

AMA(SA)

2022 HOSPITAL HEALTH CHECK



SOUTH AUSTRALIA

South Australian Hospitals

Questions	Flinders Medical Centre	Lyell Mcewin Hospital	Modbury	Not in a hospital	Royal Adelaide Hospital	The Queen Elizabeth	Women's and Children's
Quality of training experience							
I do not have a professional development or training plan	40%	27%	32%	19%	47%	32%	59%
I did not receive an orientational to my setting	7%	6%	8%	2%	10%	5%	7%
I rate the quality of my clinical supervision as terrible/poor	1%	3%	3%	2%	2%	2%	6%
I rate the quality of the teaching sessions as terrible/poor	2%	2%	0%	1%	4%	2%	4%
I rate the working space, such as desk and computer, as terrible/poor	18%	18%	9%	2%	21%	11%	20%
I rate the teaching spaces as terrible/poor	12%	12%	9%	3%	11%	9%	17%
My performance in my setting has not been assessed but I would like it to be	7%	6%	12%	1%	11%	6%	14%
I disagree/strongly disagree that I have access to protected study time/leave	23%	18%	11%	13%	26%	22%	35%
I disagree/strongly disagree that I would recommend my current training position	7%	9%	6%	5%	6%	1%	16%
I disagree/strongly disagree that I would recommend my current workplace as a place to train	7%	10%	11%	6%	7%	5%	23%
Workload and wellbeing							
The amount of work I am expected to do most of the time/always affects my wellbeing	32%	29%	23%	22%	31%	30%	41%
I would rate my workload in my setting as heavy/very heavy	62%	68%	40%	37%	60%	42%	66%
Bullying, discrimination and harassment							
I experienced bullying, harassment and/or discrimination	23%	23%	21%	14%	24%	21%	21%
The person responsible was senior medical staff	47%	56%	NA	40%	51%	57%	83%
The person responsible was medical colleague	40%	26%	NA	20%	41%	7%	26%
The person responsible was hospital management/admin staff	22%	51%	NA	23%	10%	7%	9%
The person responsible was in my team	37%	48%	NA	61%	55%	50%	52%
The person responsible was in my department but not my team	23%	27%	NA	22%	38%	30%	17%
The person responsible was from another department	49%	21%	NA	9%	43%	30%	26%
I did not report because of concern for repercussions	49%	43%	NA	35%	65%	NA	74%
I did not report because nothing will be done	60%	53%	NA	5%	47%	NA	63%
Future career intentions							
I am concerned I will not successfully complete my training program to attain Fellowship/College program	35%	46%	34%	18%	43%	34%	38%
I am concerned about whether I will be able to secure employment on completion of training	46%	47%	37%	15%	54%	55%	57%
I am considering a future outside of medicine	16%	16%	11%	19%	17%	11%	14%

Note: NA means the hospital did not meet the MTS minimum numbers to report the outcome.

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.

WHAT THE MTS RESULTS MEAN FOR JUNIOR DOCTORS IN SOUTH AUSTRALIA

Dr Hayden Cain
Chair, AMA(SA) Doctors in Training Committee



Once again the AMA(SA) Doctors in Training (DiT) Committee has used the AHPRA Medical Training Survey (MTS) to develop our South Australian Hospital Health Check (HHC). The MTS is a survey that can be completed by all DiTs, in this case including all doctors who are yet to fellow with colleges, when they apply for re-registration.

In the latest survey, 21,857 DiTs responded Australia-wide, within which 1,568, or 7%, were from South Australia. Of the respondents in this state, 80% worked in hospital settings compared to community such as GP and two-thirds in metropolitan workplaces.

While South Australia has a multicultural medical workforce – one-third of those who responded obtained their medical degrees overseas – sadly only 1% were from First Nations backgrounds. From an AMA(SA) DiT perspective there were two main areas of focus for this year’s data: bullying and harassment, and training and workload concerns.

Bullying and harassment are still major issues for DiTs both in South Australia and around Australia and as such have been a key focus for AMA Council of Doctors in Training (AMACDT) for several years. This year’s survey demonstrated why it remains a problem. With the exception of Mount Gambier (29%) and Noarlunga (7%) all South Australian hospitals with enough respondents to allow analysis of results (n=10) had similar rates of doctors who had been personally bullied or harassed in the past 12 months, ranging from 21 to 24%.

While this is low compared to the national average of 30%, a deeper analysis of the results shows a worrying trend. With three exceptions (Noarlunga at 21%, Mount Gambier at 25% and the QEH 27%), all South Australian hospitals had rates of having witnessed bullying or harassment higher than the national average of 30%, led by the WCH (41%), Modbury (39%), FMC (36%) and the RAH (35%).

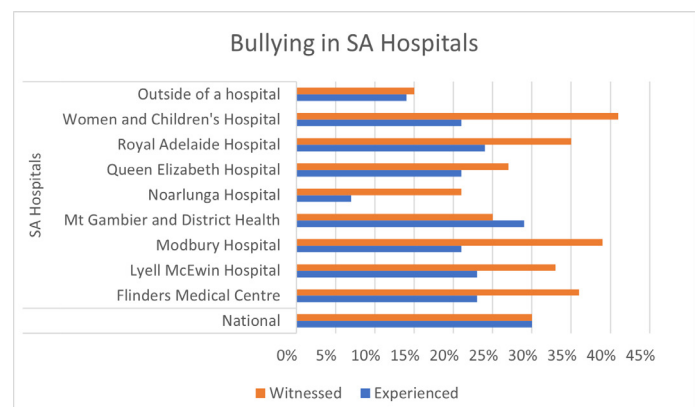
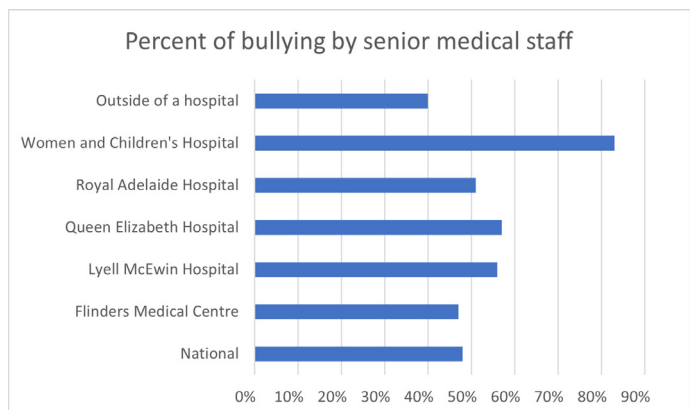
It may appear that the higher rates of witnessed compared to experienced bullying is less concerning. But we believe in South Australia that we may be under-reporting the amount of bullying being directly experienced by DiTs, for reasons including doctors’ belief that nothing will be done their and fear of repercussions.

In South Australia, it is more likely that the perpetrator

The 2022 Medical Training Survey, from which the South Australian Hospital Health Check (HHC) data was drawn, was conducted in August-September 2022. In South Australia, 1,568 surveys were completed by junior doctors working in:

- » Royal Adelaide Hospital (RAH)
- » Women’s and Children’s Hospital (WCH)
- » Lyell McEwin Hospital (LMH)
- » Queen Elizabeth Hospital (QEH)
- » Flinders Medical Centre (FMC)
- » Noarlunga Hospital
- » Mount Gambier and District Health (Mount Gambier)
- » Modbury Hospital.

More data and results are available at <https://www.medicaltrainingsurvey.gov.au/>.



of bullying is a senior clinician, with only FMC (47%) having a lower rate than the national average of 48%. At the WCH, being bullied by senior clinicians accounts for 83% of the reported cases, followed by QEH (57%) and LMH (56%). Reporting rates of bullying varied greatly around the state, from as low as 17% and 22% at the WCH and FMC to 36% and 34% at QEH and RAH.

These concerning low rates of reporting are worsened when the reasons DiTs aren't reporting bullying are considered. A majority of DiTs report feeling that 'nothing will be done – (WCH 63% and FMC 60%) or that there will be career repercussions, (WCH 74% and RAH 65%). The proportion of DiTs in South Australia indicating these are the reasons for non-reporting is well above the national average of 51% and 55% respectively.

A model for hope

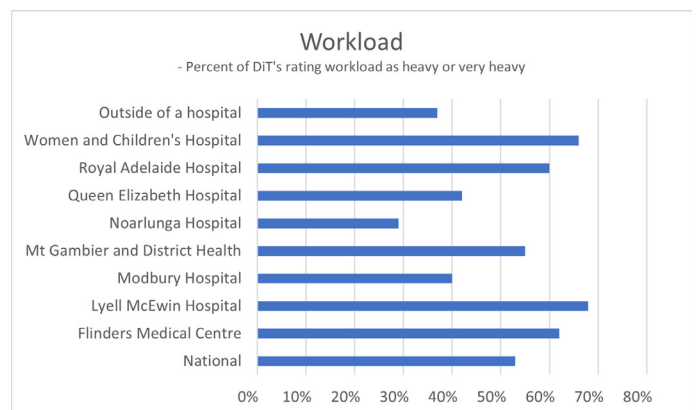
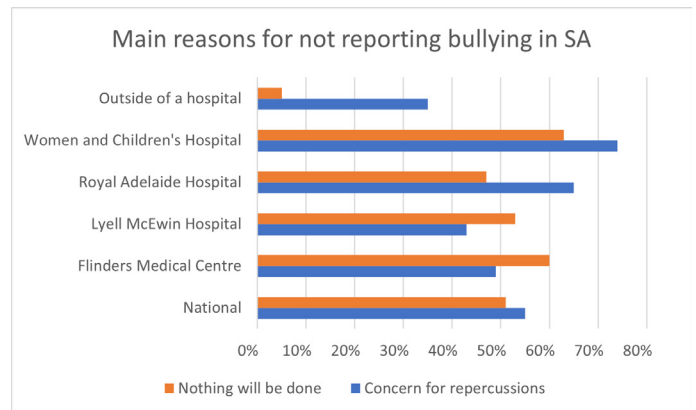
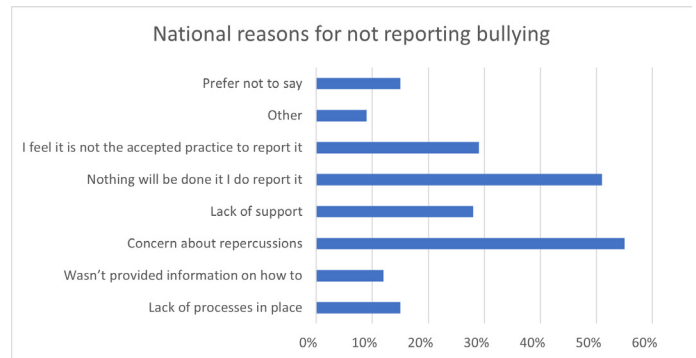
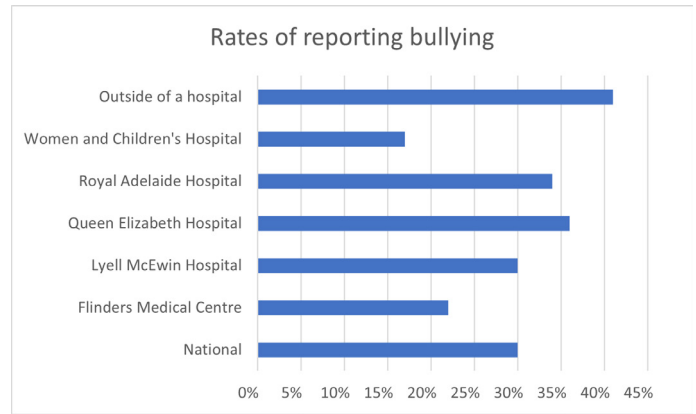
The one highlight from the bullying report was the effect of CALHN's implementation of the Vanderbilt professional behaviours model. The Vanderbilt model developed at the Vanderbilt University in Nashville is an internationally recognised workforce culture program with a heavy focus on communication strategies. A key feature is the development of a peer-to-peer support model in which co-workers of equal seniority and similar specialties have informal conversations highlighting lapses in professionalism in a non-confrontational or judgemental manner. While the RAH did have the highest rate of individuals experiencing bullying (24%, with 51% of the bullying by senior clinicians), it had the second highest rates of reporting witnessed bullying (34% behind only QEH with 36%). The RAH also had a rate of follow-ups to bullying reports of 76%, far better than either FMC (46%) or LMH (38%), as well significantly better than the national average of 47%. Of the reports that were followed up, 69% of respondents indicated they were satisfied with the results – once again, far better than the national average of 59%.

While we must acknowledge the strains that COVID-19 and the junior doctor shortage in Australia have placed on the state's health system, we are now well past the period of lockdowns. Still, the MTS is showing that working conditions for junior doctors are not improving. Among the major metropolitan hospitals only the DiTs at LMH had equal ability to access study leave when compared to the national average of 64% and at WCH that number was only 49%.

In addition, they were also more likely to report that their work responsibilities sometimes or often impacted their ability to perform training requirements, compared to the national average of 41%. This was worst at WCH and FMC with 62% and 49% respectively. Excluding Mount Gambier (95%), all South Australian hospitals had fewer DiTs describing their education as 'good' or 'excellent' than the national average of 81%.

Little praise for workplaces

However, not all the problems can be attributed to workforce shortages. Nationwide, 62% of respondents rated their workspaces as 'excellent' or 'good'; in South Australia, only Modbury (63%) exceeded the national



average in praising their workplaces. The worst-rated in South Australia were WCH (48%), Mount Gambier (50%), FMC (52%) and LMH (54%). Other than the RAH, our teaching spaces were also rated worse than the national average.

Given the DiTs' responses, it is not surprising that significant numbers indicated that workplace issues affected their wellbeing. With the exception of Modbury (23%) and Mount Gambier (25%), doctors at all South Australian hospitals exceeded the national average of 28% in reporting that their workload negatively affected their wellbeing most of or all of the time. At the WCH, the rate was 41%, Noarlunga 36%, FMC 32% and at the RAH 31%.

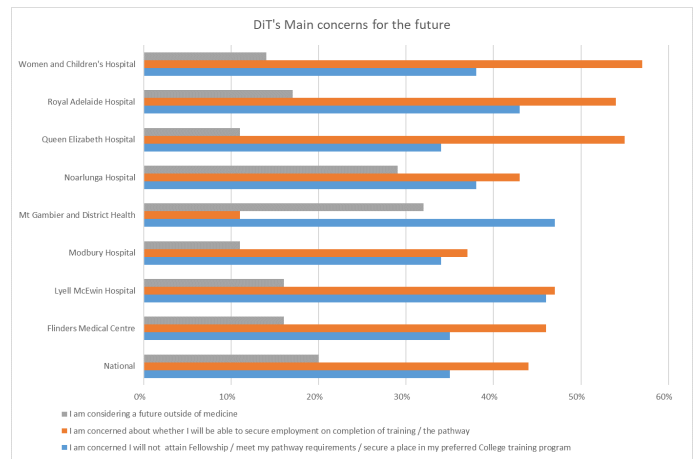
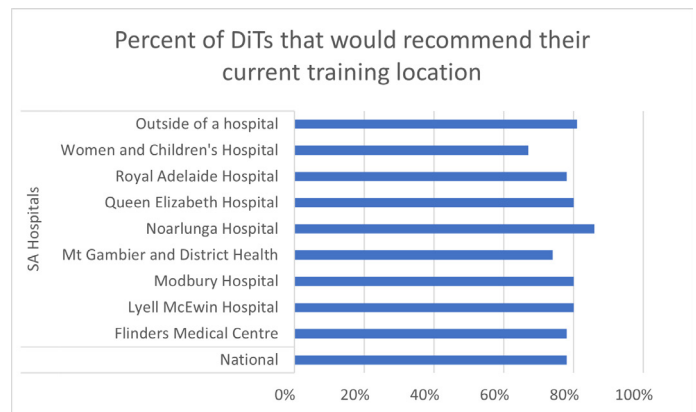
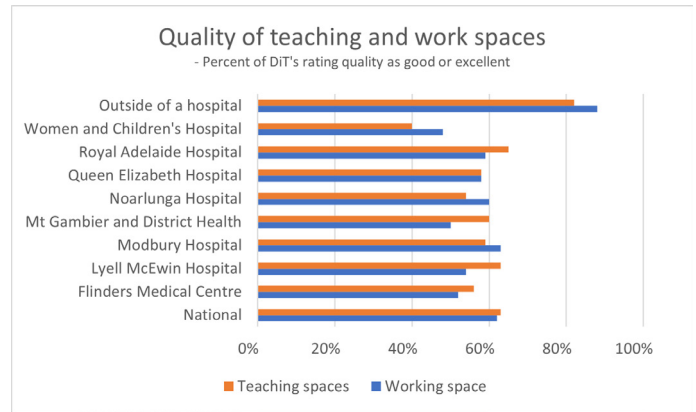
More than 60% of respondents at the LMH, WCH, FMC and the RAH described their workloads as 'very heavy' or 'heavy' - well above the national average.

The MTS has shown there are many issues affecting DiTs in this state that could affect their future careers. The proportions of DiTs reporting that they are concerned they will either fail to finish their fellowships or enter their chosen specialties are well above the nation average of 35% at all sites. This prompts questions about whether they are considering careers outside medicine – and the survey suggests as many as 32% of DiTs are thinking about it.

The MTS data clearly shows there are many major issues affecting DiTs in South Australia, from local staffing and resource issues to the toxic cultural and bullying problems in medicine – issues that if not tackled soon will only worsen. While the loss of accreditation of some rotations at the WCH has been discussed publicly in the media, the WCH is not an isolated case and all LHNs must start addressing their unique and shared issues as soon as possible.

Commitment to change

Still, there are positive findings. First, the Vanderbilt program introduced in CALHN appears to be increasing the likelihood that DiTs will report bullying. Second, despite the current issues, we have a higher rate than the national average of recommending our current workplaces. The AMA(SA) DiT committee plans on using this data to advocate for change, including providing adequate work and teaching spaces at all sites, ensuring access to necessities for career progression such as study leave for all doctors, and encouraging close monitoring the progress of the Vanderbilt system and the viability of rolling it out to all SA Health sites.



Further information

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