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**Transcript:** AMA Vice President, Dr Tony Bartone, and Chair of the AMA Council of Doctors in Training, Dr John Zorbas, Doorstop, AMA House, Canberra, 15 July 2017

**Subject:** AMA Safe Hours Audit

**TONY BARTONE:** Today we've released the 2016 *Safe Hours Audit* report. This is the fourth report that we've released since 2001 and shows an improving trend. However, it's a disturbing fact that, since the last report was issued in 2011, there has been no overall improvement.

What we've seen here is still one in two doctors working hours that put them at high risk of fatigue. That can only translate into higher levels of stress and, ultimately, will put patient care at risk. We're talking about doctors' health, we're talking about doctors' wellbeing as well. It's important to note that these hours will translate into increased incidences of fatigue, of stress, and ultimately puts their own health at risk.

These doctors are routinely missing lunch breaks, missing meal breaks, having to withhold toilet stops. They're working consecutive shifts, often back to back. What we're seeing here is a system that would not be tolerated in any other industry. Employers have an obligation to provide a safe workplace for their staff and for the others that frequent that workplace. Hospitals and community health practices are no exception to this rule.

We need to ensure safe working environments to protect our key resource: our doctors, as well as the patients they care for. This will translate into, obviously, improved productivity, improved outcomes, improved patient experiences, and better life expectancy and outcomes for doctors themselves.

**JOURNALIST:** Are patients' lives at risk here?

**TONY BARTONE:** What we're seeing here is that the system is under stress. We're seeing that the system overall is functioning at peak capacity and with no relief valve in that situation. There have been research reports overseas which have confirmed that errors are occurring.

What we're seeing here is that ultimately perhaps even the transit or the journey of the patient through the health system is being retarded; things are not being coordinated in an efficient way because of tiredness, because of fatigue and, obviously, when we've got a limited amount of health resources, when we have a limited budget, we need to ensure that the hospitals are really performing at peak efficiency.

**JOURNALIST:** Without going into details, are there any cases that you're aware of in Australia where a doctor's made a mistake because perhaps they were fatigued?

**TONY BARTONE:** What I am aware of is that doctors genuinely report being fatigued at work. Doctors genuinely and routinely report back to me of having a situation of feeling tired, of perhaps falling asleep at their terminal while doing the notes. This is not an environment that you want to have a vulnerable population, your patient, being exposed to in a routine manner.

**JOURNALIST:** Are certain departments worse than others? Are ED doctors working longer, for example, than a family GP?

**TONY BARTONE:** What we've seen from this report is that intensive care physicians and surgeons are working long hours more routinely than other doctors in other parts of the profession. So they're particularly at risk. Obstetrics and gynaecology is another specialty that was highlighted for working high stress long hours.

But it's important to note that it's not just the hours they work, it's the unrostered overtime that also goes into the mix. These doctors are rostered on for long hours but then, because of their duty of care, because the system is not coping under the stress, they're staying back longer and then working later and later. And then they go home to families.

And usually, particularly if you look at registrars, registrars often are working the highest percentage in terms of those hours compared with interns and consultants, they go home to study; they're in a training phase of their life. This is not work life balance, this is not good for their future, this is not good for their long-term wellbeing.

**JOURNALIST:** Just very briefly: are any States worse than others?

**TONY BARTONE:** What we've seen from the report is that it's a problem right around the country. There are some State differences, but it would be improper to single out one State; this is a problem for all. What we do want is to see that every jurisdiction looks at the Guide [the AMA's *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors*], it is an agreed guide but it's not a mandatory guide, that looks at flexible work practices, that looks at flexible arrangements, that looks at guide in terms of safe rostering. It's about rostering smarter, more efficiently, not about working less hours.

Doctors understand their responsibility and they want to learn and they want to be trained and they know that there is that need to work a certain number of hours, but they want to get the best out of it for them and to provide the best care they possibly can for their patients. Thank you.

**JOHN ZORBAS:** This report is a five-yearly report and what it shows us is essentially that we're still in a state where doctors aren't working safe hours. Since 2011, not a lot has changed. We know that one in two doctors are working hours that put them at risk of fatigue; we know especially for doctors working in intensive care, in surgery, even in obstetrics and gynaecology, that almost three in four of those doctors are working hours that put them in a higher risk category for fatigue, and that there's a lot of work that needs to be done to put doctors in a place where they can serve their patients properly and safely.

**JOURNALIST:** Can you give us an idea of, say, a typical roster that might be at risk of inducing fatigue?

**JOHN ZORBAS:** It's very variable. Across the country you've got lots of doctors working lots of different jobs. But what we do know is that the ones in the higher risk category, and we've got reports of a shift of up to 76 hours in length, for doctors who are in the higher risk category of fatigue, we are looking at an average of 78 hours a week of work, and these are just unsustainable hours.

**JOURNALIST:** So what's that, is that like 16 hours a day?

**JOHN ZORBAS:** Yeah, you see shifts that- you know, regularly people will be working, say, 13 hours or 14 hours towards the more regular end of the spectrum, particularly in specialities where there's routine rolling cover, so again it's no surprise that our surgeons and intensive care specialists are in the list of higher fatigue risk, given the hours that they need to work, given the staffing that they've got, and the units they need to run.

**JOURNALIST:** And why is that a problem? What could happen if a doctor has fatigue?

**JOHN ZORBAS:** Fatigue is the same for everybody. We're all human and anybody who's tired is at a higher risk of making a mistake, you know, patients could come to harm when we don't have well rested doctors.

**JOURNALIST:** So they could make a mistake?

**JOHN ZORBAS:** Absolutely. Any human would.

**JOURNALIST:** So should patients be worried that the doctor they're seeing might be tired and make a mistake?

**JOHN ZORBAS:** We work in teams where it's not often that you have one doctor making one decision for one patient; we're very well supported by our colleagues, but what it shows is that you have a system that is under stress and it only takes a small, little thing to result in a massive error that might result in harm, yes. Thank you.

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