with wife Dr Victoria Swarbrick and children Henry and Angus.

GP Registrars and rural generalists are required to undertake training rotations such as Obstetrics, Anaesthetics, Psychiatry and Emergency Medicine in a hospital setting. And they should be able to move from one job and HSP to another in order to gain experience and expertise – without having to sacrifice accrued entitlements.

AMA ACTION

Access to leave and the ability to accrue leave are both fundamental to employee health and wellbeing, which in turn are necessary components of a functional, productive and safe health system with positive patient outcomes.

Facilitating access to entitlements, such as parental leave or annual leave, is not just representative of good industrial relations. Employers have a legal obligation to facilitate access to these industrial entitlements and in the context of WA's public health system, the Act prescribes teaching, training and research that supports the provision of health services, as a main function of WA Health System Health Service Providers.

All employers of DiTs in WA must work collectively to ensure that the inherent requirements of medical training and the consequent lack of continuous employment with one employer, does not negatively impact them.

This means recognising that gaps in employment should not necessarily trigger payment and/or the loss of accrued entitlements. Instead, DiTs' professional growth and development should be encouraged, recognising the benefit that these individuals have to them as health service providers.

The WA Government should be working hard to facilitate this

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collective commitment to the DiT workforce, in recognition of the positive impact it would have on DiTs and the public health system, but also because it is a WA Government decision to privatise certain public services, which is one aspect of the fragmentation of the DiT employment pathway.

The solution is simple but there is a lack of will to work to avoid arbitrary loss of entitlements.

The AMA (WA) has written to Director General of Health, Dr David Russell-Weisz, in his capacity as System Manager and in recognition of the legal obligation of Health Service Providers' main function of teaching, training and research, seeking agreement with the following principles:

- Medical practitioners will be supported, including as part of their career progression and training development, to transition between Employers and Agreement classifications, without loss of previously accrued entitlements and service. In particular, Employers will work collectively to support fair and reasonable access for their employees' to access accrued entitlements, irrespective of which Employer the employee accrued the entitlement with.
- Where facilitative provisions exist in the Agreement, Employers will accommodate training opportunities in WA, interstate and overseas and provide recognition of previously accrued entitlements and service when returning to WA.
- In circumstances where, as a result of the nature of fixed-term employment under the Agreement or where there is a break in employment for what would otherwise be parental leave, medical practitioners arbitrarily lose accrued entitlements or recognition of prior service when transitioning between employment contracts, Employers will actively seek to ensure practitioners do not lose entitlements or recognition of prior service.

As we await the DG's response, the AMA (WA) will continue to vigorously represent the interests of DiTs as they undertake training rotations within WA Health or externally, break service due to illness or injury, or even take advantage of education and research opportunities.

We will continue to remind HSPs and private healthcare providers to recognise the significance of lost entitlements and the impact this can have on doctors in training.

And we will continue to fight for doctors to be best supported as they persist in their journey to specialisation. ■

QUESTION TIME

Training in Emergency Medicine in WA Health is a never-ending minefield when it comes to preserving entitlements, with no simple answers in sight, writes Dr Katie Perram

The majority of training programs have a peripheral and tertiary training time requirement. However, the fragmentation of WA Health makes training in Emergency Medicine in Perth unique.

Fifty per cent of accredited peripheral training jobs lie outside WA Health, in emergency departments that are bound to private institutions, which have an agreement with the State Government to treat public patients in ED and beyond.

It is therefore simply not feasible for all of us to remain with the same employer for the duration of our training, as we are not seconded, but directly employed each year.

However, if we move to one of these institutions, we give up the majority of our accrued entitlements.

At 3am on a Saturday morning when we are working in these peripheral EDs, we only treat public patients, no matter which brand is on the building. Yet we do not receive the same benefits as our seconded counterparts in other specialties who are seeing the same patients.

The issue goes beyond completing core ED training requirements.

Most hospitals will only have a few critical care terms available to ED trainees each year. So do we take longer to train while waiting for a suitable term to become available in the public health sector, or go to a site where we are offered crucial terms to our training, but give up our entitlements?

Alternatively, do we apply for an outer metropolitan position that is within the public sector, but offers less learning opportunities than an ED bound to a private institution or interstate?

For those of us starting a family who might wish to take time out of WA Health, we lose our parental leave on leaving the public sector, even if just for a six-month term. We must then work 12 months within the new institution to earn back our maternity leave, and then remain in that same institution in order to be able to claim it.

Some peripheral sites are only accredited for 12 months of ED training. So do we spend an extra six or 12 months outside WA Health, knowing our training time will not be accredited, so we can financially support our family. Or do we return to WA Health and have our training time count, yet be in a position of financial hardship?

Alternatively, do we go back to WA Health and delay having a child for another 6-12 months so we can be entitled to maternity leave? The choice of delaying is difficult when we are factoring in two sets of exams, possibly also our partner's exams, and potentially reaching an age where falling pregnant may take longer than expected.

"While long service leave can be held on a short hiatus, being unable to keep our wellness in check after losing weeks of annual leave and sick leave is frustrating and adds to disengagement and burnout. The fact that parental leave is neither held nor rolled over between institutions means than family planning is no longer just about what suits potential parents, but what suits the system

Or, do we just sacrifice paid parental leave altogether, as I have done, and depend on our partner to work more hours and spending even more precious time away from their young family?

This issue is not isolated to Western Australia, however, the fragmentation of the health system and limitations of workplaces here make it a prominent issue that DiTs face. Leave and entitlements should not have to factor into the choices we make about how we can become the doctor we always wanted to be.

While long service leave can be held on a short hiatus, being unable to keep our wellness in check after losing weeks of annual leave and sick leave is frustrating and adds to disengagement and burnout. The fact that parental leave is neither held nor rolled over between institutions means than family planning is no longer just about what suits

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THE LONG, WINDING ROAD

Some junior doctors opt for additional training experiences that go beyond minimum college requirements. Their employers should firmly support them, writes Dr Kristen Lindsay

As an advanced trainee in General Paediatrics with the Royal Australasian College of Physicians, my special interests include vulnerable children and advocacy, global health and medical education. One day I aspire to work in a regional centre in Australia as a highly skilled general paediatrician with a part-time clinical role in a public hospital and part-time teaching and education role in a rural clinical school.

It takes a minimum of six years to become a general paediatrician in Australia (plus usually a bit longer to meet service requirements of the health service you are training with).

I commenced paediatric training at Princess Margaret Hospital for Children (PMH) in 2012 and I have taken leave away from training (and service at PMH) on three occasions now.

Overall, I have found PMH (now Perth Children's Hospital) to be highly supportive of me taking time out from service to undertake additional training and to build my family.

I have greatly benefited from these occasions and believe I have brought back unique knowledge and experience to the teams with whom I have worked in Perth.

In 2013, I took 12 months' interruption of service at PMH while I completed training for Médecins Sans Frontières (MSF), awaited placement and then spent six months working as a paediatric doctor in Afghanistan.

I was able to count three months of this towards non-core time in Basic Paediatric Training with RACP. Unfortunately, however, my application for leave without pay at PMH was not approved and I lost my entitlements including recognition of prior service with regard to long serice leave. I had to start from scratch when I returned to work at PMH in 2014.

My experience with MSF in Afghanistan was career and life changing! I developed clinical skills of patient assessment and management having seen a huge number of critically unwell patients with illnesses such as severe acute malnutrition, TB, TB meningitis, tetanus, measles, sepsis and other infectious diseases, poorly controlled chronic diseases and misdiagnosed surgical conditions with little access to resources.

I also developed skills in team management, teaching and training, protocol development and report writing and drug and stock management.

I directly witnessed the health consequences of war, lack of education and access to basic needs such as hygiene and shelter, and the oppression of women.

> **"My experience with MSF in Afghanistan was career and life changing! I developed clinical skills of patient assessment and management having seen a huge number of critically unwell patients…**

These are the experiences that have shaped the doctor I am today.

In 2016, I was supported by PMH to take three months of leave without pay to complete a Diploma of Tropical Medicine in Liverpool, UK. This further added to my knowledge and skills in infectious diseases, neglected diseases, low resource healthcare and global and public health.

I returned to PMH and was successful at becoming the Refugee Health Fellow in 2017, and continued in this role for part of 2018.

I am still involved with the Refugee Health Service at PCH as part of my current role as medical education registrar and General Paediatrics Fellow.

In 2018, I was well supported by PMH to take nine months' maternity leave (part of which was unpaid) to

Balancing act: Dr Kristen Lindsay with husband Brendan Reed and their daughter Nina.

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THE LONG, WINDING ROAD

Dr Kristen Lindsay

care for my first child, Nina. And I have been well supported in my return to full-time work at PCH with my nine-month old attending the day care at PCH where I go to breast feed her.

At the end of 2019, I will have 12 months of core training to complete to finish my training. In an increasingly competitive field of medicine, there are more and more trainees who are undertaking dual training and further career development in order to appeal more to the workforce upon completion of training and to broaden their scope of work beyond purely clinical practice.

There are no sub-specialties that suited all of my particular interests and so I elected to shape my training by undertaking additional experiences that went beyond the minimum college requirements for General Paediatrics training.

I approached my training in such a way as to develop the skills and experiences that set me up for the type of Consultant Paediatrician I want to be in the future. I am not worried about the length of time it is taking me to get through my training and I have felt well supported by PMH/PCH as I have pursued my career goals and grown my family. ■

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QUESTION TIME

Dr Katie Perram

potential parents, but what suits the system.

The issue does not just affect trainees, but also the hospitals employing us, as well as the patients we are there to treat. The practical and financial ramifications of giving up our entitlements means that trainees are less inclined to seek employment in the public/private EDs, which could pose a barrier to recruitment of more senior and skilled doctors. This is a loss for both the hospitals and the patients.

It is time that these issues are addressed both for the benefit of trainees and the benefit of the institutions that will foster the development of more competent, clinically experienced clinicians. ■

Just like anyone else

Dr Rebecca Wood
Co-Chair, AMA (WA) Doctors in Training Committee

Registrars are essential for the running of our units, departments and hospitals in the current health climate in Western Australia. We are responsible for the day-to-day running of the units and care of patients, and we supervise and manage our juniors – residents and interns.

I am lucky to have worked in units which value the work and wellbeing of their registrars on an individual level.

On a system level, though, I feel we can do better.

WA doctors in training in the hospital system are generally employed from internship right through to fellowship. As we step up from resident medical officer to registrar, there is a gap of two or three weeks which under our industrial agreement, is enough to break continuous service for the purposes of sick leave, annual leave, professional development leave and under WA Health's interpretation, paid parental leave.

We have designed a system that at the baseline prevents the accrual of sick leave, PDL and annual leave for doctors as they step up into a registrar position.

This is a position where the doctor is more likely to be working 3-6 month rosters of shift work, often leading to fatigue. This is a position where the doctor is more likely to be sitting exams. This is a position that requires higher education, for example from courses and conferences, which require the PDL just lost.

There are work-arounds in the 'gap contracts' offered at many sites but I won't allow us to ignore that at the baseline, we have a system that is designed to prevent DiTs from accruing and accessing their entitlements as they move through training.

Registrars around the state have no standard route of employment. We can be employed centrally and seconded, or employed directly by public and private Health Service Providers. We may be employed on six or 12-month contracts, or the length of our training, or any time period in between.

> **"As we step up from resident medical officer to registrar, there is a gap of two or three weeks, which under our industrial agreement, is enough to break continuous service for the purposes of sick leave, annual leave, professional development leave and parental leave**

As service registrars, we are less equal than our trainee counterparts. Trainees are more likely to be employed under HSP contracts and seconded, which allows them to accrue their leave and entitlements. And so they should.

Registrars – regardless of training status – require access to PDL, annual leave, sick leave and parental leave. Just like anyone else! ■