

AMA(SA) 2023 HOSPITAL HEALTH CHECK



SOUTH AUSTRALIA

Action sought on workplace conditions



The latest Medical Training Survey reveals there is still much to be done to support junior doctors in their hospital workplaces.

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Chair, AMA(SA) Doctors in Training Committee

Introduction

In September 2023, the Australian Health Practitioner Regulation Agency (Ahpra) conducted its now-annual Medical Training Survey (MTS).

Across Australia, more than half (54.4%) of all doctors in training (DiTs) responded. Of those, 1,550 were in South Australia, a slight decrease from the 1,583 who participated in the survey the previous year.

In recent years, the AMA(SA) DiT Committee has used the MTS data to explore the prevalence of cultural and safety issues affecting junior doctors in South Australia's training hospitals. The annual reports provide self-reported data to increase awareness of these issues and their impacts on individuals and their capacity to provide best-practice care, and to support AMA(SA), the DiT Committee and our partners in working to improve conditions for junior doctors. This year, for a hospital to be included and identified in the report it needed to have at least 10 respondents working predominantly in that hospital for the period being investigated.

Of the South Australian respondents:

- 15% reported working in rural or regional hospitals
- 2% identified as having a disability
- 1% identified as Aboriginal or Torres Strait Islander
- 39% described themselves as international medical graduates (IMGs).

As has been the case in recent years, the responses highlighted ongoing issues related to the workforce and workforce capacity, education and training, standards of hospital facilities, and cultural concerns such as bullying.

Workplace culture

The MTS indicates that while still below desired levels, hospital culture has improved nationally,

including in South Australia. Overall, 80% of DiTs in SA reported a positive workplace culture, a significant increase from 74% last year and now equal with the national average.

As was the case nationally, a higher proportion of South Australian DiTs reported feeling their hospitals support their wellbeing - 78% compared to 76% last year - and that their workplaces support work/life balance - 69% compared to 65%. This has led to 63% of DiTs reporting they have good work/life balance, up from 61%.

The highest levels were at the Lyell McEwin Hospital (LMH) and Queen Elizabeth Hospital (QEH) with 83% and 81% respectively reporting a culture of supporting staff wellbeing, 73% and 71% reporting support for work/life balance, and 67% and 66% reporting having a good work/life balance.

The Women's and Children's Hospital (WCH) performed worst in all areas, with only 45% of DiTs stating their work supported work/life balance and 40% reporting they do not have a good work/life balance. The latter result was 17% worse than the next worst hospital.



Bullying, harassment, discrimination and racism

Bullying, harassment, discrimination and racism are still significant issues for DiTs in South Australia, with 20% of respondents reporting being victims of

at least one of these forms of unacceptable workplace behaviours in the past 12 months, compared to 21% last year. However, this apparent stagnation hides some worrying results, with some hospitals performing worse than last year. At Modbury Hospital, the rate of reporting of these incidents increased from 21% to 33%, while at the WCH it increased from 21% to 25%. Only at the LMH was there a significant improvement, with the proportion decreasing from 23% to 18%.

When reporting of experience of any of these behaviours is combined with reports of witnessing them, the proportion increases to 32% across all hospitals. Nationally, the MTS data indicates that senior medical staff are the most common perpetrators of bullying, discrimination, harassment and racism (45%). In South Australia the level of reporting has improved significantly over the past year, from 52% to 42%. These improvements were seen across every hospital (excluding Modbury, where there were too few responses to these questions). Despite the general improvement, senior medical staff still comprised 67% of cases at WCH and 60% at Modbury.

There has also been a significant improvement in bullying perpetrated by direct supervisors: 25% this year compared to 38% last year, and a marked difference from the national average of 42%. This improvement is seen most notably at the Royal Adelaide Hospital (RAH), 44% down to 9%, and LMH, 29% down to 0%, while at the Flinders Medical Centre (FMC) it increased from 35% to 44%.

Last year's *Hospital Health Check* noted the high incidence of non-reporting of bullying, discrimination, harassment or racism in South Australia, often due to fears of repercussions or that no action would be taken. This year, 68% of DiTs said they did not report bullying, discrimination, harassment or racism after the event, a mild improvement from 71% last year and similar to levels nationally but still unacceptably high.

QEH and FMC showed the greatest improvement in this area, from 64% and 78% last year to 55% and 59% respectively this year. LMH performed the worst, with 86% of cases going unreported.

At the RAH, 47% of DiTs stated it was not the accepted practice to report bullying, compared to a state average of 24%. At the WCH, key reasons were a lack of processes (40%) and a lack of

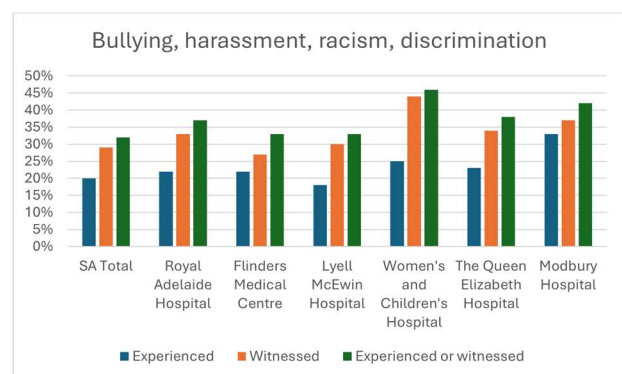
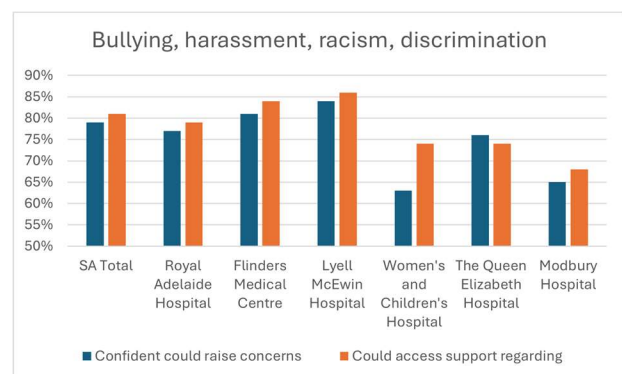
support (33%) compared to state averages of 17% and 24%.

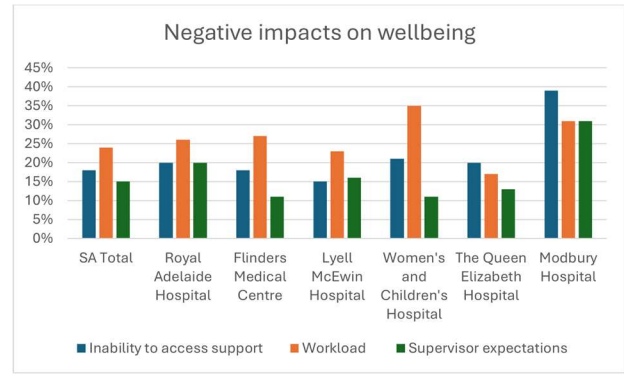
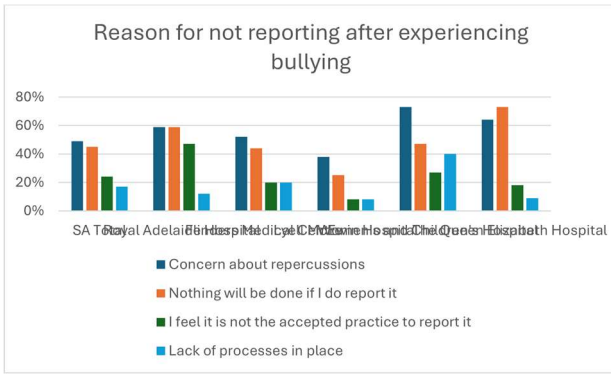
This year, 49% of respondents stated they did not report due to concerns for repercussions while 45% that nothing would be done.

The rates of follow-up in South Australia provide an unsatisfactory picture. The proportion of reports that were followed up dropped from 47% to 38%, well below the national average of 49%. At the RAH, the rate of follow-up dropped by more than half, from 72% to 31%. FMC's rate also decreased, from 46% to 37%.

Only 50% of victims reported being satisfied with the follow-up, a significant drop from 59% last year and 62% nationally.

Another factor that may affect South Australia's DiTs' apparent reluctance to report cultural issues is the higher rate of bullying by hospital administration (21%) compared to the national average of 14%. Statewide, 79% of DiTs stated their workplace does not tolerate bullying, discrimination, harassment or racism, slightly less than the national average of 80%. However, the feeling of the workplace not tolerating this behaviour was only 56% at Modbury and 63% at the WCH.





The 'Vanderbilt model'

The 'Promoting Professionalism Pyramid', known as the 'Vanderbilt model' and developed by the Vanderbilt University School of Medicine, is a tiered intervention approach to addressing problematic workplace behaviour. In last year's *Hospital Health Check* it was reported that the RAH had introduced the model to support staff's psychological safety and wellbeing and we highlighted early signs that the program may be having a positive impact on the RAH's workplace culture in respects to bully, harassment, discrimination, and racism. However, this year we find that the proportion of respondents reporting these behaviours at the RAH has dropped only 2%, from 24% to 22% – a small improvement and still below the state average of 20%. The rates of bullying, harassment, discrimination and racism perpetrated by a direct supervisor at the RAH dropped dramatically from 41% to 9%, but the rates of reporting bullying harassment, discrimination and racism decreased by 6% to only 28%.

Even more concerning was the significant drop in the proportion of reports that were followed up, from 72% to 31%, far below the state average of 50% and the national average of 62%. A significant reason for this may be the fact that 47% DiTs at the RAH reported that they believed reporting these issues was not an accepted practice, far higher than the state average of 24%.

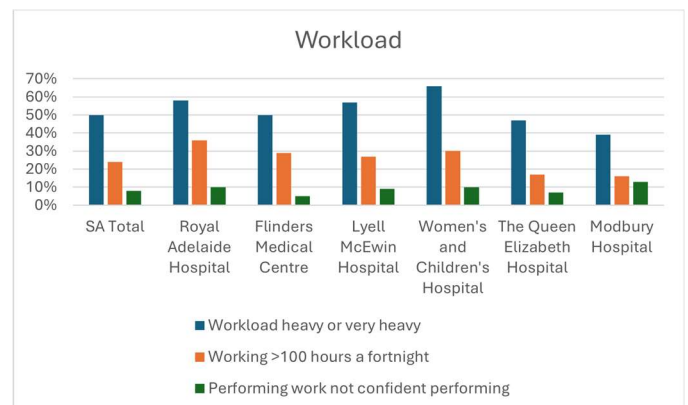
Overall, this data suggests that it is too early to determine the program's success. While it may have had an effect in the drop in number of DiTs being bullied by direct supervisors, which may in turn influence overall levels of bullying, there is still significant work to be done.

Workload

As well as an improvement in culture there has been a 5% reduction of DiTs reporting a very heavy workload in South Australia – from 14% to 9%. There was also a decrease in the proportion being asked to perform work they are not confident performing, from 11% to 8%. These factors probably contribute to the drop in the proportion of DiTs who said their workload negatively impacts their wellbeing, from 30% to 24%.

However, 50% of South Australian DiTs still report a heavy or very heavy workload and 24% work more than 100 hours a fortnight. At the WCH, 66% of DiTs said their workload was heavy or very heavy and 30% reported working more than 100 hours a fortnight. At the RAH, 58% described their workload as heavy or very heavy and 36% said they worked more than 100 hours a fortnight.

With so many DiTs working long hours it is pleasing to note that the proportion of trainee doctors being paid for unpaid overtime in South Australia increased again, from 73% to 76%, well ahead of the national average of 68%. FMC (87%) and RAH (84%) performed especially well in this area while WCH (68%) performed the worst.



Work facilities

Having appropriate working environments with access to computer desks has been a consistent issue for DiTs around Australia. There has been no overall improvement in this, with 63% rating their workspace as excellent or good in 2023 compared to 62% last year. However, individual hospitals had improved.

In rating their internet access, 79% of DiTs rated the internet at their hospital as good or excellent with the RAH the best performer (82%) and Modbury the worst (65%). At Modbury and the QEH, 9% described the internet access as poor or terrible.

The issue of inadequate workspaces and internet access will become even more significant after the rollout of the electronic medical records (Sunrise) program to all SA Health sites is completed. Without access to computers, desks and fast internet, doctors will no longer be able to offer high-standard care while working in a system that is increasingly dependent on technology.

Training and career development

In general, satisfaction with education in South Australia is at a similar level to the rest of the country; 87% of interns state that their education program is aiding their development, significantly higher than the national average of 81%. FMC (86%) and QEH (85%) had the highest rates of DiTs rating their overall education as excellent or good compared to a state average of 82%. Only 2% of DiTs rated their education as terrible or poor.

The proportion of DiTs supported by their employers to attend formal and informal training across South Australia increased from 74% to 78%. Individual hospital rates ranged from the WCH (67%) to the QEH (83%).

LMH had the greatest level of DiTs' satisfaction with hospital-wide teaching (74%), bedside teaching (91%), formal education (89%) and online modules (67%). FMC (86%) and QEH (85%) had the highest rates of DiTs rating their overall education as excellent or good compared to a state average of 82%.

FMC was reported as having the best unit or team-based education (88%) and WCH the best simulation-based programs (86%).

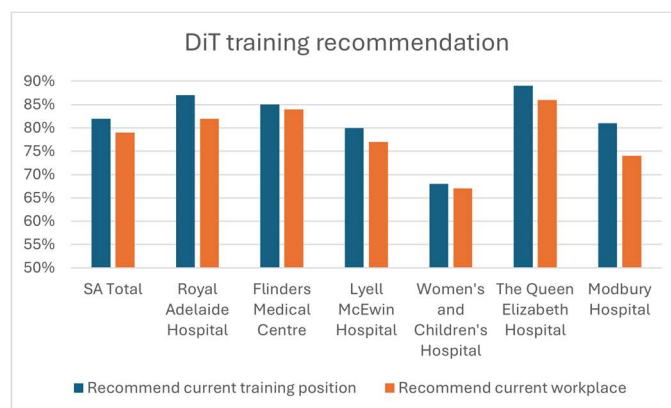
Only 67% of respondents in South Australia stated they had access to study leave, ranging from 72% at the QEH to 59% at WCH and 61% at Modbury.

QEH and RAH both offered the lowest level of access to GP trainees, making up only 2% and 1% of their respective workforces, in turn greatly limiting trainees' access to tertiary experience for advanced skills, pre-community year and upskilling rotations.

The report once again highlighted the huge training bottlenecks affecting the medical training system in Australia. This is highlighted by 36% of the DiTs in South Australia not currently on training programs wanting to pursue careers in surgery or anaesthetics, while current trainees in those fields only comprise 11% of all trainees. On the other hand, specialities such as GP (both the Australian College of Rural and Remote Medicine and Royal Australian College of General Practitioners), physician, emergency and psychiatry have higher proportions of current trainee roles than the number of DiTs interested in them across the country. This mismatch between desired career paths and opportunities led to 36% of DiTs being concerned they will not be able to enter or complete their chosen specialities, and 37% were concerned about finding jobs in Australia after training.

There is also decreasing interest in working rurally, with 42% of DiTs in South Australia reporting they are interested in rural medicine and 46% nationally.

Almost all (99%) interns reported undergoing an end-of-term assessment, with 90% stating it was relevant to their training and 88% finding the feedback useful, significantly better than the national average of 84 and 81% respectively.



In conclusion

The MTS survey of junior doctors indicates South Australia's hospitals have again performed satisfactorily when compared with their national equivalents, with a few exceptions.

The DiTs (48%) and IMGs (94%) in South Australia had higher rates of having professional development plans than the national average and 90% state these plans are helping their development as doctors. With the new two-year prevocational framework and the requirement for all doctors to have a CPD Home, it is expected that these proportions will continue to increase.

There has also been a significant increase in the number of IMGs working in the state. AMA(SA) and our colleagues should expand our systems and supports for this vulnerable group.

Sadly, both nationally and in South Australia we continue to have unacceptable rates of reporting of bullying, harassment, discrimination and racism.

Overall, there has been some improvement in workplace culture. AMA advocacy has contributed to highlighting the impacts of systemic cultural issues on doctors and their capacity to provide best-practice care, and to important legislative changes regarding the entities ultimately responsible for doctors' psychosocial safety.

However, it must be noted that the WCH was again the worst performer in South Australia. The issues are broad and include cultural and workforce issues, workload and systems concerns, and less-than-ideal facilities. Among WCH DiTs, 14% described their workspaces as poor or terrible, by far the worst result in the state. Workload was described as heavy or very heavy by 66% of WCH DiTs, the highest in the state; other negative results included the highest rates of unpaid overtime and workload negatively affecting wellbeing.

While the new WCH will improve facilities, these results demonstrate how junior doctors at the WCH feel about issues such as workload and wellbeing. They must be addressed immediately.

Finally, the report once again highlighted the training bottlenecks in Australia. As AMA DiT committees have noted, there is a need for significant workforce reform across the country, with changes in university and hospital-based training systems, improved data collection, and changes to perceptions of specialties currently being seen as being less desirable.

Recommendations

The AMA(SA) DiT Committee offers eight recommendations to improve working conditions for junior doctors in South Australia. AMA(SA), the DiT Committee and individual trainee doctors welcome opportunities to work with SA Health and LHNs to consider how these recommendations may be enacted to improve workplace conditions and safety and ultimately improve health outcomes for staff and patients.

1. SA Health establish statewide, uniform, evidence-based bullying, harassment, discrimination and racism reporting pathways with education during orientation on their use.
2. The systems, culture and workload at WCH be reviewed and improved before operations and staff move to the new site.
3. State and federal governments provide modelling to determine future population needs for non-GP and GP specialists across the country, to improve workforce planning and training bottlenecks and help students determine viable career paths.
4. NALHN examine the vastly different rates of reported bullying, harassment, discrimination and racism between the LMH and Modbury over the past 12 months.
5. SA Health explore and introduce means to support the increasing numbers of and cultural diversity among IMGs in South Australia
6. That CALHN continue to monitor the outcomes of the Vanderbilt model in addressing bullying and other issues at the RAH.
7. That CALHN increase training and development opportunities for GP registrars.
8. That SA Health improve access to acceptable working spaces (i.e., desks and computers) to ensure all doctors at all locations can deliver the best care to patients.

Further information

If you would like to discuss any aspect of this report, please email membership@amasa.org.au and a member of the team will get back to you.

Not a member of AMA(SA)? You can join at www.ama.com.au/sa to receive support and guidance on employment matters, in addition to a range of professional development programs, services and benefits to support your journey in medicine.



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