



**AUSTRALIAN MEDICAL ASSOCIATION**  
**(SOUTH AUSTRALIA) INC.**  
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## **‘DESTRUCTIVE AND DAMAGING’ BULLYING OF JUNIOR DOCTORS CONTINUES**

**A national survey of the country’s doctors in training shows one in five junior doctors in South Australia experiences bullying, harassment or other unacceptable behaviour.**

The Chair of the AMA(SA) Doctors in Training (DiT) Committee, Dr Hayden Cain, said the survey showed rates of bullying, harassment and discrimination varied from 18% at the Lyell McEwin Hospital to 33% at Modbury Hospital.

‘Despite increasing attention on this as an issue that affects doctors’ health, wellbeing, and capacity to provide best-practice care, the overall rate has improved by only 1% in 12 months,’ Dr Cain said.

‘When we combine the incidence of experiencing these behaviours and witnessing them, the proportion of junior doctors is 32% across all hospitals. As a junior doctor embarking on what I hope will be a long and satisfying career, I’m extremely disappointed that more isn’t being done to stop these behaviours, which are so destructive and damaging in health workplaces.’

**The South Australian results of the national Medical Training Survey (MTS) are being released in the AMA(SA) DiT Committee’s annual *Hospital Health Check* this morning.**

**Dr Cain and AMA(SA) Vice President A/Prof Peter Subramaniam will discuss the survey findings at the AMA(SA) offices at 175 Fullarton Road, Dulwich, at 11 am today.**

This year, 1,550 DiTs in South Australia completed the survey.

Dr Cain said there was some improvement in the major concern highlighted in the previous year’s *Hospital Health Check*, that senior medical staff are the main perpetrators of bullying, as reported by junior doctors – from 52% of respondents to 42%.

The 2021 and 2022 *Hospital Health Check* reports 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 that Dr Cain said was ‘unacceptable’.

‘These results continue to be extremely unsatisfactory,’ Dr Cain said. ‘Like the juniors in any job or profession, trainee doctors rely on their seniors and employers for leadership, advice, and the passing on of knowledge and experience. We must be able to approach and engage with our seniors, both in medical and other interactions, if we are to learn and develop as the doctors we have already spent many years studying to become.’

A/Prof Subramaniam said it was pleasing that most junior doctors are satisfied with the standard of education they are receiving, with 82% across the state rating it as excellent or good. However, he said, the report also highlighted a national ‘training bottleneck’ that prevents many students and DiTs embarking on their preferred path to a specialty and that causes concern about finding jobs after training.

'This is a problem that is leading to anxiety across the country,' he said.

Dr Cain said it was 'very troubling' that the Women's and Children's Hospital (WCH) performed badly on many measures and was the worst performer of the metropolitan hospitals.

'The issues are broad and include cultural and workforce issues, workload and systems concerns, and less-than-ideal facilities,' Dr Cain said. 'While the new WCH will improve facilities, the continuing issues with workload and wellbeing at the WCH and the worsening issues with bullying must be addressed immediately.'

The *Hospital Health Check* outlines eight recommendations for SA Health actions to improve junior doctors' workforce conditions.

'AMA(SA), the DiTs Committee and individual trainee doctors welcome opportunities to work with SA Health and Local Health Networks to consider how these recommendations may be enacted to improve workplace conditions and safety, and ultimately lead to better health outcomes for staff and patients,' Dr Cain said.

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 the Women's and Children's Hospital be reviewed and improved before operations and staff move to the new site.
3. State and federal governments provide data and 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. Northern Adelaide Local Health Network examine the vastly different rates of reported bullying, harassment, discrimination and racism between the Lyell McEwin Hospital and Modbury Hospital over the past 12 months.
5. SA Health explore and introduce means to support the increasing number of and cultural diversity among international medical graduates (IMGs) working in South Australia
6. Central Adelaide Local Health Network continue to monitor the outcomes of the Vanderbilt model in addressing bullying and other issues at the Royal Adelaide Hospital.
7. Central Adelaide Local Health Network increase training and development opportunities for general practice (GP) registrars.
8. 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.

**For more information, please contact AMA(SA) Senior Policy, Media and Communications Adviser Karen Phillips) on 0402 103 451.**