



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.
ABN 91 028 693 268

30 June 2022

Mr Paul Alsbury
Deputy Independent Commissioner
Against Corruption
GPO Box 11066
Adelaide SA 5001
evaluation@icac.sa.gov.au

Dear Mr Alsbury

Re: ICAC investigation into practices of the Central Adelaide Health Network

On behalf of the Australian Medical Association in South Australia (AMA(SA)), thank you for the opportunity to provide a submission to the evaluation by the Independent Commission Against Corruption (ICAC) of aspects of the practices, policies and procedures of the Central Adelaide Local Health Network (CALHN). In developing this submission, I sought input from members of the AMA(SA) Council, which over time has been publicly vocal on health-related issues examined by ICAC, including calls for an open inquiry into maladministration of the Oakden mental health facility.

First, Council believes it is of utmost importance that all procedures and policies within CALHN, including those relating to financial matters but also those that establish practices and protocols across the LHN are, and are seen to be, free of corruption, and minimise the possibility of mismanagement. As taxpayers and members of the state's health system, we would expect that systems are in place to ensure issues relating to financial mismanagement are identified and addressed as quickly as possible, with the openness and transparency required of a publicly funded entity. There must be scrutiny of the financial arrangements for all staff members, contractors and consultants, such that any opportunity for or incidence of practices such as 'double dipping' that may add costs to the health system or do not 'pass the pub test' are highlighted and addressed.

AMA(SA) has been made aware of instances where 'double dipping' could occur; for example, if a specialist were to be paid by SA Health for providing clinical services in a regional hospital at the same time as they would bill their services under a 'fee for service' arrangement. We ask whether, if such an arrangement existed, who or what entity would receive the 'fee for service' payment?

In relation to complaints and wrongdoing, our experience aligns with workplace culture issues more than those related to financial mismanagement. Here, our major sources of information are the annual AMA(SA) Hospital Health Check surveys, which ask doctors in training – that is, junior doctors – a series of questions about their experiences as hospital interns. This year, as in previous years, the doctors in training who responded to the 2021 survey (results of which are available here) reported high level of bullying and harassment and overwork. However, of particular interest to this examination is that respondents at CAHLN hospitals felt they could not confidently raise these issues with senior staff or employers: 19 per cent at the Queen Elizabeth Hospital and 17 per cent at the Royal Adelaide Hospital. AMA(SA) Council suggests that if the prevailing system and culture dissuade doctors from reporting these adverse events, there can be no comprehensive

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inquiry or sanction that could or would punish offenders and minimise the likelihood of repeat offending.

Unpaid overtime was another topic considered by the 2021 survey respondents: between 21 and 23 per cent of respondents at metropolitan hospitals reported that working unpaid overtime was affecting their wellbeing.

In response to questions about having personally experienced or witnessed bullying or harassment, the 2021 Hospital Health Check results indicated that senior medical staff, medical colleagues and nursing staff were the main perpetrators. AMA(SA) Council suggests that these results demonstrate a mismanaged culture that allows negative behaviour to occur, such that affected staff members cannot perform at their best – and, in fact, put themselves and their patients at risk. Fatigue, rostering with inadequate breaks, and excessive shift work are known to lead to detrimental outcomes for patients, but it seems there is still some way to go in management's recognition of these issues such that the LHN is improving working conditions.

In December 2019, AMA(SA) publicly criticised a report into SA Health by the then-Independent Commissioner, Mr Bruce Lander QC, as providing no 'smoking gun' that pointed at those responsible for corruption within SA Health. At the time, we publicly questioned the value of another investigation that could damage innocent staff who had felt under constant siege in an atmosphere of negativity while failing to address real issues among the guilty. More than three years later, we hope that your evaluation will have meaningful and valuable results, and at the same time prevent additional pressure on CALHN staff – staff who have now tolerated as an additional burden nearly 30 months of COVID-19.

Please contact me at any time if you wish to discuss any of the issues raised in this letter, by calling or emailing Executive Assistant Mrs Claudia Baccanello on 8361 0109 or at President@amasa.org.au.

Yours sincerely



Dr Michelle Atchison

President
AMA(SA)