

SUMMARY OF THE KEY FINDINGS

LEAVE

The Women's and Children's (WCH) and Queen Elizabeth hospitals (TQEH) had the highest proportion of respondents unable to access protected study time or study leave, at 29% and 25% respectively. Smaller regional and rural hospital sites (which were included in 'Other' sites) had the least access to attending conferences, courses and external education events (21%). This probably reflects the additional staffing and travel barriers faced by doctors in these areas.

WORKPLACE CULTURE

Competition for training opportunities was highest in large centres including WCH (56%), Flinders (52%), Royal Adelaide Hospital (RAH) (49%) and Lyell McEwin (49%). Respondents felt least confident about raising issues of bullying, harassment and discrimination at TQEH (19%) and RAH (17%). At the RAH and Lyell McEwin, 10% of respondents would not recommend their current workplace as a place to train. One fifth to one half of respondents at all sites did not have training/professional development plans (21%-53%).

HOURS OF WORK

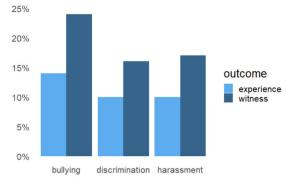
Over half of South Australia's doctors in training stated that their workloads were heavy or very heavy (52%), higher than the national average (48%). One quarter of South Australian respondents reported working an average of more than 50 hours a week in the month before completing the survey. All sites except Glenside and TQEH had more than a quarter of respondents indicate that workload was adversely affecting their wellbeing, with the highest at 39%. About one fifth of respondents at the RAH, TQEH, WCH, Lyell McEwin and Modbury found that working unpaid overtime negatively affected their wellbeing (21-23%). The highest proportion of respondents working over 50 hours a week in the month before completing the survey was at 'other' smaller hospitals (45%), followed by the major centres of RAH (36%), Mount Gambier (35%), Flinders (33%) and Lyell McEwin (24%).

BULLYING AND HARASSMENT

Overall, 22% of respondents in South Australia reported experiencing bullying or harassment and more than one third – 34% – had witnessed it. Respondents identified as the main perpetrators senior medical staff (53%) followed by medical colleagues (33%) and nursing staff (32%). At all sites where sufficient data was available, the main perpetrators were direct supervisors, (27% to 55% depending on the site).

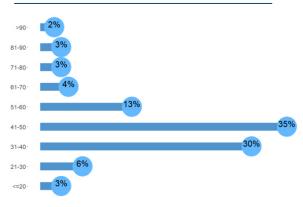
COVID-19

Between 35% and 57% of South Australian respondents at the different sites reported that their training opportunities were affected by COVID-19. More than half reported negative impacts on routine teaching (50%-64%) and about one-third reported a negative impact on workload (23%-67%).



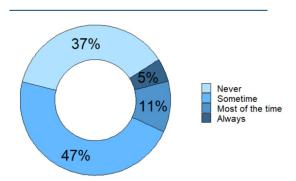
Bullying, discrimination, and harassment

In 2021, 22% and 34% reported experiencing and witnessing one or more of these behaviours respectivley.



Hours worked per week on average

In 2021, 25% of the sample reported working more than 50 hours per week on average in the past month.



Working paid overtime adversely affects wellbeing

16% reported that working paid overtime adversely affected their wellbeing most of the time or always.

FURTHER INFORMATION

If you would like to discuss any aspect of the 2021 AMA(SA) Hospital Health Check, 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.

South Australian Hospitals

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Questions	Flinders Medical Centre	Glenside Campus	Lyell McEwin	Modbury	Mount Gambier & DH	Royal Adelaide	The Queen Elizabeth	Women's and Children's	SA Other
Leave									
I do not have access to protected study time/leave.	22%	18%	21%	%6	%0	18%	25%	73%	18%
I am unable to attend conferences, courses and/or external education events.	12%	%9	%6	%6	%0	13%	12%	7%	21%
Workplace culture									
I have to compete with other doctors for access to opportunities.	25%	38%	49%	41%	32%	49%	47%	%95	79%
I am not confident that I could raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace.	%6	%9	10%	%9	2%	17%	19%	16%	14%
There is not a culture of proactively dealing with concerns about patient care and safety.	3%	%/	2%	3%	%0	2%	%9	10%	12%
I would not recommend my current workplace as a place to train.	3%	%0	10%	3%	%9	10%	4%	%6	18%
I do not have a training/professional development plan.	36%	NA%	33%	78%	21%	46%	39%	25%	23%
My day-to-day clinical supervision is mainly delivered by a specialist (including specialist GP).	%92	%68	%69	81%	94%	74%	%89	78%	%56
Hours of work and overtime									
The amount of work I am expected to do adversely effects my wellbeing.	27%	%0	798	78%	33%	79%	17%	39%	34%
Having to work unpaid overtime adversely effects my wellbeing.	17%	12%	73%	23%	%9	79%	21%	79%	23%
On average in the past month I worked over 50 hours per week.	33%	%0	24%	21%	35%	36%	21%	16%	45%
Bullying, discrimination and harassment									
In the past 12 months, I have experienced bullying/discrimination/harassment.	22%	27%	78%	18%	21%	25%	21%	24%	32%
The incident was followed-up after I reported it.	%95	NA%	%89	NA%	NA%	43%	NA%	NA%	NA%
The perpetrator was one of my supervisors.	36%	NA%	44%	NA%	NA%	34%	25%	27%	NA%
COVID-19 impacts on training									
Training opportunities were negatively impacted by COVID-19.	41%	21%	35%	45%	%95	38%	41%	51%	25%
Routine teaching was negatively impacted by COVID-19.	54%	64%	29%	%29	20%	25%	%95	61%	29%
My workload was negatively impacted by COVID-19.	36%	33%	34%	45%	%29	33%	23%	20%	36%

WHAT DOES THIS MEAN FOR DOCTORS IN TRAINING?

Dr Ekta Paw

Chair, AMA(SA) Doctors in Training Committee

For the past two years AMA(SA) has run its Hospital Health Check, a survey of the doctors in training (DiTs) at the major metropolitan hospitals, to highlight the issues that are important to DITs and compare conditions across hospital sites. Given the success of the national Medical Board of Australia's Medical Training Survey (MTS) in recent years, AMA(SA) Doctors in Training Committee decided to capitalise on the MTS data collection and use the data that focused on the South Australian sites.

A total of 1,502 doctors in training in South Australia responded in 2021, an increase from 737 in 2019. Through all years the greatest subset of doctors in training has been specialist non-GP trainees (42% this year), followed by prevocational trainees (19% in 2019 and 25% this year). Support for trainees, hours of work and leave, workplace culture, and bullying and harassment remain key areas of interest, with the new addition of how COVID-19 is affecting training.

Many of the issues highlighted by this survey have been identified as areas of advocacy by the AMA(SA) Doctors in Training Committee. It is validating, if disappointing, to see the data reflect this. As has been pointed out by spokespeople from the AMA and Colleges, these issues have a direct impact on doctors' capacity to perform their roles and, therefore, on the health outcomes of our patients.

Overall, fewer than half (44%) of prevocational and unaccredited registrars have training or development plans and only 54% report that they receive formal feedback. International Medical Graduates (IMGs) comprise a lower proportion since the travel restrictions were imposed in 2020 but still made up 10% of South Australian respondents. Fewer respondents were GP trainees (15% compared to 17% two years ago), which reflects reports that training numbers have decreased and concerns that in a few years there will not be enough GPs. These figures demonstrate the ongoing importance of advocacy for working and training conditions in prevocational and GP training and for IMGs, some of the AMA(SA) DIT Committee's key priorities.

Despite the position statements by the AMA and most training colleges recognising that fatigue, rostering with inadequate breaks, and excessive shift work lead to detrimental outcomes for patients, it seems there is still some way to go in improving working conditions. More than 80% of doctors in training reported that their workplaces are proactively addressing concerns over patient care and safety, yet only 25% of witnesses and 33% of victims felt they could safely report bullying and harassment. The AMA recognises that bullying and harassment are patient safety and workplace safety issues and provides comprehensive recommendations in the recently published Workplace Bullying, Discrimination and Harassment position statement.

There are some positive notes for South Australia in comparison to other states, including that 90% of interns (first year doctors) reported that their education programs were helping them develop as doctors compared to 79% nationally. Access to study leave (65%) and research opportunities (55%) were similar to the national averages (65% and 57%).

All doctors are aware of the many effects of COVID-19 in medicine and across society. It also seems to have additionally hindered the progress of many doctors in training. This is likely to have implications for future service delivery and specialist availability for the general population. It should be noted that in 2021 South Australia was relatively COVID-free. I anticipate these issues will only become more pronounced in the 2022 data. I hope that any such increase is in some way balanced by data indicating that workplace efforts to address bullying, harassment and the other issues affecting doctors' wellbeing are being implemented and are successful.

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