



AMA
WESTERN AUSTRALIA

125^{YEARS}
1898–2023

HHC+

Hospital Health Check 2023



Report card: AMA (WA) advocacy pays off, hospitals can still work harder

At first glance, this year's Hospital Health Check (HHC) scorecard results might seem overwhelmingly positive compared to last year, where not a single 'A' could be found in a scorecard dominated by 'D' and 'F' scores. While there are a lot of significant improvements, there has also been a lot of advocacy and hard work behind the scenes contributing to those improvements.

When we delve deeper into this year's HHC results, there are still many areas of concern and plenty of room for improvement. As in 2022, in 2023, more than 700 doctors in training responded to the survey, the results of which this year have been published

as a stand-alone report, distributed to Hospital Service Providers (HSPs) and published online, with all Employers/HSPs invited to provide commentary on their results, to be published in the August edition of *Medicus*.

As in 2022, this year's HHC was dominated by interns and RMOs, accounting for 66 per cent of the sample. Respondents predominantly identified as female (63 per cent), with 41 percent being between the ages of 26-30. The highest proportion of respondents (22.6 per cent) work in the area of Adult medicine, followed by Emergency medicine (17.6 per cent) and Surgical (13.6 per cent).

Setting the stage for this year's HHC

2022's dismal HHC results, reflective of a difficult year, were released in September last year during a tumultuous industrial and economic period, with ongoing inflation and cost-of-living increases.

The Government made numerous changes to Government Wages Policy (GWP) in August and September, following recent settlement of the WA Health Industrial Agreement, with then Premier Mark McGowan publicly promising the percentage increase would also apply to doctors that year – a promise that was later quietly retracted. This only added to the significant dissatisfaction and burnout of an already overstretched DiT workforce.

Throughout this period, the AMA (WA) continued to lobby Government for a percentage increase for DiTs, as well as advocate for key DiT issues. The [Top 5 DiT issues](#), from direct DiT feedback, was presented to the Minister for Health at an in-person meeting between the AMA (WA), DiT representatives and the minister in October. This advocacy continued, with meetings between the AMA (WA) and key DiT representatives, the Director General of Health, and Chief Medical Officer occurring in late 2022 and into 2023. The AMA (WA) continued to note concerns about ongoing staffing shortages and the ability to attract and retain DiTs within WA.

Whilst this was ongoing, collaborative discussions between the AMA (WA), NMHS Executive and Charlie's RMO Society on the 2022 HHC results, and top 5 DiT issues, resulted in NMHS [introducing](#) a number of key improvements including additional part-time positions and a new streamlined overtime approval process. These changes have been received very positively by DiTs and are directly reflected in the significant improvement in NMHS scores in this year's HHC. NMHS scored the highest out of all employers for whether the respondent would encourage other DiTs to choose NMHS as an employer, and many NMHS HHC respondents specifically commented on the positive initiatives.

At the start of 2023, the AMA (WA) industrial team, in coordination with DiT Practice Group co-chairs, commenced ongoing monitoring of rosters and following up on compliance issues with HSPs for each term. Improvements in roster compliance were noted by term 2 onwards, and are also reflected in the improvements in scores for this category in 2023 (although also noting some changes to this category in 2023).

Whilst there has been significant roster compliance improvement since the start of 2023, the fact that the HHC scores are less than 100 per cent with respect to rosters being compliant with standards and released at least two weeks in advance, shows there is still more work to be done in this area, as well as other key areas.

Same but different – changes to this year's HHC

There have been a number of changes to this year's HHC in terms of capturing and reporting of key data.

The most significant change is that data has been captured per Employer/HSP as opposed to individual hospital, except for King Edward Memorial Hospital (KEMH)/Women and Newborn Health Service (WNHS). Given the HHC results are utilised by incoming interns as well as RMOs and registrars in making informed choices on their employment applications, these changes were implemented to reflect the fact that DiTs apply to work at a particular HSP (e.g. EMHS) and whilst this may mean they are placed at Royal Perth Hospital (RPH), they can also be placed at other sites within that HSP, such as Armadale and Bentley.

KEMH/WNHS, whilst technically sitting within North Metropolitan Health Service (NMHS), is unique in that it is a specialty service, can be applied to directly by DiTs, and has its own distinct and separate executive and medical workforce teams to NMHS.

There have also been a number of changes to survey questions, with additional questions included to reflect contemporary known industrial issues, e.g. allocated mandatory training time. Changes have also been made to the key categories on the HHC scorecard, and indicators contained within each category. For example, payslip errors is now under a newly titled category of "Workplace Entitlements & Flexibility" instead of grouped with rosters and overtime.

These changes make comparing to previous years' results a little more challenging but certainly not impossible. For the purpose of discussing this year's results and comparing to

previous years, we have compared the relevant HSP/Employer to the main hospital from previous years. South Metropolitan Health Service (SMHS) results in 2023 would be compared to Fiona Stanley Hospital (FSH) in 2022 and 2021, North Metropolitan Health Service (NMHS) would be compared to Sir Charles Gairdner Hospital (SCGH), East Metropolitan Health Service (EMHS) would be compared to Royal Perth Hospital (RPH), Ramsay would be compared to Joondalup Health Campus (JHC), and SJOG would be compared to SJOG Midland (SJGM).

DIT = Doctor in Training or Junior Doctor

RMO = Resident Medical Officer

DG = Director General (or System Manager)

CMO = Chief Medical Officer

AL = Annual Leave

PDL = Professional Development Leave

Employers/Hospital Service Providers (HSPs):

CAHS = Child and Adolescent Health Service & includes Perth Children's Hospital (PCH)

EMHS = East Metropolitan Health Service & includes Royal Perth Hospital (RPH), Armadale Health Service, Bentley Health Service, and Kalamunda Hospital

KEMH/WNHS = Women and Newborn Health Service (WNHS) which incorporates King Edward Memorial Hospital (KEMH)

NMHS = North Metropolitan Health Service & includes Sir Charles Gairdner Hospital (SCGH), Osborne Park Hospital, and Graylands Hospital

SMHS = South Metropolitan Health Service & includes Fiona Stanley Hospital (FSH), Fremantle Hospital, and Rockingham General Hospital

WACHS = WA Country Health Service (*Note: WACHS excluded in 2022 due to inadequate sample size*)

RAMSAY = Ramsay Health Care and includes Joondalup Health Campus (JHC) and Hollywood Private Hospital (HPH)

SJOG = St John of God Health Care and includes SJOG Midland (SJGM), Subiaco, Murdoch, Mt Lawley, and Bunbury

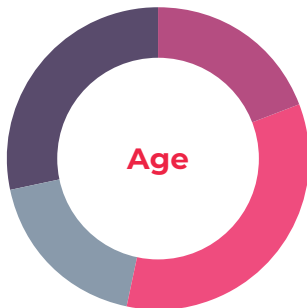
	BEST				WORST			
Ranking Snapshot	1	2	3	4	5	6	7	8
Recommended by Doctors in Training	NMHS	SJOG	WACHS	EMHS	RAMSAY	KEMH	SMHS	CAHS
Morale & Culture	SJOG	NMHS	WACHS	EMHS	RAMSAY	SMHS	KEMH	CAHS
Wellbeing	SJOG	NMHS	CAHS	WACHS	EMHS	SMHS	RAMSAY	KEMH
Terms, Rosters & Workload	SJOG	NMHS	WACHS	RAMSAY	EMHS	SMHS	CAHS	KEMH
Access to Leave	NMHS	SJOG	WACHS	RAMSAY	KEMH	EMHS	SMHS	CAHS
Workplace Entitlements & Flexibility	SJOG	RAMSAY	NMHS	WACHS	KEMH	EMHS	SMHS	CAHS
Teaching & Training	SJOG	WACHS	NMHS	EMHS	RAMSAY	CAHS	SMHS	KEMH

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
MORALE & CULTURE	D	B	D	A	C	A	C	B
Morale	42%	67%	45%	80%	58%	89%	52%	77%
Culture	54%	74%	48%	85%	67%	88%	57%	77%
Satisfaction with work	75%	78%	79%	87%	63%	90%	73%	84%
Employer supports DiT wellbeing	43%	65%	55%	76%	56%	80%	47%	80%
Workplace safety is a priority	80%	78%	71%	90%	79%	93%	75%	84%
No fear of speaking up on workplace issues	34%	66%	57%	82%	62%	92%	54%	69%
WELLBEING	C	D	D	C	D	B	D	C
Feel able to take sick leave when unwell	61%	41%	50%	62%	48%	53%	49%	61%
Did not experience bullying, discrimination or harassment	62%	65%	48%	77%	62%	81%	64%	66%
Did not witness bullying, discrimination or harassment	56%	54%	24%	58%	35%	71%	53%	49%
Access to debrief after stressful event	77%	67%	81%	71%	75%	76%	63%	71%
TERMS, ROSTERS & WORKLOAD	C	B	D	B	B	B	C	B
Term allocations released with required notice	68%	89%	70%	83%	81%	85%	84%	85%
No more than 1 leave relief, after hours, or TBA term	61%	81%	57%	89%	81%	68%	77%	79%
Rosters are released at least 2 weeks in advance	78%	87%	68%	88%	89%	92%	88%	76%
Rosters are compliant with standards	67%	82%	50%	85%	64%	87%	73%	70%
Rosters reflect actual working hours	74%	64%	59%	67%	64%	75%	52%	75%
Unrostered overtime is no more than 5 hours per week	79%	65%	65%	70%	87%	85%	63%	79%
DiTs claim all unrostered overtime	26%	36%	21%	63%	52%	53%	38%	55%
ACCESS TO LEAVE	F	C	C	A	B	A	D	B
Rating of access to annual leave	37%	60%	65%	86%	77%	87%	41%	76%
All annual leave applications were approved	50%	67%	74%	85%	73%	84%	67%	79%
Annual leave applications processed within 2 weeks	18%	46%	39%	85%	47%	83%	54%	34%
Rating of access to professional development leave	48%	60%	66%	87%	73%	81%	50%	82%
Professional development leave application processed within 4 weeks	54%	71%	83%	88%	79%	83%	77%	79%
WORKPLACE ENTITLEMENTS & FLEXIBILITY	F	F	F	D	D	C	F	F
No errors in the last 5 payslips	7%	15%	22%	32%	59%	42%	21%	15%
Able to access employment entitlements without adverse pressure	43%	70%	76%	90%	76%	91%	56%	73%
Allocated work time for mandatory training	13%	19%	14%	41%	39%	57%	16%	30%
Can access parental leave without concern for job security	55%	55%	50%	67%	62%	72%	53%	67%
TEACHING & TRAINING	D	D	F	C	D	B	D	C
Adequate formal teaching provided	54%	63%	55%	73%	64%	78%	64%	74%
Able to attend formal hospital teaching	30%	42%	38%	57%	38%	67%	40%	73%
Adequate informal teaching provided	65%	62%	57%	67%	70%	71%	59%	70%
Supported to prepare for exams	61%	56%	43%	57%	52%	66%	49%	57%
Supported to pursue research goals	50%	51%	29%	54%	46%	60%	46%	56%
Job prepares DiTs to apply for training or progress training	83%	73%	71%	79%	77%	78%	69%	81%
RECOMMENDED	D	B	C	A	B	A	C	A
DiTs encourage others to choose this employer	57%	78%	67%	91%	71%	89%	65%	86%

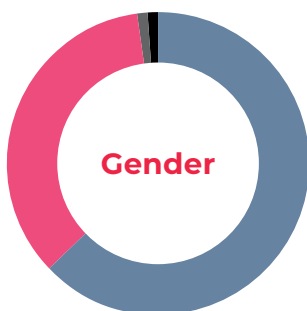
NOTE: All items were framed as positive meaning a higher score is better (range 0-1)

Item scores were averaged to give a domain score, which was then graded as: A=80+, B=70-79, C=60-69, D=50-59, F<50

WHO WE ARE



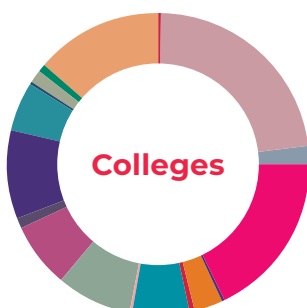
Up to 25 23% 26-30 41% 31-35 34% 36+ 22%



Female 63% Male 35%
Non-binary 1% Prefer not to answer 1%



Intern 24% Resident Medical Officer 42%
Trainee Registrar 13% Service Registrar 13%
Fellow/Senior Registrar 7% Other 1%



Addiction medicine 0.5% Adult medicine 22.6%
Anaesthesia 1.9% Dermatology 0.2%
Emergency medicine 17.6% General practice 0.5%
Intensive care medicine 2.9% Medical administration 0.6%
Obstetrics and gynaecology 6.2% Ophthalmology 0.3%
Paediatrics and child health 7.0% Palliative medicine 0.9%
Psychiatry 5.1% Radiology 0.5% Rehabilitation medicine 1.4%
Rural and remote medicine 0.6% Surgery 13.6%
Prefer not to answer 9.6% Other 8.0%

JOB SAFETY & SECURITY



31%

reported experiencing bullying, discrimination or sexual harassment



46%

reported witnessing bullying, discrimination or sexual harassment



54%

feared negative consequences reporting inappropriate behaviour



74%

feel safety is always or often a priority at their workplace

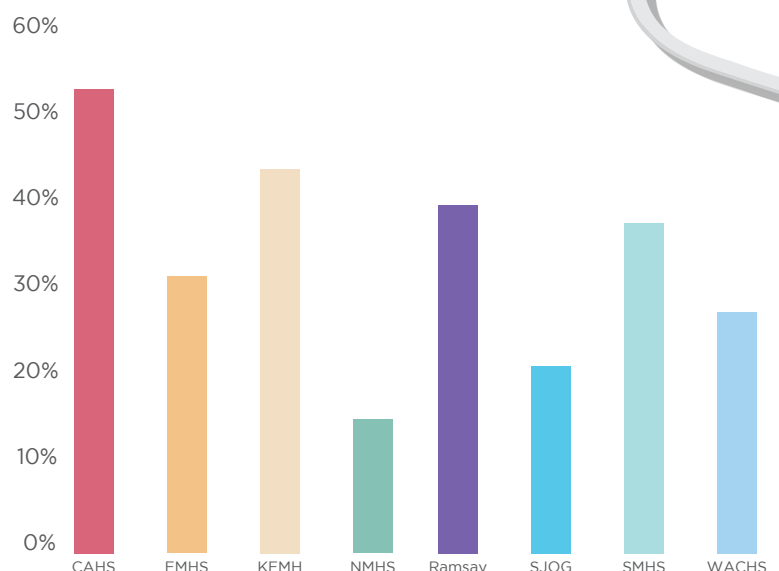


39%

believe job is secure when accessing parental leave

BURNOUT

High burnout by Employer/HSP



MORALE & CULTURE

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	D	B	D	A	C	A	C	B
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	F	C	F	C	C	B	F	N/A
2021	B	A	D	C	B	B	D	C
2020	A	A	D	F	B	B	F	N/A

WELLBEING

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	C	D	D	C	D	B	D	C
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	C	D	F	C	C	C	D	N/A
2021	C	D	C	C	C	C	D	C
2020	B	D	D	D	C	B	D	N/A

TERM, ROSTERS & WORKLOAD

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	C	B	D	B	B	B	C	B
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	F	F	F	F	F	F	F	N/A
2021	F	F	F	D	D	D	F	F
2020	F	F	F	F	D	F	F	N/A

ACCESS TO LEAVE

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	F	C	C	A	B	A	D	B
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	F	F	F	F	F	F	F	N/A
2021	F	C	C	C	B	D	D	F
2020	F	F	D	F	F	D	F	N/A

TEACHING & TRAINING

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	D	D	F	C	D	B	D	C
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	D	D	F	D	D	C	F	N/A
2021	B	B	A	D	B	B	D	C
2020	B	B	B	D	C	B	F	N/A

WORKPLACE ENTITLEMENTS & FLEXIBILITY

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	F	F	F	D	D	C	F	F



Taking a closer look at the results

In addition to measuring levels of morale, culture, burnout, and adequate teaching and training, HHC also reviews a number of issues that are governed by specific provisions within the *WA Health System – Medical Practitioners – AMA Agreement 2022* (the Agreement), or for SJOG-based DiTs, the *St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2021* (SJOG EBA), as well as overarching legislation.

Roster requirements including notice, payment of overtime, access to annual leave and professional development leave are all governed by inviolable provisions within the Agreement/SJOG EBA that provide DiTs with clear entitlements, timeframes and protections to ensure DiTs are paid for the work they do appropriately, can access leave and maintain reasonable control of their work-life balance.

The right to a safe work environment, and obligations on an employer to take all practicable measures to address safety issues, including fatigue, are governed by work, health and safety (WHS) legislation in WA.

The right for a DiT to be paid for all hours worked is enshrined within various provisions within the Agreement, as well as industrial legislation, and this includes the right to be paid for any training that an employer requires you to undertake (including mandatory training) – something that has been specifically captured for the first time in the 2023 HHC.

Relevant to this, an employer also has recordkeeping obligations under relevant industrial legislation to accurately record when a DiT is starting and finishing work – failing to do this is not only a breach of industrial legislation but also has other implications with respect to WHS obligations, and adequately managing workload/fatigue, as well as supporting effective workforce planning.

The HHC results in 2022 indicated concerning system-wide compliance issues with these inviolable rights. Let's take a closer look at the 2023 results to see how they shape up in comparison.

Morale & Culture

After all employers (with the exception of SJOG) scored significantly lower in 2022 on morale and culture compared to 2021, it is encouraging to see an improvement across the board for these indicators – NMHS stands out as the most significantly improved overall in 2023 compared to prior years,

with SJOG being the most consistently high performer in this area over 2021-2023. Whilst the likes of SMHS, KEMH and CAHS all have improved scores in this area compared to 2022, these scores are still unacceptably low.

Rating of Morale & Culture

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	48%	70%	46%	82%	63%	88%	54%	77%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	41%	71%	17%	62%	65%	80%	39%	N/A
2021	69%	84%	42%	65%	79%	79%	53%	63%

When examining the results for whether an Employer is considered to support the wellbeing of DiTs, NMHS, SJOG and WACHS have all continued to improve their scores in this area over the respective years. Of concern, CAHS dropped from 71 per cent in 2021 to 43 per cent in 2022, with no improvement at all in this area in 2023. SMHS has also scored poorly in this area, scoring below 50 per cent, an 'F' grade, from 2021 to 2023.

Supports wellbeing of DiTs

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	43%	65%	55%	76%	56%	80%	47%	80%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	43%	63%	32%	58%	60%	73%	36%	74%
2021	71%	78%	69%	63%	68%	66%	48%	64%

Wellbeing

KEMH stands out as significantly the worst performer overall, across all respective years, when looking at prevalence of bullying, discrimination and harassment, with a notable change when comparing 2021 to both 2022 and 2023. The fact that only 11 per cent in 2022, 24 per cent in 2023 (compared to 54 per cent in 2021) at KEMH say they haven't witnessed any bullying, discrimination or harassment is a seriously concerning issue that requires urgent attention. On the positive side, SJOG stands out as the most continuously improved in this area over the respective years.

Did not witness bullying, discrimination or harassment

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	56%	54%	24%	58%	35%	71%	53%	49%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	55%	56%	11%	47%	63%	69%	44%	N/A
2021	60%	48%	54%	53%	54%	60%	55%	48%

Term, Rosters & Workload

We mentioned earlier about the ongoing industrial advocacy being undertaken to address roster compliance and notice issues since the start of 2023, the noted improvements in this area (reflected in the scores on roster notice and compliance) and the need for further improvement, however, this is not the most concerning indicator within this category.

As mentioned before, a DiT is entitled to be paid for all hours genuinely worked and an Employer has legal obligations to both pay the DiT for those hours but also to keep accurate records of the hours worked by a DiT. We know within WA Health, rosters are effectively utilised as a timesheet to record the hours of work of a DiT and the basis upon which they are paid – so anything below 100 per cent in this category (as in the table below) is cause for concern and indicates a likelihood of unpaid work hours.

Many DiTs are hopefully aware of the AMA (WA)'s current wage theft campaign where we are encouraging you all to report this kind of issue to us in confidence, e.g. being rostered (and paid) to start at 0800 but actually being directed to start at 0700 or 0730 – this is blatant wage theft and we remain determined to take all action necessary to stamp this issue out for good.

On a related note, the results for DiTs claiming all unrostered overtime worked continue to be a concern across the board, with NMHS being the stand-out performer in 2023, scoring the highest at 63 per cent, which is a significant improvement to previous years (35 per cent in 2022, 26 per cent in 2021). We directly attribute this improvement to the introduction at NMHS of a new simplified and centralised overtime process, following AMA (WA) advocacy which we discussed in detail

earlier, and something we hope to see successfully replicated across the other HSPs.

In examining the 2023 results as to the specific barriers to claiming all unrostered overtime, we found that the process being difficult, time-consuming or complicated, as well as, on a related note, some respondents feeling the amount of overtime was not worth claiming, to be the main barriers to claiming all unrostered overtime, followed by workplace cultural expectations.

Rosters reflect actual working hours (start & finish)

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	74%	64%	59%	67%	64%	75%	52%	75%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	65%	58%	41%	67%	70%	73%	61%	N/A
2021	61%	61%	58%	66%	65%	66%	55%	76%

Access to Leave

Access to leave was a significant issue in 2022, with all Hospitals scoring an 'F' in this category overall, so it is encouraging to see significant improvement in this area within the majority of Employers, with SJOG and NMHS both scoring an 'A' in 2023, and both WACHS and Ramsay scoring a 'B'.

It is disappointing to see SMHS score a 'D' in this area, with CAHS the worst performer, scoring an 'F' with poor scores in respect to access to leave, approval levels, as well as processing times compliant with the Agreement – all issues which have also been highlighted via recent Member queries. In writing to CAHS Executive on the 2023 HHC results, we have sought a specific response on this issue.

Rating of access to Leave (inc AL & PDL)

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	42%	60%	66%	87%	75%	84%	45%	79%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	11%	27%	24%	34%	33%	22%	26%	N/A
2021	25%	49%	59%	64%	58%	57%	49%	38%

Workplace Entitlements & Flexibility

This is a new category in the 2023 HHC which now includes payslip errors (previously with rosters and overtime), job security on parental leave access (previously a separate category) as well as a new question in the 2023 HHC survey which asked respondents whether they are allocated adequate paid work time for completing mandatory training – 70 per cent of all respondents answered 'No' to this question.

As you can see in the table below the score for this specific area was incredibly poor across the board, with only SJOG scoring above 50 per cent, and the scores overall for this category were the lowest overall out of all categories in the 2023 HHC. Given mandatory training includes important WHS training such as PPE, manual handling, aggression management, and infection prevention, this poses a serious and ongoing WHS risk.

WA Health DiT should also be aware of the relevance of clause 16(1) in the Agreement (see also cl 17(1) in SJOG EBA) which states:

"Rostered hours will take account of all clinical and non-clinical duties regularly required to be worked. "Non-clinical duties" means duties not directly associated with the diagnosis or management of patients and will include attendance at relevant mandatory training."

This has been brought to the attention of the DG recently, off the back of advocacy undertaken to address issues with unpaid 2023 intern orientation and training, and has been highlighted as a critical area in the 2023 HHC results requiring urgent correction across all Employers.

On a different topic, payslip errors have consistently been an issue across the respective years and have also factored into the poor scores overall in this category.

Likewise, job security has remained a concern, with only 39 per cent feeling that their job would be secure if they accessed parental leave – this has been an issue noted in 2022 as well, and has been one of the key reasons the AMA (WA) has continued to advocate for WA Health to provide nominal training-length contracts for DiTs (instead of 12-month contracts) – this has been discussed further through the DG and CMO meetings earlier this year, with a commitment provided to implement this change.

Allocated paid work time for mandatory training (new in 2023)

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	13%	19%	14%	41%	39%	57%	16%	30%

Teaching & Training

Given adequate teaching and training is a critical and fundamental component of being engaged as a DiT, the poor scores overall in this category are cause for serious concern, with only SJOG scoring a 'B' overall in this category amidst a sea of 'C' to 'F' scores.

In 2022's HHC results, KEMH were specifically noted as being the top performer overall in this category in 2021 (81 per cent to 94 per cent) and having significantly fallen towards the bottom of the pack in 2022 (50 per cent to 8 per cent). KEMH were invited to comment on this in the September 2022 edition of [Medicus](#) (pg. 24). We note with disappointment, that KEMH scores have not improved in 2023, with their scores for providing adequate formal teaching and support for exam preparation being lower than 2022, and their score for providing adequate informal teaching improving only slightly from 50 per cent to 57 per cent this year.

We note CAHS scores in this category have also significantly fallen from 2021, scoring 80 per cent on adequate formal teaching in 2021 (second highest after KEMH) and only 54 per cent this year (lowest out of all). Likewise they scored 78 per cent in 2021 for providing adequate exam support (third highest) and only 61 per cent this year, although an improvement to last year's score of 50 per cent.

In our correspondence to all Employers on the 2023 HHC results, we have specifically flagged our concerns with the poor scores overall in this area.

Adequate formal teaching

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	54%	63%	55%	73%	64%	78%	64%	74%

	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	71%	60%	58%	63%	60%	77%	47%	N/A
2021	80%	76%	90%	69%	72%	78%	62%	57%

Adequate informal teaching

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	65%	62%	57%	67%	70%	71%	59%	70%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	59%	55%	50%	55%	65%	57%	48%	N/A
2021	66%	69%	81%	49%	63%	72%	53%	61%

High Burnout

	CAHS	EMHS	KEMH	NMHS	Ramsay	SJOG	SMHS	WACHS
2023	52%	31%	43%	15%	39%	21%	37%	27%
	PCH	RPH	KEMH	SCGH	JHC	SJGM	FSH	WACHS
2022	34%	22%	53%	20%	19%	16%	33%	N/A
2021	28%	24%	28%	23%	25%	26%	35%	15%

Burnout

The HHC also measures burnout data calculated using the ProQoL scale validated tool, commonly used for health professionals when investigating burnout and compassion fatigue. Of significant concern, HHC 2023 identified 52 per cent of CAHS respondents were classified as having high burnout levels, above the WA average of 29 per cent in 2023, and a significant increase to last year (34 per cent for PCH in 2022). In 2022, KEMH respondents reported the highest level of burnout (53 per cent) and whilst this has improved (43 per cent in 2023) it is still concerning high, and the second highest out of all Employers, after CAHS. NMHS stands out as the star performer in this area, scoring the lowest overall in 2023 (15 per cent), and the only Employer to have consistently improved in this area over the respective years.

Conclusion

The HHC continues to be one of the most powerful tools in the AMA (WA)'s advocacy arsenal to address DiT working conditions in WA, with the results instrumental to many final-year students choosing their first Employer, and helping to shape the Doctors in Training Practice Group plans and advocacy efforts going forward.

The AMA (WA) and DiT Practice Group representatives look forward to engaging collaboratively with the System Manager and all Employers to understand and address the key issues highlighted in this years' HHC, and to ensure the DiT journey is a safe, positive and empowering experience.



Look out for the August Edition of *Medicus* which will include responses from Employers/HSPs to their 2023 HHC results



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