

THE RESULTS ARE IN

“WE’RE ALL BURNT OUT.”

“MORALE IS EXTREMELY LOW.”

“LEAVE ACCESS IS ABYSMAL.”

**“MASSIVE UNDERSTAFFING.
HIGH WORKLOAD.”**

“OVERTIME PAY IS TEDIOUS.”

**“ALL MY PAYSLEIPS WERE
GROSSLY INCORRECT.”**

**“IT’S DIFFICULT TO
SPEAK UP IN ONE’S OWN
DEFENCE AS A JUNIOR
MEMBER OF STAFF.”**



The AMA (WA)'s Hospital Health Check is a telling barometer of public hospital form and function, with the 2020 Report Card recording some eye-watering scores

Over the month of September, more than 800 doctors in training (DiTs) in Western Australia pressed pause on their frantically busy working lives to participate in the AMA (WA)'s Hospital Health Check (HHC) – an annual audit that examines just how well our public hospital system is suited to facilitate the effective training of clinicians.

In what has been one of the worst overall scores since Hospital Health Check commenced in 2015, this year's iteration demonstrates the complete failure of WA Health as an employer for doctors in training.

HHC results this year illustrate that while DiTs are working harder than ever to cover workforce shortages, the system is failing to support them. And if you're leaning towards that line of reasoning – COVID-19 has disrupted lives and careers worldwide – consider that most of the issues that have prompted poor scores from DiTs have been around for years, and therefore not unique to 2020.

DiTs may have an employment contract with one hospital network but they are WA Health system employees as no one hospital can train a specialist. It must be acknowledged that this cohort will regularly transfer between employers, as being a DiT is a stepping stone to the universal career goal of becoming a senior practitioner. Unfortunately, 80 per cent of DiTs report being concerned about their job security, which makes consolidating learning and successfully entering a training program more difficult.

PAYSリップ ERRORS ADD UP TO GROSS INCOMPETENCE

Doctors report that their payslips are wrong 94 per cent of the time at Perth Children's Hospital, 91 per cent of the time at Sir Charles Gairdner Hospital and 90 per cent of the time at Fiona Stanley Hospital. The most accurate payslips are being issued from Joondalup Health Campus but even these are only correct 70 per cent of the time.

After working 120 hours-plus for the fortnight, doctors are having to waste their precious free time forensically auditing their pay, as it is almost guaranteed to be incorrect. It is so frustrating to send email after email to both Workforce and Health Support Services (HSS) to remedy payroll errors and to be ignored. Employers must do more to ensure

that payroll errors are identified and remedied in a prompt manner for doctors, as the constant errors are creating a system of wage theft.

HSS is very quick to notify doctors when there are overpayments in their favour but increasingly failing when it comes to paying doctors their legal entitlements correctly on a fortnightly basis.

WE'RE OVER UNROSTERED OVERTIME!

The culture of not claiming unrostered overtime is a further cost saving for the health system at the expense of the DiT cohort. Only 7 per cent of doctors claim unrostered overtime at King Edward Memorial Hospital (KEMH) despite this cohort working on average 8.75 hours of unrostered overtime for the fortnight.

The amount of unrostered overtime worked by DiTs across the health system for free is an average of 7.16 hours per fortnight. These hours must be worked to ensure that patients receive the highest quality of care in Western Australia yet DiTs are not being valued, recognised nor rewarded for this essential work by their employers.

THE GREAT ANNUAL LEAVE PILE-UP

Access to annual leave continues to be a major issue for the DiT cohort. Workforce shortages due to poor recruitment practices, COVID-19 and the limited arrival of overseas-trained doctors mean that there is a great shortage of DiTs across the system, with many expected to perform the role of multiple positions.

Fiona Stanley Hospital (FSH) has been the most significantly impacted by workforce shortages, as illustrated by 83 per cent of employees reporting problems in accessing their leave and FSH being the only hospital to score an F when it comes to the provision of teaching and training.

The DiT cohort across WA has, on average, only been granted 2.05 weeks of annual leave for 2020, despite an entitlement of up to five weeks per year. This means that there is a great residual of annual leave which is being banked and employers will need to adopt proactive strategies to prevent burnout whilst maintaining service delivery.

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Doctors are reminded that if their annual leave is more than 12 months old, they need to provide their employer with a minimum of two weeks' notice of their intention to access their accrued leave. This only applies to those clinicians covered by the *WA Health System – Medical Practitioners – AMA Industrial Agreement 2016*.

THE WAY FORWARD...

Disappointingly employers have refused to embrace agile solutions for their workforce shortages as suggested by the

AMA (WA) Doctors in Training Committee. These include offering casual contracts to General Practice registrars and other doctors employed outside of WA Health, the issuing of training-length contracts, which ensure the appropriate allocation of rotations, and the permanent residency sponsorship of international medical graduates.

The AMA (WA) will continue to advocate for increases in workforce numbers to ensure that the DiT cohort can access their minimum employment entitlements such as annual leave and study leave. ■

Table 1. AMA (WA) Hospital Health Check Comparison; 2020/2019/2018

		FSH	JHC	KEMH	PCH	RPH	SCGH	SJG Midland
Morale & Culture	2020	F	B	D	A	A	F	B
	2019	C	A	C	B	A	D	B
	2018	C	A	F	D	A	D	*
Teaching & Training	2020	F	C	B	B	B	D	B
	2019	D	B	A	B	B	F	A
	2018	D	B	B	C	B	D	*
Rosters, Overtime & Payslips	2020	F	D	F	F	F	F	F
	2019	F	D	F	F	F	F	F
	2018	F	B	F	F	F	F	*
Wellbeing	2020	D	C	D	B	D	D	B
	2019	D	C	D	D	C	F	D
	2018	D	B	F	F	C	F	*
Leave	2020	F	F	D	F	F	F	D
	2019	F	C	D	D	C	F	*
	2018	F	F	F	F	F	F	*

*Inadequate data to publish.

Key:

FSH = Fiona Stanley Hospital; **JHC** = Joondalup Health Campus; **KEMH** = King Edward Memorial Hospital; **PCH** = Perth Children's Hospital; **RPH** = Royal Perth Hospital; **SCGH** = Sir Charles Gairdner Hospital; **SJG Midland** = St John of God Midland Hospital.



AMA (WA) Doctors in Training Hospital Health Check 2020

More than 800 doctors in training from across WA hospitals have answered our annual survey into education, wellbeing, morale and industrial issues. For feedback, comments and questions about this year's HHC, contact us: dit@amawa.com.au

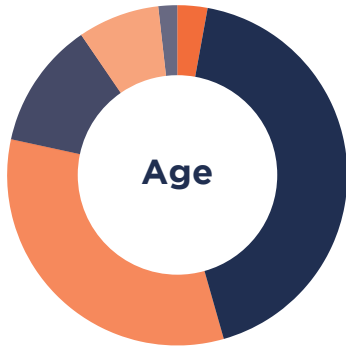


Grading: A>80, B70-79, C60-69, D50-59, F<50

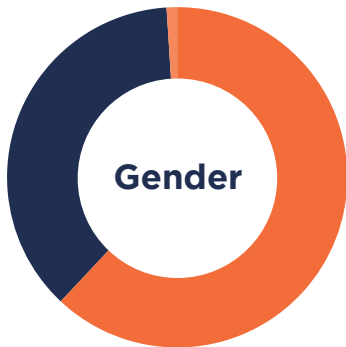
*Inverse grading applies

	Fiona Stanley Hospital	Joondalup Health Campus	King Edward Memorial Hospital	Perth Children's Hospital	Royal Perth Hospital	Sir Charles Gairdner Hospital	St John of God Hospital Midland
Morale & Culture	F	B	D	A	A	F	B
Morale	40%	75%	54%	83%	84%	54%	75%
Engagement with hospital leadership	34%	69%	47%	73%	72%	37%	71%
Hospital supports wellbeing of DiTs	39%	74%	67%	81%	83%	45%	74%
DiTs would recommend the hospital to other DiTs	59%	82%	70%	89%	95%	59%	82%
Culture	44%	82%	53%	85%	90%	49%	80%
Teaching & Training	F	C	B	B	B	D	B
Adequate formal teaching	59%	73%	89%	90%	79%	61%	78%
Adequate teaching on the run	49%	78%	74%	72%	77%	51%	75%
Support for exams	40%	68%	78%	79%	75%	51%	73%
Support for research	49%	59%	67%	64%	75%	53%	67%
Rosters, Overtime & Payslips	F	D	F	F	F	F	F
Receive rosters 21 or more days in advance	24%	40%	41%	16%	31%	28%	39%
Rostered start time reflects expected hours	62%	78%	49%	75%	68%	65%	68%
Rostered end time reflects expected hours	47%	66%	47%	64%	53%	56%	61%
Average unrostered overtime hours/fortnight	7.59	5.68	8.75	6.66	7.84	8.61	5.04
Unrostered overtime claimed by DiTs	19%	37%	7%	18%	17%	27%	23%
Payslips are correct	10%	30%	11%	6%	15%	9%	24%
Wellbeing	D	C	D	B	D	D	B
DiTs take sick leave when unwell	50%	57%	43%	66%	54%	52%	53%
Access to any debriefing ('hot' or 'cold')	57%	75%	79%	86%	67%	53%	71%
DiTs have experienced bullying at the hospital site*	42%	34%	58%	28%	33%	38%	27%
DiTs have witnessed bullying/sexual harassment at the site*	56%	41%	61%	41%	49%	53%	33%
Leave	F	F	D	F	F	F	D
Average annual leave approved per DiT (weeks)	1.40	2.46	2.73	1.87	1.83	2.40	1.67
Leave applications processed within 2 weeks	23%	44%	38%	24%	42%	34%	58%
Average PDL approved per DiT (weeks)	0.84	0.81	0.81	1.10	0.92	1.28	0.78
DiTs able to access exam leave	59%	58%	64%	51%	67%	57%	71%
DiTs who report no difficulty in accessing leave	17%	39%	57%	23%	36%	35%	42%
Part Time & Family							
DiTs who fear for job security if accessing parental leave	30%	20%	13%	22%	20%	23%	24%
Access to breastfeeding facilities	25%	83%	88%	60%	14%	14%	50%

Who we are



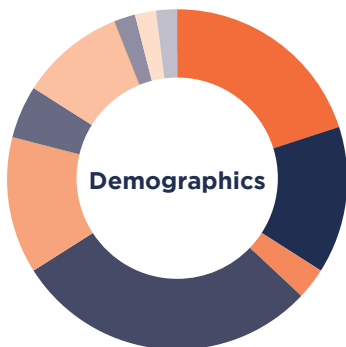
■ 20-24 **3%**
■ 25-29 **43%**
■ 30-34 **33%**
■ 35-39 **12%**
■ >39 **8%**
■ Rather not say **2%**



■ Female **62%**
■ Male **37%**
■ Other **1%**



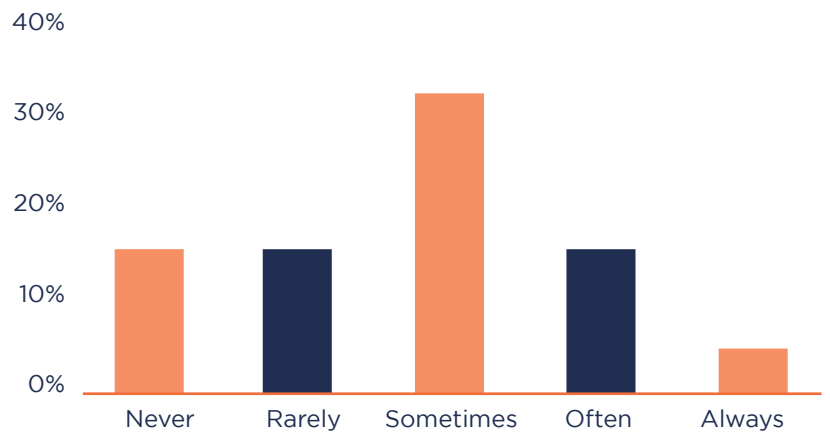
■ Intern **16%**
■ Basic Trainee Reg **17%**
■ Adv Trainee/Fellow Reg **18%**
■ RMO (non-trainee) **27%**
■ RMO (trainee) **8%**
■ Service Reg **14%**



■ Emergency Medicine **20%**
■ Anaesthesiology **14%**
■ ICU **3%**
■ Physician **29%**
■ Paediatrics **13%**
■ Surgery **5%**
■ OBGYN **10%**
■ Radiology **2%**
■ GP **2%**
■ Pathology **2%**

Job Safety

Feeling unsafe returning to work after on-call



61% are concerned for their career if they **report inappropriate workplace behaviour**

31% of doctors **didn't apply for leave** due to COVID-19

96% believe **part-time work** should be available

80% are concerned about **job security**

Burnout

High Burnout by Hospital

