

DiTs DOING IT TOUGH

This year's Hospital Health Check (HHC) results will come as no surprise to anyone who's been watching 2022 unfold – least of all Doctors in Training (DiTs). Every year, the AMA (WA) DiT Committee rallies the troops to develop, distribute and analyse markers of wellbeing amongst their own. In 2022, more than 700 doctors responded to the survey, the results of which are released in *Medicus* for AMA (WA) members, distributed to hospitals, and published online.

2022's HHC was dominated by interns and non-trainee resident medical officers (RMOs), accounting for 54 per cent of the sample. Respondents predominantly identified as female (60 per cent), with 71 per cent being between the ages of 25-34 years. More than 30 per cent of trainees were in a Royal Australian College of Physicians (RACP) program, 11 per cent in Australasian College for Emergency Medicine (ACEM), and 7 per cent at both the Royal Australian and New Zealand College of Obstetricians and Gynaecologist (RANZCOG) and the Australian and New Zealand College of Anaesthetists (ANZCA).

A DIFFICULT YEAR FROM THE START

The hallmarks of a very difficult year were evident from the beginning – relentless footage of emergency

departments being overrun interstate, stories of unprecedented staff off sick, a looming border opening, and our own ambulance ramping/access block crisis, continuing unabated.

The AMA (WA) had heard early on that entire departments had been told that leave for the remainder of the year may well not be an option. Despite alerting health service providers (HSPs) that denying leave altogether was a breach of their legal obligations, it was clear that entitlements were at risk in what would be a year like never before for DiTs.

While the 2022 HHC results have taken a significant hit across the board, generally speaking, privately operated public hospitals have outperformed their publicly operated counterparts. Hospitals' performance in the 2022 HHC has plummeted across most measures of wellbeing, engagement and compliance.

With limited exception, this has remained a theme across AMA (WA) morale and engagement surveys, both the DiT HHC and the senior doctor Morale + Engagement survey. The AMA (WA) maintains that WA Health must strive to become an employer of choice, both within WA and Australia. This is even more crucial when there is a nationwide medical workforce shortage.



ACCESS TO LEAVE

Accordingly, every reported hospital has received an F in the leave domain, the average number of weeks approved for DiTs dropping by five days at Sir Charles Gairdner Hospital, and 4.5 days at St John of God Midland from the previous year. Perhaps most glaring is the percentage of DiTs reporting no difficulty accessing leave.

% DiTs report no difficulty accessing leave

	FSH	JHC	KEMH	PCH	RPH	SCGH	SJOG Midland
2022	26%	33%	24%	11%	27%	34%	22%
2021	49%	58%	59%	25%	49%	64%	57%

One glimmer of positive news in a field that otherwise indicates a relentless working environment is that 100 per cent of DiTs at King Edward Memorial Hospital (KEMH) report being able to access exam leave. Perth Children's Hospital follows, with 77 per cent being able to access exam leave.

The AMA (WA) explores DiTs' right to access leave in greater detail on pages 22-23, with comments from WA Health on addressing some industrial and legal compliance issues laid bare by this year's HHC results.

ROSTERS, OVERTIME & PAYSLEIPS

Of the six themes, Rosters, Overtime & Payslips has historically been an area of poor performance. Disappointingly, this year is no exception. Despite employer compliance with legislation and Agreement provisions demanding better results in these fields, all reported sites received an F.

Receiving rosters in ample time has a huge impact on the ability of DiTs to manage their family and personal lives, and support their wellbeing. There is no reason why rosters cannot be published 21 days prior to their commencement.

Also of concern is the fact that the average number of hours of overtime went up at every site, with the exception of Fiona Stanley Hospital. Likewise, the percentage of DiTs who had received incorrect payslips went up at all reported sites.

There is no reason why rosters cannot be published 21 days prior to their commencement.

Tattoo-free radiation therapy now available at GenesisCare, Wembley

GenesisCare, Wembley offers the latest stereotactic treatments with the implementation of the Versa HD Linac and CRAD (surface-guided RT) technology.

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TEACHING AND TRAINING

At all reported sites this year, Teaching and Training has suffered a significant blow. The average grade across reported hospitals in the three prior HHC surveys was a B, however this year the average dropped to a D. The top-reported performer – St John of God Midland – scored a C. Last year's top performer KEMH, with an overall A in the 2021 HHC, has scored an F this year. KEMH's disappointing year has been examined in greater detail as part of our coverage of the 2022 HHC, on page 24.

JOB SECURITY

Job security remains an area of concern, with 20 to 29 per cent of the surveyed DiT workforce reporting that they feared for their job, if they were to access parental leave. The current system of 12-month rolling contracts for college-training DiTs is not sustainable for a workforce which is seeking to balance family life with professional obligations.

Specific provisions in the AMA (WA) negotiated *WA Health System – Medical Practitioner – AMA Industrial Agreement*

provide for nominal length of training employment contracts for DiTs. WA Health's lack of utilisation of these training length contracts is the only thing that prevents DiTs enjoying greater job security. Implementing longer contracts that are expressly provided by the Agreement would provide certainty to both the employer and employee, allow for greater leave planning flexibilities, and reduce the workload for medical workforce units generated by the 12-month contract renewal cycle.

The HHC is one of the most powerful tools in the AMA (WA)'s advocacy arsenal, with the results helping to shape the DiT Committee's plans and efforts going forward.

The AMA (WA) and the DiT Committee look forward to engaging collaboratively with the Minister for Health, WA Health System Manager, and all hospitals who employ DiTs, to understand and address some of the key deficiencies highlighted in this year's HHC, and to ensure the junior doctor journey is a safe, positive and empowering experience. ■

		FSH	JHC	KEMH	PCH	RPH	SCGH	SJGM
Morale & Culture	2022	F	C	F	F	C	C	B
	2021	D	B	D	B	A	C	B
	2020	F	B	D	A	A	F	B
Teaching & Training	2022	F	D	F	D	D	D	C
	2021	D	B	A	B	B	D	B
	2020	F	C	B	B	B	D	B
Rosters, Overtime & Payslips	2022	F	F	F	F	F	F	F
	2021	F	D	F	F	F	D	D
	2020	F	D	F	F	F	F	F
Wellbeing	2022	D	C	F	C	D	C	C
	2021	D	C	C	C	D	C	C
	2020	D	C	D	B	D	D	B
Leave	2022	F	F	F	F	F	F	F
	2021	D	B	C	F	C	C	D
	2020	F	F	D	F	F	F	D

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; **SJGM** = St John of God Midland Hospital.



AMA (WA) Doctors in Training Hospital Health Check 2022



More than 700 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 mail@amawa.com.au

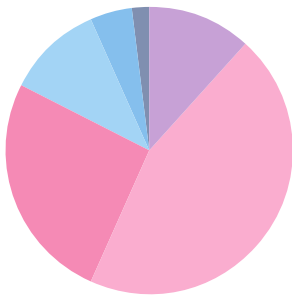
Grading:
A=80+, B=70-79, C=60-69, D=50-59, F<50

	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 Midland Hospital
Morale & Culture	F	C	F	F	C	C	B
Morale	37%	60%	11%	36%	66%	60%	74%
Engagement with hospital leadership	33%	59%	5%	27%	60%	54%	69%
Hospital supports wellbeing of DiTs	36%	60%	32%	43%	63%	58%	73%
DiTs would recommend the hospital to other DiTs	53%	67%	32%	53%	79%	75%	88%
Culture	42%	70%	24%	46%	75%	64%	85%
Teaching & Training	F	D	F	D	D	D	C
Adequate formal teaching	47%	60%	58%	71%	60%	63%	77%
Adequate teaching on the run	48%	65%	50%	59%	55%	55%	57%
Support for exams	35%	59%	53%	50%	50%	60%	68%
Support for research	34%	48%	22%	44%	51%	57%	56%
Rosters, Overtime & Payslips	F	F	F	F	F	F	F
Receive rosters 21 or more days in advance	44%	28%	15%	19%	22%	26%	29%
Rostered start time reflects expected hours	67%	76%	50%	72%	66%	72%	74%
Rostered end time reflects expected hours	55%	64%	33%	57%	50%	62%	72%
Average unrostered overtime hours/fortnight	7.16	6.74	11.05	5.93	8.45	6.07	4.67
% of unrostered overtime claimed by DiTs	27%	40%	5%	24%	20%	35%	19%
Payslips are correct	9%	36%	5%	5%	21%	5%	15%
Wellbeing	D	C	F	C	D	C	C
DiTs take sick leave when unwell	55%	65%	34%	63%	53%	66%	61%
Access to any debriefing ('hot' or 'cold')	57%	73%	47%	68%	63%	59%	66%
DiTs have experienced bullying at the hospital site	37%	33%	53%	34%	36%	27%	26%
DiTs have witnessed bullying/sexual harassment at the site	56%	37%	89%	45%	44%	53%	31%
Leave	F	F	F	F	F	F	F
Average annual leave approved per DiT (weeks)	1.91	2.02	2.39	1.52	1.51	1.52	1.54
% leave applications processed within 2 weeks	31%	31%	11%	20%	33%	36%	33%
Average PDL approved per DiT (weeks)	1.00	0.97	1.23	0.79	1.23	1.04	1.11
DiTs able to access exam leave	67%	44%	100%	77%	68%	69%	54%
% DiTs report no difficulty accessing leave	26%	33%	24%	11%	27%	34%	22%
Part Time & Family							
% DiTs fear for job security if parental leave taken	26%	20%	29%	20%	24%	21%	17%

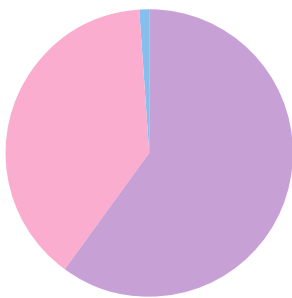
*Inverse grading applies.

Note: To be included in the analysis each hospital needed to have at least 10 responses to each question

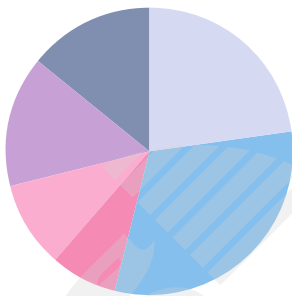
WHO WE ARE



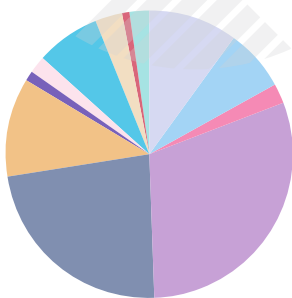
20-24 **11.70%** 25-29 **45.03%**
 30-34 **25.85%** 35-39 **11.02%** >39 **4.63%**
 Rather not say **1.77%**



Female **60.14%** Male **38.91%** Other **0.95%**



Intern **22.97%**
 Resident Medical Officer (non-trainee) **30.94%**
 Resident Medical Officer (trainee) **7.66%**
 Service Registrar **9.69%**
 Registrar - Basic Trainee **14.84%**
 Registrar - Advanced Trainee / Fellow **13.91%**



Emergency Medicine **11%** Anaesthesiology **7%**
 ICU **2%** Physicians **30%**
 Physicians (Adult Medicine) **23%**
 Physicians (Paediatrics) **11%**
 Surgery **1%** Surgery **2%** OBGYN **7%**
 Psychiatry **3%** Radiologists **1%** Pathology **2%**

JOB SAFETY



64% reported workplace behaviour



8% experienced sexual harassment



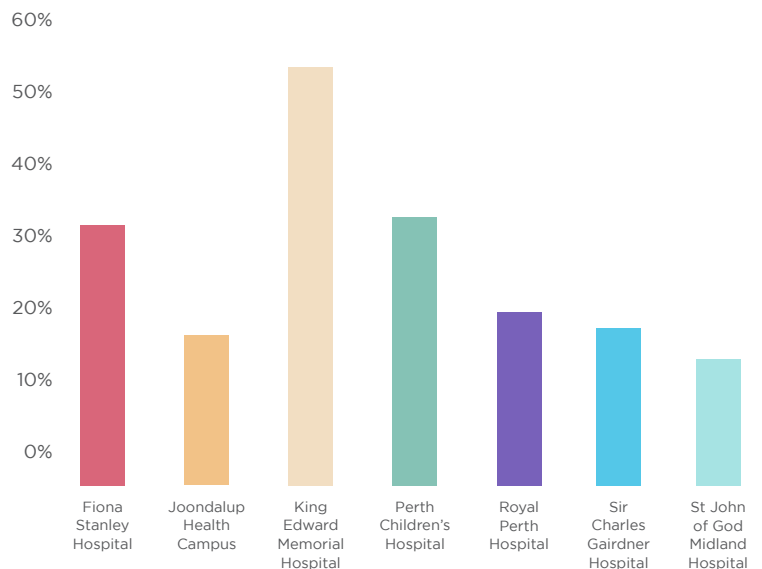
62% feel safety is a priority at work



97% believe part-time work should be available in their specialty

BURNOUT

High burnout by hospital





Let's get the basics right

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



This year's Hospital Health Check results reflect what has been a challenging time for Doctors in Training (DiTs) across the State. They are some of the worst results I've ever seen in my career, and clearly demonstrate there's a lot of work to be done to meet basic entitlements. The WA Health Department needs to seriously address the risk of DiTs leaving the WA workforce, because they are tired of not having basic entitlements met.

Wage theft

Let's be clear, unpaid overtime is wage theft. Clear expectations for DiTs to commence work earlier than rostered is wage theft. During the unprecedented times of the COVID-19 pandemic, DiTs have been exceedingly flexible, working harder than ever, covering shifts for other doctors unwell or isolating. It's then an absolute kick in the gut when their overtime is not recognised.

Every hospital site received an F grade this year for Rosters, Overtime and Payslips. The average number of overtime hours per fortnight from respondents in this year's survey was 7.35. Of the respondents, 96 per cent did not claim overtime due to workplace cultural expectations, and 21.7 per cent had good reason to believe it would reflect negatively on perceived performance.

DiTs deserve to get paid. There should be no connection between their prospects of getting into training programs and being paid for working overtime. Payslips continue to be a source of frustration and angst for DiTs. I know all too well the time it takes to get errors reviewed and amended. Only 7.89 per cent of respondents said they never experienced payslip errors, with 11.68 per cent stating they always experienced errors, and 33.23 per cent experiencing errors often.

I'm not aware of any other industry group with such a high occurrence of these errors. This is questionable, given the frequency as to whether some of these errors truly are errors. I know many DiTs dread facing their payslip, due to the frustration they often cause. Of the respondents, 47.34 per cent said errors had been difficult and/or time-consuming to resolve. These additional administrative burdens for DiTs add to stress and workplace angst.

“ I fear if basic entitlements continue to be left unmet, we will continue to lose DiTs from the public system in WA. These issues need to be taken seriously by WA Health and the State Government. We've had enough of the cupcakes, yoga sessions, and “you need to be more resilient talks”. Let's get the basics right!

Rosters

It continually amazes me how often rosters are issued so late. Many department rosters haven't changed for years, they just add in the names of incoming DiTs. Over 30 per cent of respondents received their roster in breach of the agreement standard of 14 days notice. Just over 30 per cent of respondents also received a roster for one month or less.

This makes it hard for DiTs to commit to or carry out responsibilities outside of work. Invites to major life and family events must often be responded to with, “I'd love to, but I just don't have my roster yet”. We deserve to be able to plan our lives.

Leave

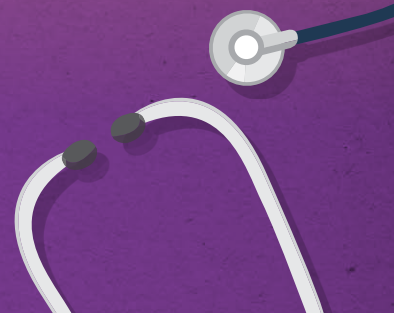
Access to leave continues to be an issue, no doubt worsened by COVID-19. Each site was graded with an F this year for leave. Many DiTs have been left in limbo, with 41.26 per cent experiencing delayed approvals in breach of the agreement; 21.44 per cent being asked to help find their own reliever; and 34.59 per cent simply had their request denied.

DiTs are entitled to leave, which is vital for maintaining wellbeing and completing ongoing training requirements. Increasing workforce shortages will continue to exacerbate the leave crisis, which in turn contributes to further workforce shortages. ■



Is it too much to ask for a little bit of respect?

Dr Thomas Drake-Brockman
Co-Chair, AMA (WA) Doctors in Training Committee



Respect. That's the word that comes to my mind as I read through some frankly dismal results for our hospitals in the 2022 Hospital Health Check. The only partial exception to the downward trend throughout the state is at some WACHS sites – although there's still plenty of work to be done here too.

A hospital is a team, and it cannot function without respect.

Junior doctors in WA have worked long and hard through difficult times. And they have demonstrated their dedication to their post time and time again. A little bit of respect is not much to ask in return.

Respect cuts many ways in the lives of junior doctors. Respect means we are offered a reasonable working environment where we are able to do our jobs safely; work within our abilities; and with reasonable levels of supervision and support.

Respect means we are listened to when we raise issues in the hospitals where we work and the health services that run them.

Respect for us as real people who have lives outside of the hospital means we should have timely access to leave; that we should not be expected to work unreasonable hours or stay back for unrostered overtime on the spur of the moment; and that we should not be contacted outside of our working hours.

Further, a health service that respects the work you do will make sure they pay you for it. Every minute of it. Without needing to be asked (once, twice, or again and again for weeks on end). Every time, and without fail.



Typically, given recent issues with the revised WA Wages Policy not being applied to hospital doctors, respect also means paying us a reasonable rate for the work we do.

We are a passionate workforce. We want to work in hospitals in WA. And we want to look after the people of WA. But if conditions do not improve, WA Health will continue to haemorrhage junior doctors, and continue to find themselves critically understaffed as junior doctors look for greener pastures elsewhere.

The narrative of the junior doctor seeking a more reasonable life outside of the hospital, or finding a

better work-life balance in the locum workforce, are all too well known to many of us.

Our health services may feel that the best way to respond to workforce shortages is to squeeze everything they can out of the junior doctors they have – but this is a short-sighted non-solution that unravels when these caring professionals finally break.

Medicine is not the rodeo that it was decades ago. We need our hospitals to come into the 21st century with us, and realise we are here to care for our patients – but we demand respect from our hospitals. It's certainly not too much to ask. ■

“ Medicine is not the rodeo that it was decades ago. We need our hospitals to come into the 21st century with us, and realise we are here to care for our patients. But we demand respect from our hospitals. And it's certainly not too much to ask. ”

Holding WA Health to account

The survey uncovered some worrying industrial compliance issues

In addition to morale, burnout and culture, the Hospital Health Check reviews a number of issues that are governed by strict provisions in the *WA Health System – Medical Practitioners – AMA Agreement 2022*. Specifically, roster notice, payment of overtime, access to annual leave and access to exam leave, are all covered by inviolable Agreement provisions, which provide DiTs in WA Health hospitals with unrestricted access to certain types of leave, notice and payment.

While some of these provisions have been strengthened following the most recent round of negotiations, previous iterations of the Agreement also provided unambiguous timeframes and obligations, to ensure DiTs are paid for the work they do and can protect their wellbeing by relying on specific protections to maintain autonomy over their work-life balance.

HHC 2022 results indicate system-wide compliance issues with these inviolable rights.

The AMA (WA) presented the following HHC results to WA Health for comment:

1. RECEIVING ROSTERS IN A TIMELY MANNER

Clause 16 of the Agreement states that rosters must be made available at least 14 days prior to their commencement.

Where possible, rosters will be published 21 days prior to their commencement. All WA Health hospitals scored an F for DiTs receiving their rosters 21 days or more in advance. Adequate roster notice provides DiTs the opportunity to plan and manage their personal and family time. It also offers DiTs ample opportunity to manage and prepare their work timetable, for example, organise shift swaps or training opportunities.

	FSH	KEMH	PCH	RPH	SCGH
Receive rosters 21 or more days in advance	44%	15%	19%	22%	26%

2. RECORDING AND PAYING UNROSTERED OVERTIME

All hours worked by DiTs should be recorded and paid. Legislative record-keeping requirements dictate that employees' start and finish times must be recorded.

Further, Clause 17 of the Agreement provides for unrostered overtime authorisation and payment of overtime. DiTs reported between 5.9 and 11 hours of unrostered overtime per fortnight; few claim their unrostered overtime.

	FSH	KEMH	PCH	RPH	SCGH
Average unrostered overtime hours/fortnight	7.16	11.05	5.93	8.45	6.07
% of unrostered overtime claimed by DiTs	27%	5%	24%	20%	35%

3. ACCESS TO ANNUAL LEAVE

Clause 34 states that hospitals must respond to annual leave applications within two weeks. HHC results indicate DiTs are not having their leave applications processed in the required timeframes, and DiTs are not being able to access sufficient annual leave.

	FSH	KEMH	PCH	RPH	SCGH
Average annual leave approved per DiT (weeks)	1.91	2.39	1.52	1.51	1.52
% leave applications processed within 2 weeks	31%	11%	20%	33%	36%

4. ACCESS TO EXAM LEAVE

All DiTs should have access to four days leave with pay in order to attend examinations, upon application (Clause 18). HHC results indicated that only one WA Health hospital allowed 100 per cent of DiTs to access exam leave.

	FSH	KEMH	PCH	RPH	SCGH
DiTs able to access exam leave	67%	100%	77%	68%	69%

WA HEALTH PROVIDED THE FOLLOWING WRITTEN RESPONSE TO OUR CONCERNS:

Thank you for the AMA's feedback regarding Doctors in Training (DiTs) Hospital Health Check results to be published in the September 2022 edition of *Medicus*.

The System Manager is pleased to have reached agreement with the AMA on the *WA Health System – Medical Practitioners – AMA Industrial Agreement 2022* (Agreement) which was registered on 2 September 2022. The WA health system appreciates the commitment of the AMA in reaching a positive outcome for your members and the WA health system.

It is important to note that the new agreement has within it strengthened provisions regarding notice and rostering, specifically relating to DiTs. Further enhancements to annual leave and professional development leave relevant to DiTs were also made to ensure requests for leave are responded to in a timely manner and, if requested, reasons for refusal are provided in writing to support transparency of decision-making.

With regards to overtime, the System Manager strongly supports DiTs in raising these matters with their employer. Alternatively, the AMA is encouraged to provide specific details where DiTs' claims for overtime have not been supported to the System Manager.

Having already briefed the Health Service Providers on the key changes to the Agreement, the System will continue to proactively assist with the implementation of the Agreement as a priority.

We are pleased to advise that the Minister for Health, Your Voice in Health Survey will resume in the near future, and will be a valuable source of information and direct staff feedback for the System Manager. As with each survey, the System Manager strongly encourages the entire WA health workforce participates, and this certainly includes the DiT cohort.

ROSTERS AND LEAVE – WHAT ARE YOUR RIGHTS?

Rosters – Clause 16

Readily accessible rosters released well in advance of their currency help employees, particularly shift workers, maintain a positive work-life balance.

Clause 16 protects DiTs from unreasonable or inappropriate rostering practices:

- Rosters must cover a period of not less than 28 days.
- Rosters must be made available at least 14 days' prior to their commencement.
- During their currency, rosters must not be amended unless the practitioner agrees, or due to an emergency.
- Under most circumstances, a colleague taking unplanned sick leave or annual leave is not an emergency.

SJGHC DiTs see Clause 17 of the St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2021

Overtime – Clause 17

WA state industrial relations legislation dictates that state system employers, including WA Health hospitals, must record employees' start and finish times. DiTs are entitled to payment of unrostered overtime, and if authorisation is refused, the reasons need to be explained in writing, if requested.

DiTs should claim payment for all unrostered overtime. It is important to ensure that you are being fairly remunerated for the work that you do. If payment is refused, then you should request reasons for refusal in writing, in accordance with Clause 17(1) of the Agreement.

The AMA (WA) has been invited to provide specific details where DiTs' claims for overtime have not been supported to the System Manager. AMA (WA) members who have not been paid for overtime should provide us with details, and we will escalate directly to the System Manager.

SJGHC DiTs see Clause 19 of the St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2021

Annual Leave – Clause 34

Restricted access to annual leave not only negatively impacts workforce morale, it contributes to fatigue and burnout. In a hospital setting, this presents a risk to patient safety.

Always submit a written application for leave, even if that application falls outside a hospital-prescribed application process or timeframe, and regardless of the fact that you believe your application will be declined.

Within two weeks of receipt of a written leave application, your employer is required to confirm in writing when the entitlement may be taken.

If you haven't received a response from your hospital in the required two-week timeframe, you can either follow up your application with an email, quoting Clause 34 of the Agreement, or contact the AMA (WA) for advice.

SJGHC DiTs see Clause 42 of the St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2021

Exam Leave – Clause 18

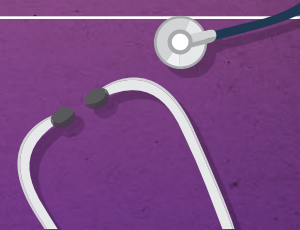
DiTs employed by WA Health must be provided with three clear days free from any rostered duty immediately prior to an examination, upon application. There are no exceptions to a DiT's right to be provided with three clear days from any rostered duty. It is not the responsibility of practitioners to find exam leave cover, nor forgo this legal entitlement due to employer preference.

If you have been advised otherwise or have not been provided with three days free from rostered duty, contact the AMA (WA) for advice.

SJGHC DiTs see Clause 20 of the St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2021.

Making sense of a training wreck

Looking for answers on dramatic King Eddies decline



It was disappointing to see King Edward Memorial Hospital (KEMH) experience some of the lowest scores across multiple measures in the 2022 Hospital Health Check. It has slipped from its 2021 C ratings for both Access to Leave and Wellbeing measures, to an F for both in 2022. As a hospital that has consistently been viewed by DiTs as a standout training environment, it previously consistently outperformed all other reported hospitals in Teaching and Training HHC measures, scoring an A last year.

The 2022 HHC results saw KEMH as one of only two hospitals to score an F for Teaching and Training.

It is unusual for results to tumble so quickly, particularly in fields where hospitals have long excelled. Anecdotal feedback from DiTs indicated KEMH was more vulnerable to mounting COVID-19 pressures and workforce shortages. The AMA (WA) approached KEMH for comment, seeking their insights into why 2022 has been a particularly tough year for doctors at the hospital. ■

At King Edward Memorial Hospital, we have previously been proud of our results in the Hospital Health Check, so our poor performance in the 2022 survey is very disappointing.



Dr Katrina Calvert

In common with many hospitals, the situation for our DiTs this year has been greatly impacted by the COVID-19 pandemic. We are a relatively small hospital, with a small DiT workforce, which was down by more than 30 per cent at the time of the HHC survey. In order to preserve safe acute service delivery, our usual team structure had to be partially dissolved, which negatively impacted job satisfaction for all. Our medical workforce team worked incredibly hard to cover gaps, but with daily sick calls and quarantine mandates, short-term changes were inevitable, and our scores in rosters and overtime reflect this. With borders reopening and effective recruitment for the second half of 2022, KEMH now has its establishment quota of junior medical staff. Emergency and exigency rosters are no longer operational, and we are returning to a business-as-usual model.

As a specialist training site, our trainees were impacted by elective surgery cancellations due to COVID-19, which was a national issue of concern to the Royal College of Obstetricians and Gynaecologists.

National data showed that KEMH remained one of the top-performing hospitals in Australia in terms of access to surgical training during the pandemic, but it remains an area of concern for trainees and supervisors, and we are always actively considering ways to improve our trainees' surgical training opportunities.

We pride ourselves on our teaching program in KEMH, so the drop in our teaching scores is particularly discomfoting. Our program includes daily 30-minute resident tutorials, with two hours of registrar teaching on Friday afternoons. Since the start of 2022 we have fortunately been able to protect most of our registrar teaching, and have only had to cancel one Friday afternoon. Unfortunately, with a necessary focus on clinical care, we were unable to sustain daily tutorials early in 2022, and our teaching program score suffered as a result. With the return to normal capacity, our program is again running daily, and we hope that future scores will reflect this.

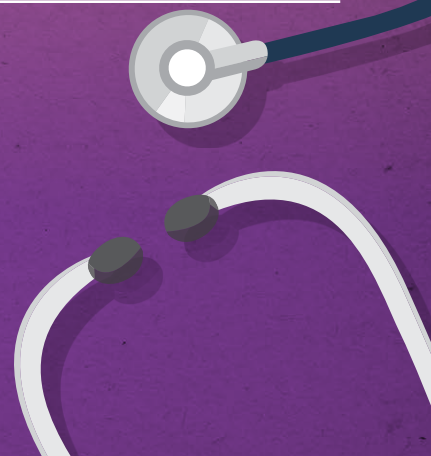
The main area of concern in the HHC is the unacceptably high percentage of our DiTs who have experienced or witnessed bullying and harassment. This is an area on which we are working with the executive team and multidisciplinary leaders of our organisation to implement urgent action. It is our hope that strong leadership in this area will see an improvement in the morale and culture of our whole organisation, including and especially for our DiTs. ■

Dr Katrina Calvert

Director, Post Graduate Medical Education
King Edward Memorial Hospital

Spread too thin, but country life still calls many

Sample size makes conclusions difficult, but some promising signs



Disappointingly, the sample size from WA Country Health Service (WACHS)-based DiTs was too thinly spread over a handful of sites to report a WACHS result this year. Mindful that discontent or satisfaction in one corner of WA is not evidence of a uniform view across 2.5 million sq km and seven regions that make up WACHS, the AMA (WA) shared the limited HHC 2022 WACHS results with the Rural Doctors Association of Western Australia

(RDAWA) President and former WACHS DiT, Dr Brittney Wicksteed, to get her view on the results received.

More and more DiTs are basing their professional lives in country WA, with WACHS directly employing interns for a number of years now. Cognisant of this, the AMA (WA) is committed to engaging with DiTs across WACHS with a view to building a greater understanding of the unique challenges and issues faced by DiTs working in WA's country hospitals. ■

We definitely have a long way to go in getting every single rural WACHS employed DiT engaged in these surveys, so it is useful to take these results with a pinch of salt. Each site is vastly different, with different leadership and its own challenges, so representing this heterogenous group is difficult. Until we have the vast majority of DiTs engaging with the survey, we cannot be confident that the WACHS-wide values are entirely correct – but I'm an optimist, so let's look on the positive side of the numbers.



Dr Brittney Wicksteed

I am very proud to see that WACHS has not slipped in any of the domains, particularly in a quite stark depiction of how the metro hospitals are faring. I am especially glad to see that levels of burnout reported by DiTs within WACHS is much, much better than any other Primary Employing Health Service (PEHS). This is certainly my experience from working within WACHS – work-life balance is a priority for senior clinicians, and this flow-on effect is obvious.

It could have something to do with the shorter commute times, community engagement and connection with the natural environment that comes naturally when working rurally. I have certainly felt part of the team and appreciated in my time with WACHS.

The limited results received indicate that overall, morale and culture within WACHS score highly. I think a combination of lower burnout, higher job satisfaction and a flattened hierarchy go a long way in making these hospitals a great place to work.

Wellbeing overall is also much higher at WACHS sites, but we are unfortunately still seeing reports of bullying and sexual harassment at all of the sites. Perhaps hoping for zero per cent in this category is a bit naive, but tackling this behaviour in the workplace is absolutely essential to improving morale, culture, wellbeing, and service delivery.

A big congratulations has to go out to the rural DiT advocates and DiT societies for engaging with their hospital leadership and setting the tone for what is expected from a workplace. For any of those reading engaged with hospital leadership, this is a domain that can be improved across the board – don't underestimate the wisdom and solution generation offered by your DiTs, and do take the opportunity to work with the backbone of your hospital to improve the DiT and patient experience.

I feel the education space has suffered during COVID-19 with pretty average marks across the board, and this is a space where agility in the face of change has tried, but failed, to deliver adequate education to juniors. The PEHSs need to consider how they can make up for lost time here. While there are pockets of excellence within WACHS regarding teaching opportunities and quality teaching, I hope that we can see a dramatic improvement in the next survey. The better training delivered now will translate to better doctors serving their communities, and attract high-quality applicants to your sites in the future.

While I am disheartened to see the poor results across the board for leave, I'm really unsurprised. I recently received a very tone-deaf global email from a metro senior executive encouraging staff to book their Christmas leave to be refreshed for 2023... DiTs continue to be perceived as a means of service delivery instead of real humans with real lives.

While things seem to be generally better at WACHS when comparing annual leave and PDL, the hospitals have set an extremely low bar to nourish and reward their essential workers. I have been very fortunate to have had access to leave over my career, and very supportive Medical Employment Units and HoDs in accessing leave, and it is so upsetting to hear the ubiquitous experiences of essential leave being denied.

If you are concerned about your leave access, please do raise it with your local DiT society or the AMA (WA), who have published advice on pages 22-23 and are happy to provide individual advice and guidance to members over the phone - hospitals must be held to account, and you can't look after others without looking after yourselves first.

I would encourage DiTs to vote with their feet in their working conditions - sometimes the grass really is greener, and I'm very happy to be contacted by anyone who has questions about working rurally. If I can't answer your queries, I will get you in touch with someone who can.

As many who know me can agree, I am a huge advocate for working rurally for many reasons, and a healthy workplace that is committed to listening to the voices of DiTs and improving is one of them. As someone who has recently returned to the metro setting, I see burnout in the faces of most of my colleagues across every discipline.

I will end by saying to our DiTs: the hospital needs you more than you need them. Don't put up with conditions that don't elevate you - engage with your DiT societies, the various DiT forums, work to generate solutions, or go somewhere that will value you as the important, caring individual that you are. ■

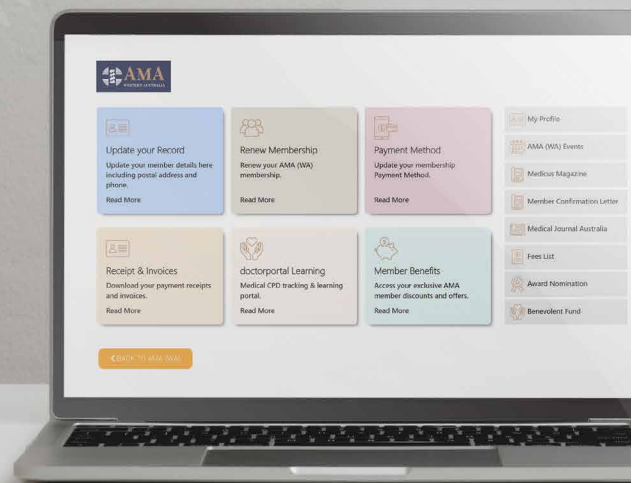
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