



**AMA**  
WESTERN AUSTRALIA

# HHC

**Hospital Health Check 2025**



# 2025 Hospital Health Check breaking records again

We are pleased to report that even more Junior Doctors have had their say in the Hospital Health Check (HHC), with almost 1,500 completing this year's survey. That was after a record-breaking 1,100 respondents in 2024, when PathWest were included for the very first time.

As we did last year, we wrote to each Employer when this year's survey was launched, asking them to encourage and facilitate participation, and consider rostering admin time for Junior Doctors to complete the survey. We acknowledge and thank all of the Employers who undertook this, which no doubt contributed to the record-breaking number of responses this year.

This year's results have again been published as a stand-alone report for AMA (WA) members, distributed to Employer/Health Service Providers (HSPs) and published online, with all Employers/HSPs invited to provide commentary on their results to be published in the June-July edition of *Medicus*.

As has been the case the past few years, this year's HHC was again dominated by interns and RMOs, accounting for 61% of the sample. Respondents predominantly identified as female (61%), with 41% being between the ages of 26-30.

Even more noteworthy than the record-breaking response numbers is that for the first time in the history of the HHC since its inception in 2015, there is not a single F grade to be found on this year's HHC scorecard, with significant improvements in many areas underpinned by ongoing advocacy efforts and Agreement negotiations. When we delve deeper into the results however, there are still many areas of concern and plenty of room for further improvement.

## LEADING INTO THIS YEAR'S HHC

The AMA (WA) Doctor in Training (DiT) Practice Group started preparations late last year, establishing a subcommittee of diverse DiT volunteers to review and improve the annual survey. We want to acknowledge and thank our subcommittee volunteers for their input into improving this year's HHC survey. Whilst being conscious of the overall length of the survey and necessary completion time, this year additional questions were added specifically for Service Registrars and also with respect to training programs, as well as adjustment of questions relating to admin duties, on call and fatigue management, pay errors, personal cultural beliefs and flexible work arrangements. This year's HHC has kept the same structure as the past two years, with data being reported by Employer/HSP as opposed to individual hospital, with the exception of the Women and Newborn Health Service (WNHS) incorporating King Edward Memorial Hospital (KEMH), noting as we did last year, that whilst WNHS technically sits within North Metropolitan Health Service (NMHS), it is unique in that it is a specialty service, can be applied to directly by DiT, and has its own distinct and separate Executive and medical workforce teams to NMHS. This year, we have introduced a new grade of A+ for scores of 90% and above.

**DiT** - Doctor in Training or Junior Doctor

**RMO** - Resident Medical Officer

**IMG** - International Medical Graduate

**DG** - Director General (or System Manager)

**CMO** - Chief Medical Officer

**AL** - Annual Leave

**PDL** - Professional Development Leave

### Employers/Health Service Providers (HSPs)

**CAHS** - Child and Adolescent Health Service, including Perth Children's Hospital (PCH)

**EMHS** - East Metropolitan Health Service, including Royal Perth Hospital (RPH), Armadale Health Service, Bentley Health Service, and Kalamunda Hospital

**NMHS** - North Metropolitan Health Service, including Sir Charles Gairdner Hospital (SCGH), Osborne Park Hospital, and Graylands Hospital

**PathWest** - located within all major metro hospitals & regionally  
(Note: PathWest included in 2024 for first time)

**SMHS** - South Metropolitan Health Service, including Fiona Stanley Hospital (FSH), Fremantle Hospital, and Rockingham Hospital

**WACHS** - WA Country Health Service

**WNHS** - Women and Newborn Health Service which incorporates King Edward Memorial Hospital (KEMH)

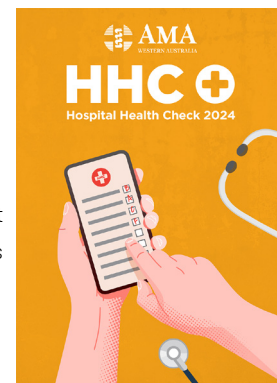
**Ramsay** - Ramsay Health Care, including Joondalup Health Campus (JHC) and Hollywood Private Hospital (HPH)

**SJOG** - St John of God Health Care, including SJOG Midland (SJGM), Subiaco, Murdoch, Mt Lawley, Bunbury & Geraldton

## 2024 HHC RESULTS

Last year's report was released in May 2024, the same month that 2025 Intern applications opened, and in the midst of negotiations for both the WA Health and SJOG Agreements. The results showed progress in a number of areas, following significant ongoing AMA (WA)-driven, DiT-related advocacy at both a Ministerial and HSP-specific level, as well as the implementation of various compliance campaigns. This followed the significant improvements of 2023 off the back of dismal results across the board in 2022.

2024 saw many Employers either introduce or further improve streamlined overtime claims processes, as well as implement initiatives to improve leave access and undertake internal roster reviews. They also reviewed internal reporting mechanisms for safety and adverse behaviours, following concerns raised at a system level regarding the prevalence, and significant non-reporting, of adverse behaviours such as bullying, discrimination and sexual harassment.



## AGREEMENT NEGOTIATIONS

Negotiations for the replacement agreements for both SJOG and WA Health were well underway, with bargaining meetings for both wrapped up by the May 2024 release of the HHC. Negotiations were truly Member-driven, with bargaining committees of diverse Members attending negotiation meetings. They played a critical role in the development of the Log of Claims, which had a significant focus on DiT-specific condition improvements, as well as decisions regarding Offers and balloting of Membership. For the first time in AMA (WA) history, a member-wide ballot was conducted in September 2024 following a second Offer from WA Health, with 86% of Members voting in favour of acceptance, and the *WA Health System – Medical Practitioners – AMA Agreement 2024 (WA Health Agreement)* coming into operation on the 28 November 2024.

The new WA Health Agreement introduced many significant improvements for DiTs, including increasing the mandatory break between shifts from eight to ten hours; introducing mandatory 24-28 hour breaks following night shifts; improvements to Professional Development Leave (PDL) accrual and access; an additional annual DiT Support payment in recognition of rising professional development costs; and of most significance, the introduction of overtime penalty rates payable after 10 hours in a shift.

Following concerns raised during bargaining discussions, WA Health also committed to undertaking two independent reviews into teleconsult remote recall practices and industrial provisions affecting both Senior and Junior doctors, as well as into DiT workflows, with the aim of reducing administrative burden and inefficiencies.

The latter part of 2024 saw further negotiations with SJOG secure agreement to replicate the majority of WA Health Agreement DiT improvements, resulting in a successful ballot and the *St John Of God Health Care – AMA (WA) – Medical Practitioners Enterprise Agreement 2023 (SJOG EBA)* coming into operation on 23 January 2025.

## TAKING A CLOSER LOOK AT THE RESULTS

In addition to measuring levels of morale and culture, burnout, access to leave, and adequate teaching and training, the annual HHC also reviews a number of issues that are governed by specific provisions within both the WA Health Agreement and the SJOG EBA (**the Agreements**), as well as overarching Work, Health and Safety (WHS) and Industrial Relations legislation.

The Agreements set out requirements for rosters including notice; maximum shift lengths and required breaks; payment of overtime; and access to annual leave and professional development leave. They also provide DiTs with clear entitlements, time frames, and protections to ensure they are appropriately paid for the work they do, can access leave, and maintain autonomy over their work-life balance.

WHS legislation in WA sets out the right to a safe work environment and places obligations on an Employer to take all practicable measures to address safety issues, including fatigue, as well as provide a psycho-socially safe workplace. 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.

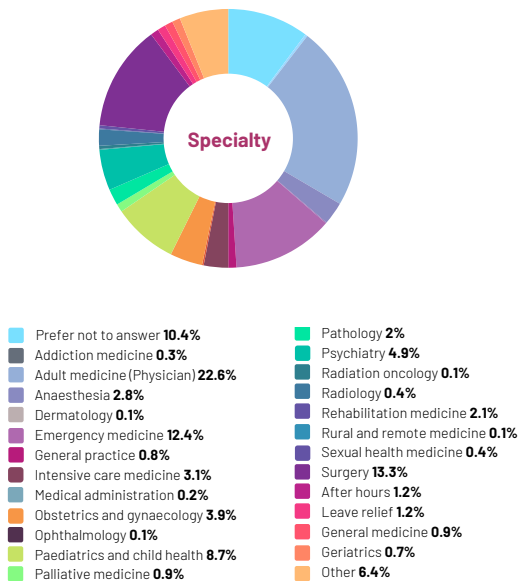
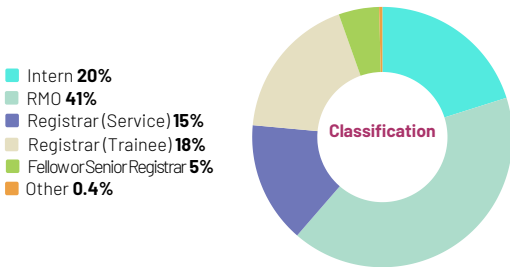
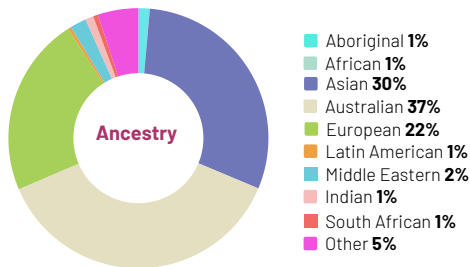
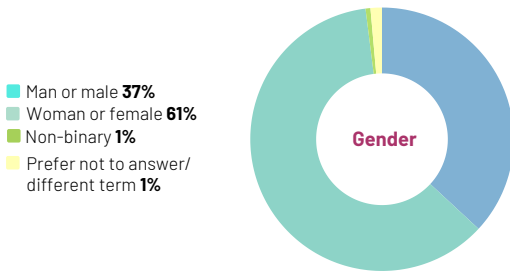
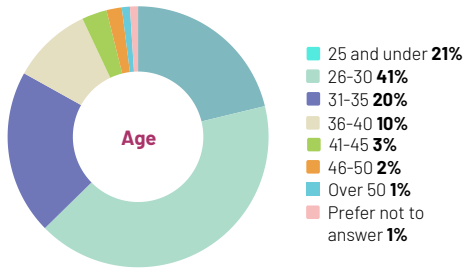
As we highlighted previously, an Employer also has recordkeeping obligations under relevant industrial legislation to accurately record when a DiT is starting and finishing work – failing to do this is not only a breach of industrial legislation but also has other implications with respect to WHS obligations,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

Whilst the majority of the 2024 HHC results built upon the significant improvements of 2023, following 2022's concerning poor results, there were still plenty of areas of concern and room for improvement in key areas. Let's take a closer look at this year's results to see how they shape up in comparison, particularly considering the past few years of ongoing DiT-specific advocacy and compliance campaigns, as well as the industrial context of Agreement negotiations with a significant focus on securing DiT-specific condition improvements. As we noted earlier, this year's HHC results have broken another record, with not a single F grade to be found on the scorecard for the first time in HHC history.

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
<b>MORALE &amp; CULTURE</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>
Staff morale and workplace culture	70%	78%	88%	65%	68%	69%	81%	91%	91%
Satisfaction with work	84%	81%	88%	95%	80%	76%	83%	90%	88%
Employer supports DiT wellbeing	69%	74%	86%	62%	69%	76%	81%	84%	89%
Feel safe at work	95%	93%	98%	85%	92%	90%	93%	92%	99%
No fear of speaking up on workplace issues	65%	71%	75%	50%	60%	67%	63%	78%	81%
<b>WELLBEING</b>	<b>C</b>	<b>D</b>	<b>C</b>	<b>D</b>	<b>C</b>	<b>C</b>	<b>D</b>	<b>C</b>	<b>B</b>
Feel able to take sick leave when unwell	64%	47%	65%	68%	53%	44%	57%	45%	52%
Did not experience bullying, harassment or discrimination	78%	63%	74%	45%	68%	61%	50%	73%	81%
Did not witness bullying, harassment or discrimination	55%	52%	52%	45%	55%	57%	42%	65%	75%
Access to debrief after stressful event	78%	73%	76%	N/A	74%	84%	62%	71%	81%
<b>TERMS, ROSTERS &amp; WORKLOAD</b>	<b>C</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>B</b>	<b>B</b>
Term allocations released with required notice	92%	89%	95%	95%	82%	86%	91%	89%	94%
No more than 1 leave relief, after hours, or TBA term	76%	85%	81%	88%	78%	72%	56%	77%	69%
Rosters are released at least 2 weeks in advance	91%	95%	98%	95%	90%	88%	87%	96%	93%
Rosters are compliant with Agreement standards	81%	85%	92%	81%	81%	79%	77%	86%	92%
Rosters reflect actual expected working hours	73%	74%	76%	86%	76%	74%	47%	90%	86%
Unrostered overtime <5hrs per week	57%	57%	66%	82%	66%	71%	80%	66%	69%
DiTs claim all unrostered overtime	51%	59%	69%	12%	53%	39%	71%	59%	61%
<b>ACCESS TO LEAVE</b>	<b>B</b>	<b>B</b>	<b>A+</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A+</b>
Rating of access to annual leave	69%	74%	91%	93%	75%	80%	82%	77%	88%
All annual leave applications were approved	89%	83%	94%	88%	88%	88%	87%	85%	96%
Annual leave applications processed within 2 weeks	49%	51%	93%	50%	63%	64%	81%	70%	89%
Rating of access to professional development leave (PDL)	70%	74%	90%	95%	75%	84%	90%	82%	89%
PDL application processed within 4 weeks	79%	74%	95%	83%	80%	84%	95%	98%	96%
<b>WORKPLACE ENTITLEMENTS &amp; FLEXIBILITY</b>	<b>D</b>	<b>D</b>	<b>C</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>C</b>	<b>C</b>
No errors in the last 5 payslips	22%	19%	41%	30%	25%	23%	30%	51%	26%
Able to access entitlements without adverse pressure	77%	84%	89%	85%	80%	80%	93%	90%	96%
Allocated work time for mandatory training	49%	42%	56%	50%	45%	48%	42%	49%	73%
Can access parental leave without concern for job security	68%	68%	78%	88%	65%	70%	70%	73%	74%
<b>TEACHING &amp; TRAINING</b>	<b>C</b>	<b>C</b>	<b>B</b>	<b>A</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>B</b>
Adequate formal teaching provided	59%	65%	80%	77%	61%	64%	62%	76%	83%
Able to attend formal teaching	61%	65%	79%	95%	65%	75%	56%	72%	82%
Adequate informal teaching provided	66%	66%	70%	93%	61%	70%	70%	69%	80%
Supported to prepare for exams	63%	61%	70%	89%	54%	53%	62%	64%	73%
Supported to pursue research goals	57%	57%	67%	68%	52%	57%	50%	55%	66%
Job prepares DiTs to apply for or progress training	81%	75%	81%	84%	69%	70%	84%	74%	74%
<b>RECOMMENDED</b>	<b>B</b>	<b>A</b>	<b>A+</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>A</b>	<b>A</b>	<b>A+</b>
DiTs encourage others to choose this employer	73%	85%	94%	82%	76%	79%	81%	88%	94%

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+=90+, A=80-89, B=70-79, C=60-69, D=50-59, F<50

## WHO WE ARE

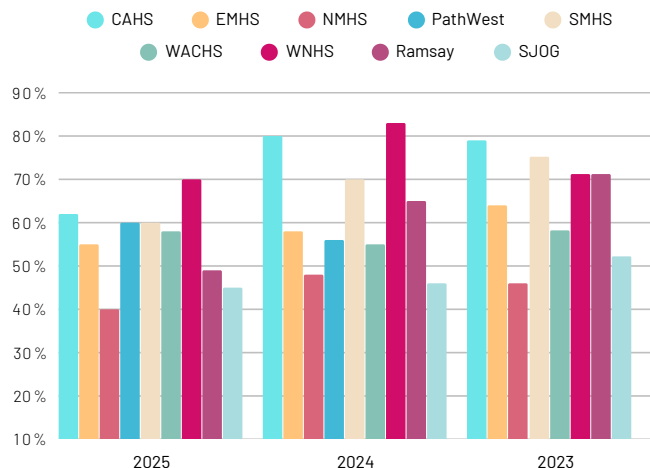


## JOB SAFETY & SECURITY



## BURNOUT

Moderate/High burnout by hospital



## MORALE & CULTURE

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	B	A	A	B	B	B	A	A	A
2024	C	B	A	C	C	B	C	A	A
2023	D	B	A	N/A	C	B	D	C	A

## WELLBEING

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	C	D	C	D	C	C	D	C	B
2024	C	C	B	D	D	C	D	D	C
2023	C	D	C	N/A	D	C	D	D	B

## TERMS, ROSTERS & WORKLOAD

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	C	B	B	B	C	C	C	B	B
2024	B	B	A	B	C	B	D	A	A
2023	C	B	B	N/A	C	B	D	B	B

## ACCESS TO LEAVE

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	B	B	A+	A	B	A	A	A	A+
2024	D	C	A	C	D	B	C	B	A
2023	F	C	A	N/A	D	B	C	B	A

## WORKPLACE ENTITLEMENTS & FLEXIBILITY

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	D	D	C	D	D	D	D	C	C
2024	F	F	D	D	F	D	F	D	D
2023	F	F	D	N/A	F	F	F	D	C

## TEACHING & TRAINING

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	C	C	B	A	C	C	C	C	B
2024	C	C	C	B	D	C	D	C	B
2023	D	D	C	N/A	D	C	F	D	B

## RECOMMENDED

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	B	A	A+	A	B	B	A	A	A+
2024	D	A	A	C	C	A	C	A	A
2023	D	B	A	N/A	C	A	C	B	A

## MORALE & CULTURE

It is highly encouraging to see all Employers score either A or B grades in this category across the board, with WNHS (KEMH) standing out as the most improved, achieving an A grade this year (from a C grade in 2024), followed by CAHS, PathWest, and SMHS all improving to a B grade from a C grade in 2024.

### STAFF MORALE & WORKPLACE CULTURE

Examining the specific results for rating of staff morale and workplace culture, WNHS has achieved the biggest percentage improvement with a score of 81% (up from 58% last year), followed by CAHS with a score of 70% (53% in 2024), then Ramsay with a score of 91% (76% in 2024). Concerningly, WACHS have scored lower this year with a score of 69%, down from 80% last year, and PathWest have also scored lower than last year with a score of 65% (71% in 2024).

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	70%	78%	88%	65%	68%	69%	81%	91%	91%
2024	53%	77%	90%	71%	57%	80%	58%	76%	90%
2023	48%	70%	82%	N/A	54%	77%	46%	63%	88%

### SUPPORT FOR WELLBEING OF DITS

In reviewing the results for whether an Employer is considered to support the wellbeing of DiTs, we also note improvements across the board, with SMHS achieving the greatest percentage improvement with a score of 69% (51% in 2024), followed by WNHS scoring 81% (65% in 2024), then CAHS with a score of 69% (55% in 2024). All other Employers have either improved their scores or maintained similar scores to last year, noting WACHS have gone slightly backwards with a score of 76% compared to 80% in 2024.

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	69%	74%	86%	62%	69%	76%	81%	84%	89%
2024	55%	75%	85%	59%	51%	80%	65%	79%	81%
2023	43%	65%	76%	N/A	47%	80%	55%	56%	80%

### SAFETY & SPEAKING UP ON WORKPLACE ISSUES

We are pleased to note that, similar to last year, the results for whether DiTs feel safe at their workplace have continued to improve, with an average score of 91% across all Employers.

After first being captured in the HHC survey in 2023, it is encouraging to see some notable improvement in the results this year for whether a DiT feels able to speak up on workplace issues (without fear of retribution) after the majority of Employers' (with the exception of Ramsay) scores worsened in this area last year. PathWest has improved the most with a score of 50% compared to last year's score of 25%, though this result is still concerningly low compared to all other Employers. Encouragingly, CAHS, WNHS and SMHS have all significantly improved their scores in this area compared to last year.

## INTERNATIONAL MEDICAL GRADUATES (IMGs)

Given the integral role IMGs play in the functioning of the WA Health System, we are pleased to note over 300 IMG respondents have completed this year's survey, after IMG-specific questions were added to the survey for the first time last year.

Conscious of continued concerns around adequate inductions, orientations and initial training specifically for their needs, IMGs were again surveyed on how well supported they felt in joining the Australian Healthcare workforce, with **65% of IMGs responding they felt very or quite well supported** (compared to 64% last year). IMG respondents were also surveyed for the first time on whether they received an orientation to the hospital on commencement, with **89% responding in the affirmative**. Optional feedback by IMG respondents, as well as feedback from our DiT representatives on the ground, indicate a lack of adequate orientation and training for IMGs on initial commencement remains a concern, with many respondents specifically highlighting key areas such as PBS prescribing, Medicare, CPD Homes, and Public vs Private Patient treatment and billing requiring more thorough training on commencement. Concerns were also noted regarding IMGs being placed in rural hospitals immediately without first undertaking placement, including adequate orientation, in metro tertiary hospitals.



As an IMG, I still feel excluded and not well supported, despite having worked in this system for nearly 5yrs now. There is undoubtedly discrimination and a lack of equity. As IMGs, we face significantly more disadvantages compared to local trainees.

Given IMGs often will be moving from their home country to Australia for the first time, and sometimes working in regional locations as well, IMGs who arrived in the past 12 months were again surveyed on the support provided for settling into their work location, with **68% of IMGs responding they felt very or quite well supported** in this regard (compared to 64% last year).

We note with concern numerous comments from IMG respondents highlighting issues with discrimination and equal opportunities.

Comparing the results between IMG respondents and all remaining other respondents for experiencing or witnessing bullying, sexual harassment or discrimination, we note with significant concern, as highlighted in the table below, IMG respondents are significantly more likely to report experiencing or witnessing discrimination in particular, with IMGs being almost twice as likely as other respondents to report experiencing discrimination.

	Bullying (Experienced)		Bullying (Witness)		Sexual Harassment (Experienced)		Sexual Harassment (Witness)		Discrimination (Experienced)		Discrimination (Witness)	
	IMG	Other	IMG	Other	IMG	Other	IMG	Other	IMG	Other	IMG	Other
<b>Yes: Reported</b>	5%	6%	7%	11%	0%	1%	0%	2%	3%	1%	4%	3%
<b>Yes: Unreported</b>	17%	18%	26%	27%	5%	6%	4%	6%	20%	11%	25%	19%
<b>Total: Yes</b>	22%	24%	33%	38%	5%	7%	4%	6%	23%	12%	29%	22%

## WELLBEING

Disappointingly, unlike the Morale & Culture category, there is not a single A grade to be seen in the Wellbeing category and only one solitary B grade for SJOG (improving from a C grade in 2024). Whilst both SMHS and Ramsay have also improved from a D grade in 2024 to a C grade this year, unfortunately both NMHS (C grade in 2025, B grade in 2024) and EMHS (D grade in 2025, C grade in 2024) have both gone backwards in this category. Concerningly, we note an overall increase across the board, compared to last year, in respondents reporting experiencing or witnessing adverse behaviours, which have factored into the overall lower scores within this category.

### SICK LEAVE & ACCESS TO DEBRIEF

We note overall general improvement across the majority of Employers with respect to whether a DiT feels able to take sick leave when unwell and whether they have access to a debrief after a stressful event, with only a few Employers scoring slightly worse in these areas compared to last year.

### BULLYING, DISCRIMINATION, AND SEXUAL HARASSMENT

Following last year's survey, we highlighted ongoing concerns regarding the occurrence of bullying, discrimination, and sexual harassment, particularly within certain HSPs, and overall high prevalence of non-reporting of these behaviours. We encouraged Employers to review and improve reporting mechanisms and increase awareness amongst practitioners to hopefully improve their ability to investigate and address these issues. The overall average across all Employers for respondents experiencing bullying, sexual harassment, and discrimination has remained unchanged from last year (30%), though the prevalence of respondents witnessing these behaviours overall has increased to 44% compared to 39% last year. Acknowledging that some Employers have improved their results in these areas this year, whilst some Employers have scored significantly worse, there has been a general increase in prevalence of these behaviours across the health system in the past 12 months.

We note CAHS, SJOG, SMHS and Ramsay have all improved their results compared to last year with respect to whether respondents experienced bullying, sexual harassment or discrimination in the past 12 months, whilst PathWest, WACHS, EMHS, NMHS, and WNHS have all scored worse. Concerningly, both PathWest and WACHS scores are significantly worse this year, with PathWest scoring 45% (compared to 62% in 2024) and WACHS scoring 61% (compared to 78% in 2024).

**“Widespread abuse and harassment by public and patients and patients families which is completely tolerated with little regard for staff wellbeing. In addition behaviour that would never be accepted by medical staff or under medical workforce practices is widespread and accepted in nursing and administrative staff. Unprofessional is the least it could be called.”**

With respect to respondents witnessing these behaviours in the past 12 months, only WNHS have improved their results this year, with Ramsay maintaining the same results as

**“Senior staff should be encouraged to support their juniors when it comes to bullying, harassment and discrimination. Unfortunately, this is lacking in departments with a poor culture and I believe this is due to seniors' own levels of stress and fear of it affecting their career opportunities. There should also be an anonymous pathway for juniors to report members of the healthcare team without fear of it affecting their own assessments and future career path.”**

2024, and all other Employers scoring worse than last year, with PathWest again standing out with the worse score of 45% compared to 62% last year, and NMHS also scoring notably worse with 52% (compared to 66% in 2024).

#### Did not EXPERIENCE bullying, discrimination or harassment

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	78%	63%	74%	45%	68%	61%	50%	73%	81%
2024	68%	70%	79%	62%	62%	78%	53%	69%	73%
2023	62%	65%	77%	N/A	64%	66%	48%	62%	81%

In 2024, we examined the results across all Employers as to whether respondents were formally reporting these behaviours when either experiencing or witnessing them, noting across the board it was twice (or more) likely for behaviours to go unreported than be formally reported, and more likely for those witnessing the behaviours to formally report them, as opposed to those directly experiencing them. We note no discernible improvement in formal reporting of behaviours this year, acknowledging many Employers have been actively working on improvements in this area following 2024's results, with this being a key area of concern discussed in advocacy meetings last year, and understanding that changes, especially workplace reporting culture, can take some time to take effect.

#### Reporting vs Non-Reporting

	Bullying (Experienced)		Bullying (Witness)		Sexual Harassment (Experienced)		Sexual Harassment (Witness)		Discrimination (Experienced)		Discrimination (Witness)	
	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
Yes: Reported	6%	5%	10%	8%	1%	1%	2%	2%	1%	2%	3%	3%
Yes: Unreported	18%	18%	27%	25%	6%	3%	6%	5%	13%	12%	21%	18%
Total: Yes	24%	23%	37%	33%	7%	4%	8%	7%	14%	14%	24%	21%



## TERMS, ROSTERS & WORKLOAD

This category unfortunately sees the most significant decline in results overall across the board this year compared to 2024. Only WNHS have improved their overall grade to a C (from a D grade in 2024) achieving significant improvements in their results for roster compliance, notice and accuracy, as well as a significant improvement in claiming of overtime, and a notable reduction in the amount of unrostered overtime being worked. CAHS and WACHS have both dropped to a C grade from a B in 2024, with NMHS, Ramsay and SJOG all unfortunately dropping to a B grade from their previous A grades last year.

### ROSTERING & WORK HOURS

After ongoing efforts by the AMA (WA) in recent years to address roster and term allocation compliance, as well as highlight issues with inaccurate rosters and the subsequent potential likelihood of unpaid work hours (also impacted by historical difficulties with claiming unrostered overtime), we are pleased to note all WA Health HSPs have improved their results this year for roster and term allocation notice and compliance, as well as rosters reflecting actual expected work hours and claiming of unrostered overtime. Only SJOG and Ramsay have gone backwards in results for some of these measures.

WNHS have achieved the most significant improvement in results for roster compliance, scoring 77% for Agreement compliance (compared to 51% in 2024) and also scoring 87% (compared to 62% in 2024) for rosters being released at least two weeks in advance.

Rosters are effectively utilised as timesheets within WA Health, so any score below 100% for whether rosters reflect actual expected working hours is cause for concern. It indicates a potential likelihood of unpaid work hours, or alternatively, may be indicative of regular roster changes occurring after rosters have been posted, potentially contrary to the Agreements, given rosters can only be changed after posting either by genuine agreement or in an emergency.

Whilst we positively note, as reflected in the table below, all Employers have improved their scores this year for rosters reflecting accurate working hours, with SMHS achieving the most significant improvement, scoring 76% (up from 57% last year), we would still like to see the results closer to 100%, noting WNHS have scored significantly lower than all other Employers in this area, with a concerning low score of 47%.

#### Rosters reflect actual expected working hours

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	73%	74%	76%	86%	76%	74%	47%	90%	86%
2024	63%	70%	73%	76%	57%	70%	45%	89%	80%
2023	74%	64%	67%	N/A	52%	75%	59%	64%	75%

### UNROSTERED OVERTIME

The majority of Employers have introduced streamlined, centralised, electronic overtime claim processes in recent years. Following HHC-related advocacy in this area, it is encouraging to see the majority of WA Health HSPs have further improved their results for DiTs claiming

“ Currently unhappy with my roster - has changed multiple times since initially being published including which terms I am rostered to. Have not spoken up as want to apply for a training program. Hospital currently trying to make changes to rostering but have not been asking for feedback from the people it affects which is frustrating.

all unrostered overtime, with WNHS the most improved and with the highest score overall of 71% (up from 49% in 2024 and 21% in 2023), followed by CAHS with a score of 51% (up from 36% in 2024 and 26% in 2023).

Concerningly, PathWest have maintained their extremely low score of 12% from last year, with WACHS scoring the second lowest across the board with 39% (a slight improvement from last year's score of 36%, noting this was also a significant decline from 2023's score of 55%). WACHS' results have come as no surprise, as AMA (WA) industrial and DiT representatives have recently been working with WACHS Executive to address ongoing concerns and improve overtime claim processes, successfully advocating for the removal of a pre-approval requirement introduced last year, with WACHS working towards implementing an electronic claim system in the near future. Despite the improvements noted, the overall percentage of unrostered overtime being claimed (between 12 and 71%) still indicates a significant amount of unrostered overtime hours worked continue to go unpaid.

#### DiTs claim all unrostered overtime

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	51%	59%	69%	12%	53%	39%	71%	59%	61%
2024	36%	49%	63%	12%	47%	36%	49%	63%	64%
2023	26%	36%	63%	N/A	38%	55%	21%	52%	53%

In examining the results as to the specific barriers to claiming all unrostered overtime reported by DiTs, and comparing to last year, we note the prevalence of DiTs not claiming due to the claim process being difficult or complicated has again significantly reduced this year (after also improving last year), which is clearly attributable to many Employers introducing streamlined simpler claim processes. Workplace cultural expectations have also historically been a barrier to claims, and it is encouraging to see less DiTs reporting this as a barrier to claiming overtime compared to previous years, reflecting ongoing efforts by Health Executive, including the Director-General, to encourage DiTs to claim genuine overtime worked.

Given the many improvements within this category, it begs the question as to where the decline in the overall category results has come from.

The amount of unrostered overtime being worked has increased across the board, with the exception of SMHS and WNHS, who significantly improved in this area, scoring 80% (54% in 2024). The biggest increase in unrostered overtime hours being worked was at CAHS, scoring 57% (from 78% in 2024), followed by Ramsay, SJOG, and EMHS, indicating a concerning increase in workload across the board. We also note a decline in the majority of Employers' results for the amount of leave relief, after hours, or TBA terms being allocated.

### Unrostered overtime <5 hours per week

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	57%	57%	66%	82%	66%	71%	80%	66%	69%
2024	78%	69%	72%	93%	57%	77%	54%	80%	82%
2023	79%	65%	70%	N/A	63%	79%	65%	87%	85%

## ON-CALL & FATIGUE MANAGEMENT

In last year's report we highlighted the need to modernise current telehealth practices and remote recall provisions, noting a significant prevalence of teleconsult work being undertaken, including by DiTs, many of whom are frequently contacted repeatedly for advice, interrupting sleep and daily activities. We highlighted concerns that this work was not being appropriately remunerated nor thoroughly monitored from a fatigue management perspective.

For those respondents who work on-call overnight, only **42% indicated they always get the following day off when returning to work overnight**. Respondents were also asked to rate their safety level after being on call overnight with respect to feeling safe physically returning to work the following day and providing safe patient care, with a highly concerning **26% either frequently, or sometimes, feeling unsafe and/or having to take the day off**.

### Average hours of sleep when on-call overnight

Respondents were also surveyed for the first time on the average hours of sleep managed when working on-call overnight. As shown in the table below, concerningly **81% managed less than seven hours sleep**

Less than 1 hour	6%
1-2 hours	5%
2-3 hours	8%
3-4 hours	19%
4-5 hours	26%
5-7 hours	27%
7-8+ hours	9%

**on average**, with an alarming **45% indicating they only usually manage between 3-5 hours' sleep on average**.

**“Weekend on calls for some specialties are just mad. I received over 150 calls a few weekends back. Non-stop. Sometimes for quite trivial things or for things that could wait until a weekday. I suspect some specialties just need more staff on over a weekend, or there needs to be more robust rules for when someone can be called if they are in fact, on call and not rostered on site. To be honest, it's not a safe working environment for patients or staff.**

**“ Being awake and giving phone advice all night for \$12 an hour and being expected to work all of the next day is not appropriate.**

All of the above in totality paints an alarming picture regarding current on-call practices from a WHS fatigue management risk perspective. These issues were a key focus of discussions during WA Health Agreement negotiations last year, with an agreed independent review now underway and recommendations to be delivered prior to the next Agreement negotiations aiming to resolve these long-standing issues.

## ADMINISTRATIVE DUTIES

This year, we surveyed respondents on the average hours spent in an eight-hour shift on clerical or administrative tasks such as completing discharge summaries or chasing records. As outlined in the table below, **41% of total respondents reported spending 2-4 hours on administrative tasks in an average eight-hour shift** – this is a significant amount of time that would be better utilised seeing patients or participating in vital training and education. Respondents were also surveyed on whether the systems and resources (including IT, clinical, and communication systems) needed to do their job were easily accessible and reliable, **with 33% of respondents responding “sometimes” and 14% responding that systems and resources were “never” or “rarely” accessible and reliable**. We note numerous

optional comments by respondents also highlight these issues as well.

As we mentioned earlier, WA Health have committed to a review into DiT workflows, with the aim of reducing administrative burden and inefficiencies, and we look forward to the outcome of this review, which should lead to significant improvements in this area.

### Time spent on admin duties in average 8-hr shift

0-0.5 hours	3%
0.5-1 hours	10%
1-2 hours	21%
2-3 hours	24%
3-4 hours	17%
4-5 hours	12%
6-7 hours	3%
7-8 hours	3%

## ACCESS TO LEAVE

With improving access to leave being a key focus of prior HHC-related advocacy, following F grades across the board in 2022, and many Employers actively implementing initiatives to improve leave access in recent years, we are pleased to note all Employers have significantly improved their results this year, with A and B grades all round. CAHS warrant a special mention, having significantly improved to a B grade from last year's D grade, having previously scored an F grade every year between 2020 and 2023. SMHS have also achieved a significant

improvement in this area with a B grade (D grade in 2024), as well as WNHS with an A grade (C grade in 2024). As mentioned earlier, we introduced a new grade of A+ this year for scores of 90% and above, and both NMHS and SJOG have accomplished an A+ grade for access to leave this year.

As detailed in the table below, all Employers have improved their results for both access to annual leave and professional development leave (PDL).

#### Rating of access to Leave (inc AL & PDL)

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	70%	74%	91%	94%	75%	82%	86%	80%	89%
2024	49%	67%	92%	66%	48%	80%	60%	78%	88%
2023	42%	60%	87%	N/A	45%	79%	66%	75%	84%

When also looking at the specific results for whether annual leave applications were processed within two weeks, which is a clear requirement within the WA Health Agreement, after highlighting concerning low results last year, we do note improvement across the majority of WA Health HSPs, with WNHS achieving the greatest improvement, followed by PathWest, SMHS and CAHS. However, the fact the results range between 49% and 93% indicate ongoing compliance issues.

Examining the results for whether PDL applications have been responded to within four weeks, which is a requirement under the WA Health Agreement, we also note improvement across the majority of WA Health HSPs, with CAHS being the most improved followed by WNHS, and only WACHS and EMHS scoring lower in this area compared to last year.

## WORKPLACE ENTITLEMENTS & FLEXIBILITY

After only D and F grades across the board last year, we note many Employers have improved their results in this category, though it is still the category with the lowest scores overall this year. SMHS, WNHS, CAHS and EMHS have all improved their prior F grades in 2024 to a D grade this year, with Ramsay, SJOG and NMHS all achieving a C grade this year compared to a D grade in 2024.

### PAY ERRORS

As reported previously, pay errors have consistently been an issue across the respective years primarily within WA Health, with those issues also extending to Ramsay and SJOG last year.

Respondents are asked to report on how many of their last five payslips (representing the prior 10 weeks) were free of errors. We note all Employers have improved their results compared to last year, with Ramsay being the most improved, scoring 51% (compared to 14% in 2024) followed by NMHS with a score of 41% (compared to 10% in 2024) and also being the top two performers in this area. However, despite improvement, the results overall are concerningly low, being 19 to 51%, indicating pay errors continue to be a significant problem. We are aware of internal

changes by NMHS to ensure improved accessibility of medical workforce staff for DiTs to approach with pay errors, which has likely factored into their significantly improved scores this year.

Respondents were also asked how easy it is in general to fix pay errors, with **31% of respondents overall indicating pay errors have been difficult and time-consuming to resolve (requiring greater than an hour of their time) or that they are still awaiting resolution.**

Respondents were also asked this year about the impact pay errors have had on them, with **16% of all respondents indicating they had spent considerable time on resolution or had to get assistance from the AMA (WA) and 5% of all respondents indicating pay errors had a significant impact on them and caused financial difficulties.**

Overall, this portrays a stark picture of ongoing frequent pay errors, with considerable time also being spent by DiTs trying to deal with these issues.

#### No errors in the last 5 payslips

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	22%	19%	41%	30%	25%	23%	30%	51%	26%
2024	15%	13%	10%	12%	10%	22%	19%	14%	8%
2023	7%	15%	32%	N/A	21%	15%	22%	59%	42%

## ACCESSING EMPLOYMENT ENTITLEMENTS

After being surveyed for the first time in 2023, we note the majority of Employers have continued to improve their results this year as to whether a DiT feels able to access their employment entitlements without adverse pressure. WNHS stands out as the most improved, with a score of 93% (and the second highest score overall) compared to 72% in 2024, with both CAHS (77% in 2025, 59% in 2024) and SMHS (80% in 2025, 63% in 2024) also significantly improving their results in this area. Similar to last year, for respondents who reported feeling pressured to not access their employment entitlements, it was twice (or more) likely respondents reported that pressure came from medical workforce or administration, as opposed to more senior Doctors.

### MANDATORY TRAINING

We have continued to raise concerns around a lack of adequate work time being provided for mandatory training across the board and this posing a potential WHS risk, with this being specifically surveyed for the first time in 2023 - a year in which the AMA (WA) also intervened to ensure all WA Health interns were paid appropriately for all training required on commencement.

It is encouraging to see that, similar to last year, all Employers have further improved in this area, with SMHS being the most improved (45% in 2025, 26% in 2024) followed by WNHS (42% in 2025, 24% in 2024). However, the scores overall remain concerningly low, which as we noted last year, indicate either a significant prevalence of mandatory training not being completed, or DiTs undertaking this in their own time without appropriate pay - anything less than 100% is cause for review and potential concern.

## Allocated work time for mandatory training

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	49%	42%	56%	50%	45%	48%	42%	49%	73%
2024	34%	31%	55%	38%	26%	41%	24%	40%	58%
2023	13%	19%	41%	N/A	16%	30%	14%	39%	57%

## JOB SECURITY & PARENTAL LEAVE ACCESS

We have previously highlighted ongoing job security concerns, noting DiTs are usually employed on fixed-term contracts – initially three-year contracts upon commencement as an intern, with usually 12-month contracts thereafter.

As we initially reported in 2023, there has been prior commitment from WA Health Executive and the Chief Medical Officer to provide nominal training-length contracts to DiTs where desired (instead of 12-month contracts) which would hopefully improve job security concerns. However, we are disappointed to note this has not yet been implemented. We note there has been improvement in this area compared to last year, with 49% of total respondents (compared to 39% in 2024 and 2023) feeling their job would be secure if they accessed parental leave, and improvements across all Employers, with WNHS and NMHS being the most improved. However, we remain concerned that the results are not higher – in today’s day and age no-one should feel concerned that they may not have a job to return to if they take parental leave.

## Can access Parental Leave without concern for job security

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	68%	68%	78%	88%	65%	70%	70%	73%	74%
2024	65%	66%	68%	79%	58%	63%	59%	67%	70%
2023	55%	55%	67%	N/A	53%	67%	50%	62%	72%

## PART-TIME & FLEXIBLE WORK ARRANGEMENTS

Last year, we flagged issues raised around the availability of part-time, noting some Employers would only offer 0.5 contracts for example, with only 64% of respondents last year indicating they felt there were sufficient FTE options for part-time DiTs in their workplace. This year, we note 31% of total respondents indicated they would prefer to work part-time, with only **52% indicating they either had, or felt able to, negotiate a part-time work arrangement with their Employer that suited their needs. 46% of respondents also felt that working part-time negatively impacted on their access to educational opportunities or desirable term placements.**

Last year, we also highlighted the need to modernise current part-time provisions and the difficulties many part-time DiT experience with the inability to secure fixed working days and the subsequent impact and increased costs incurred with childcare arrangements. The results this year again indicate the need for greater flexibility and equity in work arrangements, which would hopefully have a positive impact upon attraction and retention and subsequently, staffing levels.

## TEACHING & TRAINING

Given the critical aspect of adequate teaching and training to a DiT’s career progression and professional development, it is encouraging to note overall improvement, with several Employers improving their grades within this category, following alarmingly poor scores overall in 2023 and some minor improvements last year. WNHS and SMHS have both improved with a C grade this year (from a D grade last year), NMHS have improved from a C grade last year to an A grade this year, and PathWest have achieved an A grade, improving from a B grade last year. However, there is definitely still room for further improvement in this important area, given having sufficient appropriately trained and specialised Doctors is a critical component of a functional health system in WA.

“Applying for training is an all encompassing process. Applications are convoluted and frustratingly detailed, and yet there’s not nearly enough training positions to make that effort worthwhile. The number of positions make minimal sense compared to the population demand and clinical need. Consequently, the workload (irrespective of being in a training program) is frankly unmanageable. This makes the job incredibly stressful and challenging as is, but when the training application process (along with its nonsensical bottlenecks) is added- it becomes very hard not to feel completely disheartened, hopeless, and disillusioned.”

## FORMAL TEACHING

We note significant improvement across all Employers except WACHS, whose results are unchanged, with respect to DiTs being able to attend formal teaching.

Reviewing the specific results for whether adequate formal teaching is provided, we note unfortunately whilst some Employers have improved, others have gone backwards compared to last year. SJOG has scored the highest overall (unchanged from last year) whilst PathWest, the highest performer last year, has dropped backwards to 77% (from 91% last year) with WACHS also dropping backwards from 71% last year to 64%. WNHS is the most improved (62% in 2025, 50% in 2024) followed by Ramsay (76% in 2025, 67% in 2024).

## Adequate formal teaching provided

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	59%	65%	80%	77%	61%	64%	62%	76%	83%
2024	62%	69%	77%	91%	56%	71%	50%	67%	83%
2023	54%	63%	73%	N/A	64%	74%	55%	64%	78%

## PROFESSIONAL DEVELOPMENT AND EDUCATION COSTS

Following ongoing concerns on rising professional development and education costs, which were a key focus of Agreement negotiations in 2024, this year we also surveyed respondents on their average costs over the past 12 months including training College fees, exam fees, conferences, and courses to benefit a training application.

We note many respondents, both Registrar (Trainee & Service) and Senior Registrar/Fellows, reported incurring costs of \$20,000 – \$30,000 over the past 12 months. Given the professional development allowance in the Agreements currently range from just over \$6,000 for Interns and RMOs, almost \$11,000 for Registrars, and just over \$15,500 for Senior Registrars, even with factoring in the current Agreement-linked annual \$4,000 DiT Support Payment, these results indicate a significant amount of costs being incurred personally by DiTs.

## SERVICE REGISTRARS & TRAINING PROGRAMS

This year, following ongoing concerns raised from DiTs around adequate available training places in WA and training bottlenecks, we included a number of additional questions relating to training programs, as well as specific questions for Service Registrars. Service Registrars, who are highly experienced Junior Doctors, many of who may be awaiting successful entry into a desired specialty training program, play a critical role within the health system, with several hundred respondents this year identifying as Service Registrars.

We note **46% of Service Registrars felt their roster was significantly different to a trainee (a DiT on a training program) roster**, with the main reported differences being more night or evening shifts (32%), followed by less non-clinical time (20%), then more on-call shifts (14%).

Service Registrars were also asked whether they ever had concerns they refrained from raising due to potential detrimental impacts on referee reports they required for selection onto a training program, with **36% of respondents responding in the affirmative**. Concerningly, we note many optional comments by respondents stating they have felt unable to raise concerns with rosters and excessive work hours (including being rostered 24/7 on-call), or with bullying and discrimination (including pregnancy) issues, due to fearing negative consequences on their career prospects, including needing a reference from Management to get onto a training program. A surprising **53% also confirmed they had not ever been provided with formal written feedback on their performance as a Service Registrar**. With respect to training programs, we note only **48% of all survey respondents felt there were adequate training opportunities in WA**.

**“ Service regs are being flogged by a system that does nothing for them. There's no formal training provided. Now you also have to pay for a CPD home, which gives you no actual teaching or resources. It just creates more poor morale in service reg ranks. They also have no protection from poor behaviours. Seniors can do and say whatever, because ultimately you're dependent on their references to progress. You have no college back up. All rostering etc is managed in house in many teams, so there are no ways to raise any issues. Making rosters look good on paper is the norm. ”**

For respondents who either are currently on a training program, or had applied for entry into a training program (including Service Registrars), **30% felt the selection process for entry into their training program was not transparent**.

A worrying **34% indicated that the process of applying for training had affected their wellbeing**, with many optional comments highlighting issues of stress, anxiety and/or burnout related to the process, as well as detrimental impacts upon family (including having to move interstate to get onto a desired training program), or having to hold off on starting a family due to the demands of trying to get onto a training program, as well as some respondents flagging issues of prolonged waits for, or not being notified of, outcomes of applications or not receiving feedback on their application.

Altogether this portrays an insightful but fairly grim picture of the reality for many DiTs trying to advance their specialist training and career. Whilst we acknowledge this is a nationwide matter, with many of these issues also highlighted in the annual nationwide [Medical Training Survey](#), funded by Ahpra and the Medical Board of Australia, we hope there are actions able to be taken at a State-wide and local level to address some of these concerns.

**“ As a service registrar, I feel I don't get a lot of teaching in the speciality you are working in but are expected to work as a specialist doctor. Often any teaching that is put on doesn't fit with the roster that you are given. I think there is also a reluctance for seniors to support service registrars in speciality roles. Also as a service registrar I feel that I don't often get feedback unless something was to go drastically wrong and I was to be told off. ”**

## RECOMMENDED

Introduced for the first time in 2023, respondents are also asked whether they would encourage other DiTs to choose their Employer. We are pleased to see all Employers improve upon their 2024 results except for WACHS, who have dropped from an A to a B grade (79% in 2025, 85% in 2024).

Same as last year, NMHS and SJOG are again the top performers overall, scoring A+, with both improving upon their 2024 scores (94% in 2025, 91% in 2024). PathWest are the most improved, followed by WNHS, with both improving from a C grade in 2024 to an A grade this year, with notable improvement from both SMHS, improving from a C grade in 2024 to a B grade this year, and CAHS improving from a D grade last year to a B grade this year.

DiTs would recommend others to choose this Employer

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	73%	85%	94%	82%	76%	79%	81%	88%	94%
2024	59%	80%	91%	62%	60%	85%	67%	80%	91%
2023	57%	78%	91%	N/A	65%	86%	67%	71%	89%

## 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. The table below outlines the percentage prevalence of moderate/high burnout levels amongst respondents within each Employer (the lower the score, the better).

After flagging concerns the last two years on the prevalence of burnout levels overall, and specifically within WNHS and CAHS, we are encouraged to see notable improvement across the majority of Employers, which is likely linked to the significant improvements in access to leave this year. However, there still needs to be further improvement across the board to ensure a healthy and safe workforce. CAHS are the most improved with 62% (80% in 2024), followed by Ramsay with 49% (65% in 2024), then WNHS with 70% (83%). SMHS, NMHS, EMHS and SJOG have all improved from last year. However, both PathWest and WACHS have scored slightly worse than last year.

### Moderate/High Burnout

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2025	62%	55%	40%	60%	60%	58%	70%	49%	45%
2024	80%	58%	48%	56%	70%	55%	83%	65%	46%
2023	79%	64%	46%	N/A	75%	58%	71%	71%	52%

## CONCLUSION

With more junior doctors than ever completing the HHC survey, it continues to be one of the most powerful tools in the AMA (WA)'s advocacy arsenal, with the results continuing to be instrumental to many final-year medical students choosing their first Employer, influencing positive changes at HSPs, factoring into Agreement negotiations, and helping to shape the DiT Practice Group plans and advocacy efforts going forward.

As we do every year, we have written to each Employer with a copy of this report, inviting them to respond in the June-July edition of *Medicus* to their results and the areas of concern highlighted, and also offered to meet with Chief and Medical Executive to discuss the results in more detail. The AMA (WA) and DiT Practice Group representatives look forward to engaging collaboratively with the System Manager and all Employers to understand and address some of the key issues highlighted in this year's HHC, continue to improve DiT working conditions and culture, and ensure the DiT journey continues to be a safe, positive and empowering experience.

HHC 2025 KEY FINDINGS	
<ul style="list-style-type: none"> <li>Record survey, with almost 1,500 participants</li> </ul>	<ul style="list-style-type: none"> <li>Notable increase in unrostered overtime hours worked</li> </ul>
<ul style="list-style-type: none"> <li>For the first time since HHC began in 2015, no F grades recorded</li> </ul>	<ul style="list-style-type: none"> <li>45% working on call overnight get 3-5 hours sleep and work the next day</li> </ul>
<ul style="list-style-type: none"> <li>1 in 3 experiencing bullying, discrimination, or sexual harassment</li> </ul>	<ul style="list-style-type: none"> <li>More than half say there aren't enough training opportunities in WA</li> </ul>
<ul style="list-style-type: none"> <li>IMGs almost twice as likely to experience discrimination</li> </ul>	<ul style="list-style-type: none"> <li>1 in 3 felt applying for training had affected their wellbeing</li> </ul>
<ul style="list-style-type: none"> <li>1 in 3 fear negative consequences in speaking up or reporting adverse behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Significant improvements in access to leave</li> </ul>
<ul style="list-style-type: none"> <li>52% overall have moderate/high burnout (61% in 2024)</li> </ul>	<ul style="list-style-type: none"> <li>Improvements in Morale &amp; Culture but decline in Wellbeing</li> </ul>

Look out for the June – July Edition of *Medicus* which will include responses from Employers/HSPs to their 2025 HHC results



### Dr Natalie Ferrington

Co-Chair, Doctors in Training Practice Group

### Dr Owen Taylor-Williams

Co-Chair, Doctors in Training Practice Group



### Industrial Relations

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