



AMA Queensland
Committee of Doctors
in Training

Ward Call Survey 2024





Ward call survey

Ward call refers to being rostered on to cover medical wards and provide care to patients outside of the hospital's regular working hours.

In 2023-24, the AMA Queensland Committee of Doctors in Training (CDT) conducted the inaugural Ward Call Survey of junior doctors, including Interns, Registrars, Junior House Officers (JHOs), Senior House Officers (SHOs), and Principal House Officers (PHOs), in Queensland public hospitals. A total of 280 junior doctors completed the survey.

Its results will be used to inform advocacy and policy making in this area.

Summary of results

The majority of the survey respondents (64 per cent) were doctors at hospitals in Southeast Queensland. The remaining respondents were relatively evenly distributed across the rest of the state with a slight skew towards Far North Queensland. Nearly half of the respondents were JHOs, and Interns and SHOs made up 27 per cent and 20 per cent of respondents respectively.

The average number of doctors rostered on ward call overnight was one to two, as indicated by nearly 60 per cent of respondents. This was the case for all respondents from Bundaberg, Gladstone, Gympie, Hervey Bay, Maryborough, Mater, Mount Isa, Redcliffe and Prince Charles Hospitals. Respondents from the Royal Brisbane and Women's Hospital (RBWH) reported having the largest number of doctors rostered on ward call overnight at an average of five to six doctors.

The average number of tasks respondents reported receiving per hour was 5-10, followed by 10-15. The most common amount of time respondents reported spending on each ward call task was 10-15 minutes. At this rate, the average respondent was unable to complete all tasks received within a reasonable timeframe.

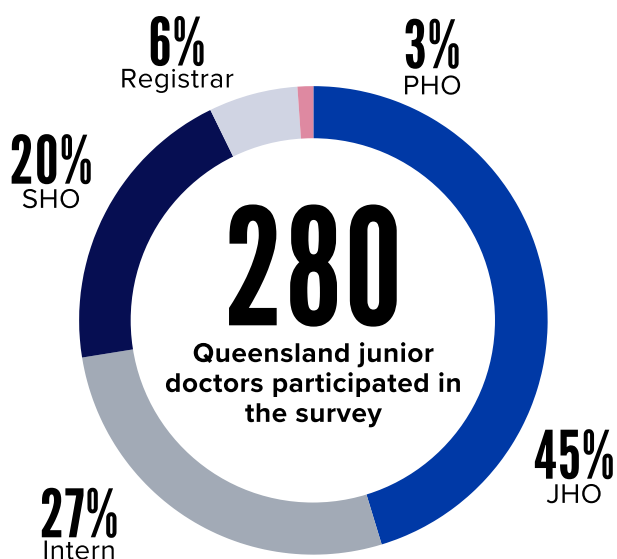
All Queensland hospitals are required to include buddy shifts as part of their intern program, but it is up to the individual Hospital and Health Service (HHS) to determine their nature and frequency. More than half of respondents reported not having a buddy shift prior to commencing ward call, with a further eight per cent unsure. The majority who reported not receiving a buddy shift were from the RBWH.

Junior doctors are also expected to receive a formal orientation upon commencing ward call and a debriefing on completion. However, 63 per cent did not receive formal orientation and 67 per cent were not offered debriefing. A combined 47 per cent of respondents did not receive either a formal orientation or debriefing.

The majority of respondents (45 per cent) reported having a handbook for ward call. However, a disproportionately large amount, at 22 per cent, were unsure. The hospitals where respondents largely reported having no handbook were Ipswich, Logan, Mackay, Maryborough, Princess Alexandra and Toowoomba Hospitals.

Physical safety is one of the largest issues on ward call, with 40 per cent of respondents rating their safety when travelling between buildings/wards a one out of five. In total, three out of four respondents felt either unsafe or very unsafe on ward call.

Survey snapshot



8.3%

of junior doctors surveyed reported safety concerns



2 IN 5

junior doctors surveyed reported their safety as a **1 out of 5** when travelling between wards
**one being the lowest*

Key areas of concern for ward call



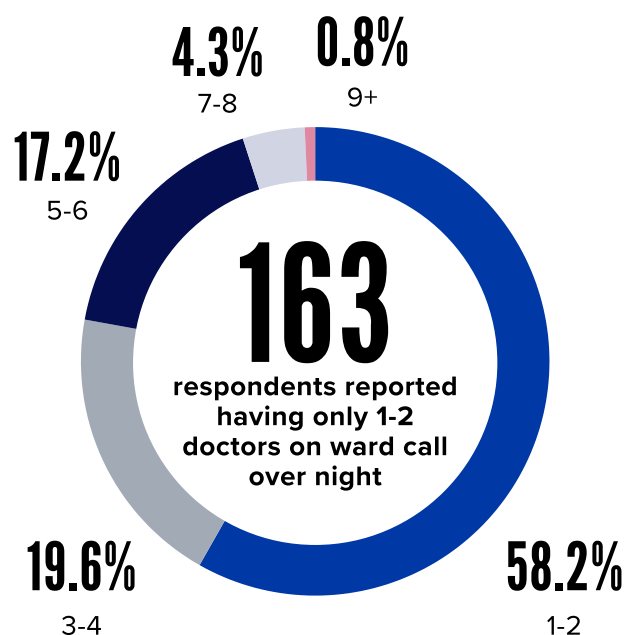
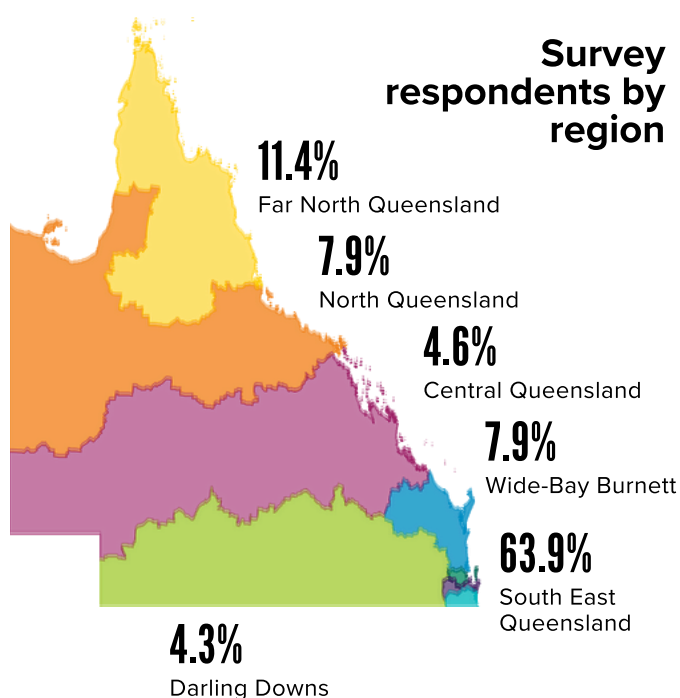
51% expressed concerns about **staffing**



31% expressed concerns about **procedures**



21% expressed concerns about **technology and resources**



The details

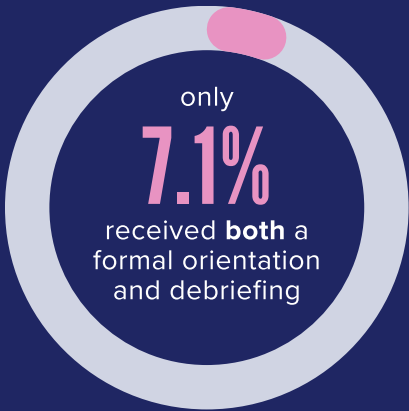
SUPPORT OFFERED ON WARD CALL



63% did not receive **formal orientation** for ward call



67% have not been offered a **debriefing** on ward call

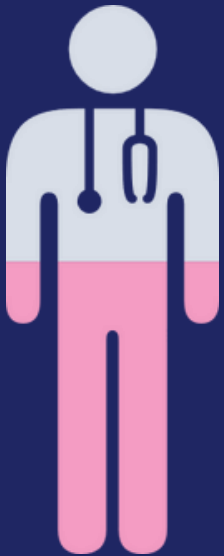
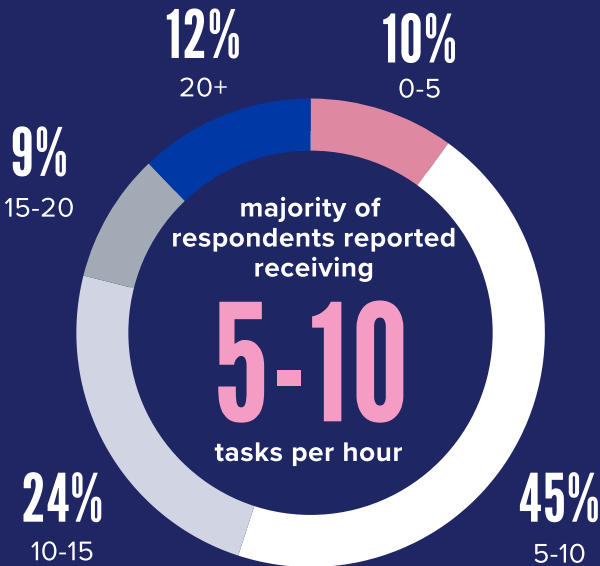


45%

of respondents had a handbook for ward call

33% said they had no handbook

22% were **unsure**



54%

of respondents had no **buddy shift** prior to commencing ward call

45% of the respondents without a buddy shift were **JMOs**

Respondent breakdown

Region	Hospital	Respondents	Main concerns*
Far North Queensland	Cairns Hospital	32	technology/ resources
North Queensland	Mackay Hospital	12	staffing
	Townsville University Hospital	7	staffing, workload
	Mount Isa hospital	3	-
Central Queensland	Rockhampton Hospital	13	staffing
Wide-Bay Burnett	Bundaberg Hospital	9	staffing
	Hervey Bay Hospital	9	staffing
	Maryborough Hospital	2	staffing, workload, technology/resources
	Gladstone Hospital	1	staffing, technology/ resources, procedures
	Gympie Hospital	1	rostering, procedures
South East Queensland	Royal Brisbane and Women's Hospital	50	procedures
	Ipswich Hospital	24	staffing
	Redcliffe Hospital	22	staffing
	Sunshine Coast University Hospital	16	technology/resources
	Princess Alexandra Hospital	15	staffing
	Queensland Children's Hospital	14	staffing
	Logan Hospital	13	staffing
	Caboolture Hospital	11	safety, procedures
	Mater Hospital	10	rostering
	Redland Hospital	3	staffing, guidelines/ training, procedures
Darling Downs	The Prince Charles Hospital	1	-
	Toowoomba Hospital	12	procedures

**based on optional feedback provided by respondents*



Major feedback breakdown

Respondents were also asked optional questions: Do you have any other comments on how ward call can be improved at your hospital? and Do you have any other feedback on ward call?

Of the 276 respondents, 157 provided feedback leading to 253 comments. Below is a summarised breakdown of the main topics mentioned in these responses.

Staffing

Of the respondents who provided feedback, over half expressed concerns about staffing. This was the highest reported concern among respondents, with the majority coming from doctors at Redcliffe Hospital.

"It is unsafe how understaffed our weekend ward call shifts are. There is nobody to escalate to if you have too many tasks to complete in a timely manner, because the reg on call is just as busy as you are."

"I often think if patients found out how few staff were on, they'd be shocked."

Rostering

Comments regarding rostering made up 15 per cent of the feedback provided. Notably, 10 per cent of total survey respondents from the RBWH mentioned rostering in their feedback.

"Doing seven ward call evening shifts in a row is very taxing and the rostering could be significantly improved."

"I think the 12/13 hr ward call shifts are horrid. I think there needs to be three shifts on the weekend rather than two... or even just split across RMOs so that you're not doing three to four weeks of ward call in a row."

Workload

Of those surveyed, 18 per cent provided feedback related to workload. Nearly a quarter of these responses came from doctors at Ipswich and RBWH.

"Need two Residents to cover whole hospital excluding ED and ICU to reduce workload, stress and to have better review time for patients' safety."

"Proportionately, the ward call's workload is heavier compared to pre-Covid, but the manpower roster is still the same as pre-Covid."

Technology/resources

More than one in five respondents expressed concerns about technology and resources, with 31 per cent of technology/resource related feedback from respondents at Cairns Hospital.

"Using a better program like Medtasker, giving us iPads so we can see stuff as it comes when we get busy, using the app only overnight."

"Loved having a task app. Made allocating, prioritising and tasks jobs some much easier. Mater uses Microsoft planner, which can take a while to update with new jobs, so that could be improved."

"ieMR medication prescribing would be very helpful to avoid tedious and often unnecessary recharting jobs."



Guidance/training

Comments regarding guidance and/or training made up 17 per cent of the feedback provided. These comments largely came from respondents at the Cairns and Mackay Hospitals.

“Including educational opportunities as we currently get zero teaching, including nursing staff who are competent at taking bloods and PIVC so that minimises our time doing them and we can review patients.”

“If daytime residents and regs had more time and education they could save night staff so much work. Doctors on the ward need to learn how many/which type of lines are needed for patients who need frequent bloods. Nurses on the ward need to be venepuncture and IVC trained. Surg regs need to appropriately and safely complete an admission including charting their own medicines.”

Safety

Of the respondents who provided feedback, 8 per cent expressed concerns about safety. Over 75 per cent of these concerns came from respondents in Southeast Queensland.

“Because of the very small number of doctors to turn for support after hours, a new intern can very easily feel overwhelmed and unsafe when completing shifts.”

“More medical staff should be hired overnight for ward call to improve patient safety and staff well-being.”

Procedures

Nearly a third of respondents expressed concerns about procedures, with 60 per cent of total survey respondents from Toowoomba Hospital mentioning procedures in their feedback.

“I wish we had a team meeting at the start of the shift to hand over patients and to know the names of people rostered on. At our hospital you have to find individual people to hand over to at the end of the shift and people are often busy/difficult to find.”

“Clearer escalation processes, more guidance around scope of role. Sometimes it is difficult to escalate concerns, and you are met with resistance, leading to hesitation to escalate concerns.”

Summary of feedback

This optional feedback section provided key context to the qualitative data collected from the survey. Specifically, these responses not only indicate the issues faced on ward call, but their impact.

A lack of adequate staff is a large causation for many of the other issues reported. Safety concerns were a common underlying theme, highlighting the consequences of the issues.



Case studies

Hospital at night

Ipswich Hospital has introduced *Hospital at night* (HAN), a system where ward call doctors are assisted by a blood nurse and an experienced nurse who triage phone calls overnight.

Survey results identify that HAN has been well received by staff, who described the system as “a lifesaver” and “the best”.

HAN also aligns with qualitative feedback from other hospital staff that indicates filtering calls or tasks through a team leader or senior nurse, and having nursing staff trained in venepuncture and cannulation rostered on overnight, would significantly reduce workload and allow doctors to focus on higher acuity patients.

Digital tasking apps received overwhelmingly positive feedback and are reported to improve efficiency and ability to prioritise highest acuity patients. They also present an opportunity for HHSs to monitor activity and provide appropriate staffing relative to workload overnight.

Medtasker

Tasking apps were mentioned in the majority of feedback from the one in five respondents who expressed concerns about technology and resources.

Respondents also reported that phone calls are highly inefficient, with repeated calls disrupting tasks. They preferred phone calls for urgent tasks and a pager or app for non-urgent tasks. Apps were largely preferred over pagers due to their ability to distinguish between urgency of tasks, something pagers cannot do. Pagers also frequently omit patient details or nurse contacts. Respondents expressed a strong preference for Medtasker or similar app.

“Getting repeated phone calls for non-urgent jobs whilst you're in the middle of doing something, for example, reviewing a patient or securing an IVC, is incredibly frustrating... I believe an app such as Medtasker would be incredibly useful to mitigate this and allow us to be able to triage and effectively do our jobs better.”

“MedTasker or similar program has been requested for many years but is not available yet.”

“An app would be better as we would then have complete details to prioritise and attend.”

“Using MedTasker is much better than just using a pager to triage jobs. I have had experience with both methods and the MedTasker is 110 per cent better.”



Recommendations

It is evident that doctors in training face overwhelming workloads on ward call, with associated risks to patient safety and doctor wellbeing.

The AMA Queensland CDT recommends the following nine actions:

1.



Implementation of digital tasking apps such as **Medtasker** at all hospitals
See more information on page 7

2.



Mechanisms to monitor workload and ensure there is appropriate staffing relative to workload.

3.



A handbook, formal orientation and access to buddy shifts should be available, advertised and widely accessible at all HHSs.

4.



Additional triaging of tasks by a senior clinician, such as a nurse, prior to being sent to a ward call doctor.

5.



Increase the number of ward call doctors on shift to ensure they have the time to upskill and upskill nursing staff to ensure standardisation in basic procedural skills (cannulation, venepuncture, etc.) with rostering that ensures a skilled staff mix overnight.

6.



Consideration of a dedicated intravenous cannulation nurse or venous access after-hours.

7.



Implementation of education and debriefing programs for doctors completing ward call.

8.



Roster management to minimise fatigue, such as reducing the number of consecutive shifts and ensuring transition to nights is in accordance with occupational health and safety principles that minimise circadian rhythm disruption.

9.



Ensure that capital building works and planning reflect safety principles for travelling efficiently between patient areas, including after-hours.

It should be noted that where the doctor/patient ratio exceeded 1:100, qualitative data about safety concerns significantly increased.

The AMA Queensland CDT supports the consideration of safety ratios after-hours to improve ward call.



Statistical disclaimer

Comparison of results among hospitals must be made with caution, as the survey did not involve a probabilistic sampling frame, but instead was open to the entire Queensland junior doctor population. Further, as junior doctors were not randomly allocated to hospitals differences in attitudes and expectations of respondents cannot be adequately controlled. This introduces biases into the results which cannot be accounted for. **Thus, all differences among hospital should be interpreted as specific only to the survey respondents and must not be interpreted as representative of the experiences of all junior doctors in Queensland.**

Before relying on the information contained in the survey results provided, users should carefully evaluate its accuracy, currency, completeness and relevance for their purposes, personal objectives and career goals, and should make their own enquiries, including consulting with the relevant hospital and staff. All analyses and reporting of results were undertaken by an independent statistician with a background in medical research.

The optional feedback data was collated categorically by topic. When respondents provided several pieces of feedback covering multiple topics, multiple responses were recorded in their respected topics.

Further information

If you would like to discuss any aspect of the 2024 Ward Call survey in detail, please email cdt@amaq.com.au or call **07 3872 2222**. Not a member of AMA Queensland? You can join at ama.com.au/qld/join to receive support and guidance on employment matters in addition to a range of professional development programs, services and benefits to support your career in medicine.

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