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[insert relevant HHS Chief Exec]

xx
xxx

By email: xxxxxx

Subject: Implementation of measures under amendments to the *Hospital and Health Boards Act 2011*

Dear Dr xxx

As you will be aware, the Queensland Parliament passed legislation in April 2023 to require hospital and health services (HHS') and their boards to proactively promote a culture to support the health, safety and wellbeing of staff in public sector health service facilities. The amendments also specifically impose an obligation on all HHS' to implement associated measures.

These changes have been called for by AMA Queensland for some time and we wholeheartedly welcome this proactive step to enshrine these responsibilities in law.

AMA Queensland's Committee of Doctors in Training (CDT) advocates collectively on the critical issues affecting doctors in training (DiTs). Of key concern to CDT has been the consistent reporting of poor wellbeing amongst DiTs through AMA Queensland's annual Resident Hospital Health Check (RHHC).

The RHHC has been run yearly since 2016. In 2022, 719 DiTs across 33 public hospitals were surveyed for doctor experience and wellbeing. Only 39% of respondents felt their hospital did enough for wellbeing and mental health. 58% were concerned about making a clinical error due to fatigue from long work hours; 19% had inadequate breaks between shifts; and 28% reported they had felt unsafe at work.

Alarmingly, 31% had experienced bullying, discrimination and harassment at work with 17% witnessing the same. Just 38% thought it was appropriately addressed when reported and 75% were concerned that reporting the matter might lead to negative consequences.

Our CDT is therefore keen to provide input to HHS' selection of measures for implementation under the reforms to help improve the wellbeing of DiTs. It has developed the following recommendations for consideration by all HHS' which represent immediate, readily-actionable measures that can be implemented in the short-term:

- increased access to security (e.g. when walking to car parks). This was particularly important to female staff; those working night shifts and persons who must walk

- considerable distance from the facility to reach car-parking or public transport locations, often past late night venues serving alcohol such as pubs and clubs;
- well-equipped designated doctors' areas with space for sleep and shower facilities;
 - healthy food options within the HHS;
 - coffee and tea facilities in staff tea rooms;
 - free sanitary items in female restrooms;
 - safe bicycle and scooter storage so staff can choose active travel options for commuting;
 - a dedicated wellbeing officer/champion and clear elucidation of existing wellbeing structures;
 - more education regarding industrial rights and how staff can advocate for improvements; and
 - consultation and involvement of DiTs in developments that affect their wellbeing and workplace e.g. dedicated representative role on Clinical Councils, consultation around major roster changes, feedback on planned capital works etc.

In addition to these short-term measures, AMA Queensland also recommends HHS' actively engage with staff and their industrial representatives to improve flexible work arrangements, including part-time hours, for DiTs. Our CDT identified this as a particular issue for parents and women, who are often juggling young children and development of their careers. Similarly, those with other carer responsibilities or a disability are disproportionately impacted by lack of flexible work arrangements.

In the longer term, AMA Queensland recommends a focus on overall cultural change, including the following:

- targeted interventions that reduce perceived and actual barriers to DiTs reporting bullying and harassment, recognising the vulnerability of this cohort within existing institutional structures;
- targeted policies and procedures that support workload and fatigue management among the DiT workforce, ensuring safe work hours and that all necessary overtime is paid;
- iterative development of quality formal teaching and training with a quality assurance process incorporating DiT feedback;
- supporting access to leave and accommodating clinical rotation preferences where possible; and
- ensuring that accommodation provided on rural and remote secondments meets basic standards in terms of cleanliness, safety features and access to essential services.

A purposeful strategy that prioritises DiT recruitment, retention and consideration of workforce distribution is essential to complement these interventions, ensure adequate staffing and support the sustainability and wellbeing of the DiT workforce into the future.

We would welcome an opportunity to meet with you to discuss how AMA Queensland can partner with [insert] HHS to support implementation of these measures as well as options to evaluate their effectiveness (e.g. through future AMA Queensland RHCs).

Yours sincerely



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AMA Queensland



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