



AMA(SA)

2020 HOSPITAL HEALTH CHECK

THE AMA(SA) HOSPITAL HEALTH CHECK SURVEY

In 2020, the AMA (SA) Doctors in Training Committee surveyed doctors in training - including those at intern, resident medical officer (RMO), registrar (unaccredited and accredited) and fellow levels - to gather their views about their experiences as junior doctors in South Australia.

A total of 109 doctors in training across all South Australian hospitals responded to the survey.

The survey has been conducted in other Australian states since 2015 and this is the second year in South Australia.

This is a summary of the key findings of the survey.

One of the major themes was the need for funding more doctors in training to be employed to cover the workload, and leave, reduce overtime, and improve doctor wellbeing and patient safety.

Another common theme was not being paid for meal breaks that weren't taken. Doctors in training rarely take proper meal breaks as they are always contactable and due to heavy workload.

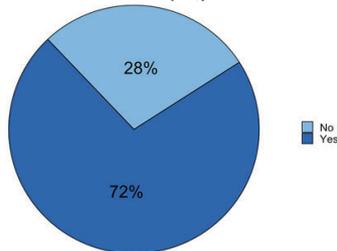
Findings indicate there must be more options for part-time and flexible working arrangements. Current rosters are extremely difficult for doctors with young children. There should be more support at work for parents, including breastfeeding and expressing rooms.

AMA Federal Doctors in Training have recognised this in their 2021 position statement, 'Medical parents and prevocational and vocational training'.

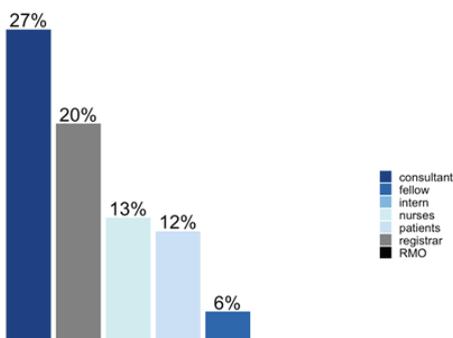
BULLYING AND HARASSMENT

Between 33.3% and 64.3% of survey participants in the four major teaching hospitals reported experiencing personal bullying or harassment from consultants, registrars, or nurses. Colleagues (medical or other) were identified as responsible for bullying or harassment by between 13.3% and 40.7% of participants.

Negative consequences of reported bullying



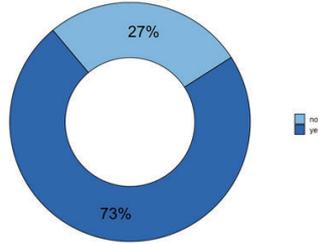
Source of bullying



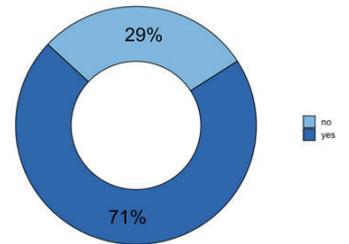
WELLBEING AND WORKPLACE CULTURE

Between 61.4% and 85.2% of doctors indicated concerns about making clinical errors due to fatigue. At one hospital, 92.6% of respondents reported being concerned about their personal safety due to fatigue - for example, due to experiencing 'micro sleeps' driving home from work. Between 11.1% and 33.3% of survey participants said they were unable to take mandated shift breaks.

Concerns of clinical error due to fatigue



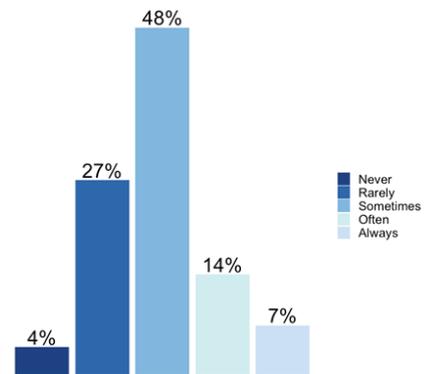
Concerns of personal safety due to fatigue



ACCESS TO LEAVE

Between 16.3% and 50% of participants in the different hospitals and health services had annual leave applications denied. When leave was approved, a lengthy approval process was experienced by as many as 26.7% of doctors. Between 20% and 35.7% of doctors reported rarely or never taking sick leave when they should.

How often take sick leave when needed



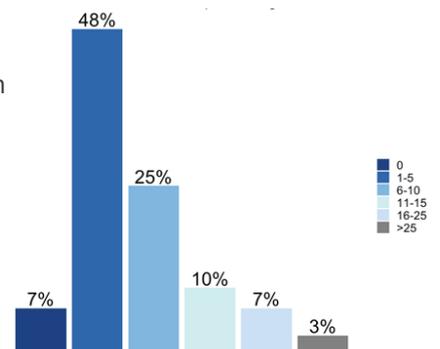
PROFESSIONAL AND CAREER DEVELOPMENT LEAVE

Between 20.9% and 60% of staff were told that professional development (PD) leave was denied because there was no staff to backfill their roles. For those who had leave approved for PD, between 2.3% and 33.3% had to take annual leave.

PAY AND OVERTIME

Between 18.5% and 43.8% of doctors at the teaching hospitals reported that their rosters did not match the reality of the hours they were working.

Hours of overtime per fortnight



	Flinders Medical Centre	Lyell McEwin Hospital	Royal Adelaide Hospital	Women's and Children's Hospital
Hours of work and overtime				
More than 15 hours rostered overtime per fortnight	31.2	26.7	11.1	4.5
More than 15 hours unrostered overtime per fortnight	12.5	0	11.1	11.4
Roster does not match reality	43.8	26.7	18.5	38.6
Paid less than half of the unrostered overtime claimed	6.2	53.3	7.4	2.3
Advised not to claim	25	46.7	18.5	11.4
Workplace culture				
Concerned about making clinical error due to fatigue	81.2	73.3	85.2	61.4
Concerned about safety due to fatigue	62.5	80	92.6	59.1
Do not take the mandated break between shifts	31.2	33.3	11.1	29.5
You would rate the hospital culture as poor/very poor	13.3	14.3	29.6	32.6
You would rate the hospital's support for wellbeing as poor/very poor	26.7	35.7	55.6	32.6
Annual leave and sick leave				
Have had annual leave applications denied	33.3	50	40.7	16.3
Preferred period of leave was unavailable	33.3	35.7	48.1	48.8
Was asked to find a replacement	26.7	0	14.8	4.7
Lengthy delay in approval	26.7	14.3	22.2	7
You rarely or never take sick leave when you should	20	35.7	33.3	32.6
Professional development (PD) leave				
Have had PD leave denied	33.3	21.4	37	20.9
Had to use annual leave for PD leave purposes	33.3	7.1	7.4	2.3
Told PD leave denied because of no backfill staff	60	28.6	29.6	20.9
Bullying and harassment				
Do not know how to report bullying and harassment	33.3	35.7	37	14
Concerned that reporting may lead to negative workplace consequences	80	71.4	70.4	72.1
Have experienced bullying or harassment	33.3	64.3	55.6	51.2
The source of the bullying or harassment was a consultant	13.3	28.6	40.7	25.6
The source of the bullying or harassment was a registrar	13.3	14.3	25.9	20.9
The source of the bullying or harassment was a nurse	13.3	35.7	7.4	9.3
The source of the bullying or harassment was a patient or their family	6.7	28.6	11.1	9.3
COVID-19 questions				
Not or only somewhat felt supported by employer regarding COVID-19	60.0	85.7	46.2	46.5
Not or only somewhat felt adequate communication regarding COVID-19	40.0	35.7	46.2	18.6
Did not have appropriate access to PPE	20.0	14.3	7.7	25.6
Did not have the opportunity to undergo mask fit-testing	6.7	28.6	0.0	4.7

FURTHER INFORMATION

If you would like to discuss any aspect of the 2020 AMA(SA) Hospital Health Check survey, please email admin@amasa.org.au and a member of the team will get back to you.

Not a member of AMA(SA)? You can join at sa.ama.com.au/join-ama-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.

DISCLAIMER

Caution should be taken when comparing results between hospitals and training levels. As junior doctors were not randomly allocated to hospitals, differences in attitudes and expectations of respondents could have introduced biases that could not be controlled. All differences among hospitals and training levels should be interpreted as specific only to the survey respondents at the time of the survey and should not be interpreted as representative of the experiences of all junior doctors in South Australia over time.

PARTICIPANT COMMENTS

Reasons for unclaimed overtime

- My timesheet was changed and 'corrected' by admin to add in breaks and take off overtime before it was signed by the head of unit. I was told about this and told I wasn't allowed to claim missed breaks or unapproved overtime.
- Timesheets expected 3 days prior to end of pay period
- Did claim all overtime
- Had to document why I was claiming the overtime and was worried it wouldn't be approved

Meal breaks

- 'Meal break' is often not a break but eating a meal - usually whilst working eg eating at the desk.
- Fatigue [is] largely secondary to night shifts with only a couple of days to readjust to day shifts
- In the surgical rotations, the workload on weekends and after hours is far in excess as to what can be safely completed by the number of rostered JMOs. I felt thoroughly unsupported, and even when seniors are asked for help they are unable or do not provide it. Furthermore, many of the surgical rotations for RMOs are roles which are unsuited to general RMOs and are more in keeping with a role that would be suited to a registrar (accredited or unaccredited registrar). These roles are similarly unsafe and under supported

Professional study

- Told no leave available at all due to staff shortage
- Had one PD leave cancelled but this was in the context of COVID-19 (and the course also got cancelled anyway)
- Made to feel like having PD leave is a luxury to be earned and an inconvenience to the department, especially as no backfill

Difficulty when applying for annual leave

- Leave denied
- Preferred leave period not available but then no alternative suggested
- Reliever not available despite only previously having had 1 week of annual leave for the year
- Having to apply for leave almost a year in advance and not finding out for several months, as well as only being able to take leave in week blocks.

Sick leave

- We have to email 3 people and make a phone call if we call in sick!!
- Asked to take on extra hours to make up for sick leave
- Requirement for sick certificate if taken on either side of days off

What one change if any would you like the AMA Doctors in Training Committee to advocate for at your hospitals

- Mental and physical health and burnout
- Flexible training options beyond shift-work rotations
- Needs more accredited advanced training positions; try and push the hospital into the 21st century
- More doctors so we can provide safe patient care
- Adequate staff numbers, more medical officers
- Regular, protected and paid education/teaching time (someone holding my pager)

Additional comments

- The Women's and Children's Hospital used to be a really enjoyable place to work but due to staff shortages that has changed substantially – everyone is tired and burnt out and overworked
- Trainees are feeling unheard and their concerns are not being met
- Overall the people are good, but currently there seems to be an increase in load and not at all enough staff to support this
- The RAH has this false reputation for being a centre of excellence. It rides on staff working for free and beyond the scope of their practice in order to function
- Bereavement leave is near impossible to get. A close friend died and I was told that I could not take leave because they were not a first degree relative. I was told quietly that I would not be able to successfully progress through training if I were to do it on part time basis