

GOULBURN VALLEY HEALTH

**AMA
VICTORIA
HOSPITAL
HEALTH
CHECK 2019
REPORT**

Australian Medical Association
Victoria



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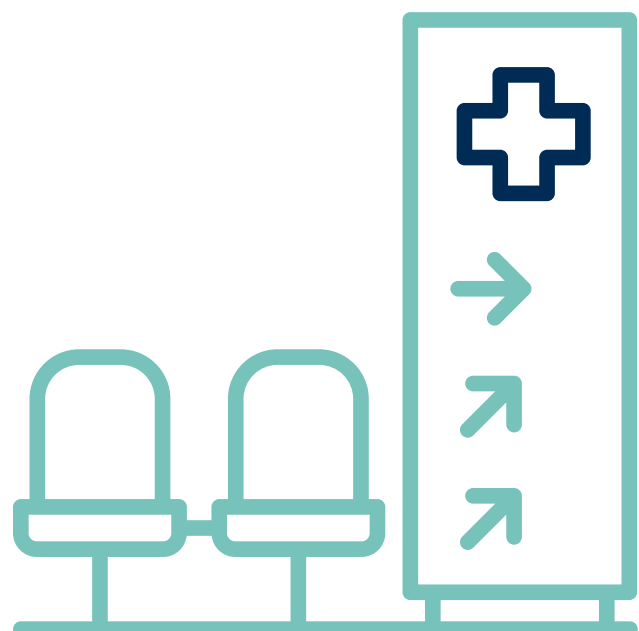


The 2019 Hospital Health Check (HHC) survey provides a snapshot of the work life experience of Victorian doctors in training. AMA Victoria is using the HHC findings to continue to advocate for urgent and longer-term changes to protect trainees and their patients. Findings pertaining to the working conditions of doctors in training are particularly concerning given they represent experiences before the COVID-19 pandemic placed additional pressure on the sector. The survey highlights that trainees feel unable to raise concerns or keep accurate records of their workloads without risking progression in competitive career pathways. Unacceptable behaviours continue to occur in our hospitals, with trainees also quoting barriers to reporting.

Fatigue, excessive workloads and staff shortages are resulting in an alarming number of clinical errors, and are adversely impacting the physical and mental wellbeing of the trainees who provide frontline and 24-hour care to Victorians

The medical profession has faced these self-perpetuating issues for several generations, and we hope that tools such as this survey will help to inspire the required solutions.

We will continue to conduct this survey on a yearly basis and hope to see improvements in all areas.



Congratulations

The Hospital Health Check Survey Results:

Congratulations to the following health services who were best ranked by their trainees in the different domains of the survey:



Best in Rostering, Workload and Overtime

Albury Wodonga Health
Goulburn Valley Health

Best in Access to Leave

Latrobe Regional Hospital
Melbourne Health
Northern Health
Peninsula Health
South West Healthcare

Best in Trainee Well-being

Northern Health

Best in Education and Training

The Royal Victorian
Eye & Ear Hospital

Best in Workforce Management and Culture

Northern Health

Best in Recommendation by Trainees

Northern Health
The Royal Women's Hospital



List of Questions

| | |
|----|--|
| 1 | Workplace morale |
| 2 | Trainees who feel worn out because of their work as a doctor |
| 3 | How often trainees were paid for the unrostered overtime they worked |
| 4 | Reasons why trainees were not paid all of the unrostered overtime they worked |
| 5 | Frequency of needing to work through their 30 minute meal break on an average week |
| 6 | Trainees whose work hours prevent important things for their physical health |
| 7 | Trainees whose work hours prevent important things for their mental well-being |
| 8 | Trainees who made a clinical error in 2019 due to fatigue |
| 9 | Trainees who made a clinical error in 2019 due to excessive workload or under staffing |
| 10 | Trainees who raised serious concerns about workload with supervisors or Medical Workforce Unit but were brushed off or ignored |
| 11 | Trainees rating of employer support for their mental health and well-being |
| 12 | Trainees who attend work despite being unwell enough to warrant staying home |
| 13 | Barriers faced by trainees when needing to use sick leave |
| 14 | Intern teaching |
| 15 | Registrar training time |
| 16 | Barriers to attending intern teaching or registrar training time: |
| 17 | Intern teaching or registrar training time appears correctly on roster |
| 18 | Reported ongoing breaches to the 2018-21 Doctors in Training Enterprise Agreement |
| 19 | Trainees who have experienced discrimination, harassment, sexual harassment, bullying or victimisation at work |
| 20 | Trainees who have experienced unacceptable behaviours |
| 21 | Trainees who have witnessed unacceptable behaviours |
| 22 | Trainees who have reported unacceptable behaviours |
| 23 | Barriers preventing trainees from reporting unacceptable behaviours |
| 24 | Trainees asked inappropriate questions during job interviews or pre-interviews |
| 25 | Trainees who sought flexible working arrangements |
| 26 | Trainees who have considered resigning due to workload and poor conditions |
| 27 | Trainees who would recommend their hospital to other DiTs for the coming year: |

| 1 Workplace Morale | | |
|--------------------|----------------|-------------------|
| | Health Service | Victorian Average |
| Very good | 0% | 10% |
| Good | 0% | 29% |
| Satisfactory | 45% | 29% |
| Poor | 45% | 22% |
| Very poor | 9% | 11% |

| 2 How often trainees feel worn out because of their work | | |
|--|----------------|-------------------|
| | Health Service | Victorian Average |
| Never | 0% | 1% |
| Rarely | 9% | 10% |
| Sometimes | 55% | 38% |
| Often | 9% | 32% |
| Very often | 27% | 19% |

| 3 How often trainees were paid for the unrostered overtime they worked | | |
|--|----------------|-------------------|
| | Health Service | Victorian Average |
| Never | 33% | 44% |
| About 25% of the time | 44% | 22% |
| About 50% of the time | 11% | 14% |
| About 75% of the time | 11% | 10% |
| Always | 0% | 10% |

| 4 Reasons why trainees were not paid all of the unrostered overtime they worked | |
|---|-----|
| Did not know claiming this was possible | 0% |
| Unclear or confusing claiming process | 33% |
| Highly obstructive or difficult claiming process | 67% |
| Did not believe the amount of overtime worked was worth claiming | 56% |
| Advised that unrostered overtime is only paid for stipulated reasons | 67% |
| Advised not to claim by my Registrar | 0% |
| Advised not to claim by my Consultant or Head of Unit | 11% |
| Advised not to claim by peers at the same level of training | 33% |
| Advised not to claim by hospital administration or Medical Workforce Unit | 11% |
| Claim submitted but rejected by Medical Workforce Unit | 11% |
| Claim submitted but rejected by Consultant or Head of Unit | 11% |
| Hospital / workplace cultural expectations | 56% |
| Not applicable: no unrostered overtime was performed | 11% |
| Not applicable: all unrostered overtime worked was paid | 0% |

| 5 Frequency of needing to work through their 30 minute meal break on an average week | |
|--|-----|
| Never | 0% |
| Rarely | 0% |
| Sometimes | 27% |
| Often | 27% |
| Very often | 45% |

| 6 Trainees whose work hours prevent important things for their physical health | |
|--|-----|
| Never | 0% |
| Rarely | 9% |
| Sometimes | 55% |
| Often | 27% |
| Very often | 9% |

| 7 | Trainees whose work hours prevent important things for their mental wellbeing | |
|------------|---|-----|
| Never | | 0% |
| Rarely | | 9% |
| Sometimes | | 64% |
| Often | | 9% |
| Very often | | 18% |

| 8 | Trainees who made a clinical error in 2019 due to fatigue | | |
|-----|---|-------------------|--|
| | Health Service | Victorian Average | |
| Yes | 89% | 56% | |
| No | 11% | 44% | |

| 9 | Trainees who made a clinical error in 2019 due to excessive workload or understaffing | | |
|-----|---|-------------------|--|
| | Health Service | Victorian Average | |
| Yes | 67% | 60% | |
| No | 33% | 40% | |

| 10 | Trainees who raised serious concerns about workload with supervisors or Medical Workforce Unit but were brushed off or ignored | |
|-----|--|-----|
| Yes | | 56% |
| No | | 44% |

| 11 | Trainees rating of employer support for their mental health and wellbeing | |
|--------------|---|-----|
| Very good | | 0% |
| Good | | 9% |
| Satisfactory | | 45% |
| Poor | | 27% |
| Very poor | | 18% |

| 12 | Trainees who attend work despite being unwell enough to warrant staying home | |
|-----------|--|-----|
| Never | | 0% |
| Rarely | | 0% |
| Sometimes | | 33% |
| Often | | 67% |
| Always | | 0% |

| 13 | Barriers faced by trainees when needing to use sick leave | |
|--|---|------|
| Health service does not provide adequate coverage for absence | | 78% |
| Lack of support from supervisors or senior medical staff | | 0% |
| Lack of adequate after-hours support from the Medical Workforce Unit | | 11% |
| There is a culture of not calling in sick | | 11% |
| Do not want to burden colleagues with extra work | | 100% |
| Work would pile up if take sick leave | | 67% |

| 14 | Intern teaching * | |
|--|-------------------|-------------------|
| | Health Service | Victorian Average |
| Receive entitlement fully | 0% | 43% |
| Teaching available but not free from clinical duties | 100% | 57% |
| No formal intern teaching offered | 0% | 0% |

| 15 | Registrar training time * | |
|---|---------------------------|-------------------|
| | Health Service | Victorian Average |
| Receive entitlement fully | 40% | 48% |
| Training time available but not free from clinical duties | 0% | 33% |
| No registrar training time offered | 60% | 19% |

| 16 | Barriers to attending intern teaching or registrar training time * |
|---|--|
| Lack of advertisement | 0% |
| Not appropriately rostered | 70% |
| Not offered consistently | 0% |
| Lack of coverage by registrars or consultants to allow attendance | 40% |
| Excess workload | 80% |
| No barriers | 10% |
| Other | 0% |

| 17 | Intern teaching or registrar training time appears correctly on roster * |
|-----|--|
| Yes | 20% |
| No | 80% |

| 18 | Reported ongoing breaches to the 2018-21 Doctors in Training Enterprise Agreement |
|---|---|
| Working shifts with less than a 10-hour break between them (including telephone calls, being recalled into the hospital, being on-call for sick leave etc.) | 67% |
| Working shifts greater than 16 hours | 22% |
| Less than 48 hours off duty when moving from night shifts to any other shift arrangement | 11% |
| Less than a whole calendar day clear from duty (including on-call and overtime) between your final shift at Hospital 1 and your first shift at Hospital 2 | 11% |
| None of these options have occurred | 22% |

| 19 | Trainees who have experienced discrimination, harassment, sexual harassment, bullying or victimisation at work |
|-----|--|
| Yes | 56% |
| No | 44% |

| 20 Trainees who have experienced unacceptable behaviours | |
|--|-----|
| Discrimination | 33% |
| Harassment | 44% |
| Sexual harassment | 0% |
| Bullying | 33% |
| Victimisation | 33% |
| Not applicable | 44% |

| 21 Trainees who have witnessed unacceptable behaviours | |
|--|-----|
| Discrimination | 44% |
| Harassment | 44% |
| Sexual harassment | 22% |
| Bullying | 56% |
| Victimisation | 33% |
| Not applicable | 33% |

| 22 Trainees who have reported unacceptable behaviours | |
|---|-----|
| Discrimination | 11% |
| Harassment | 11% |
| Sexual harassment | 0% |
| Bullying | 44% |
| Victimisation | 0% |
| Not applicable | 44% |

| 23 Barriers preventing trainees from reporting unacceptable behaviours | |
|--|-----|
| Fear of negative career consequences | 33% |
| Unsure of reporting process | 22% |
| Fear of disrupting team dynamic | 44% |
| Reporting is not in the “ethos” of the unit/hospital | 22% |
| Don't have time to make an appointment | 11% |
| Process is too difficult | 22% |
| Criticism from colleagues | 11% |
| Lack of capacity for anonymous reporting | 56% |
| I would be judged by my colleagues as not being resilient enough | 11% |
| Lack of senior colleague to report to | 0% |
| Intimidation from colleagues/management | 11% |
| No barriers to reporting | 22% |

| 24 Trainees asked inappropriate questions during job interviews or pre-interviews | |
|--|-----|
| Sexual orientation | 0% |
| Family Plans and/or Marriage/Partnerships | 13% |
| Religion | 0% |
| Location of residence | 25% |
| Health and Mental Health (not including questions regarding pre-existing injuries/medical conditions/disability that would affect performance of inherent requirements of the job) | 13% |
| No inappropriate questions asked | 75% |


| 25 Trainees who sought flexible working arrangements | |
|--|------|
| Did not seek | 100% |
| Sought and was successful | 0% |
| Sought and applied but was unsuccessful | 0% |
| Sought but was unable to apply | 0% |

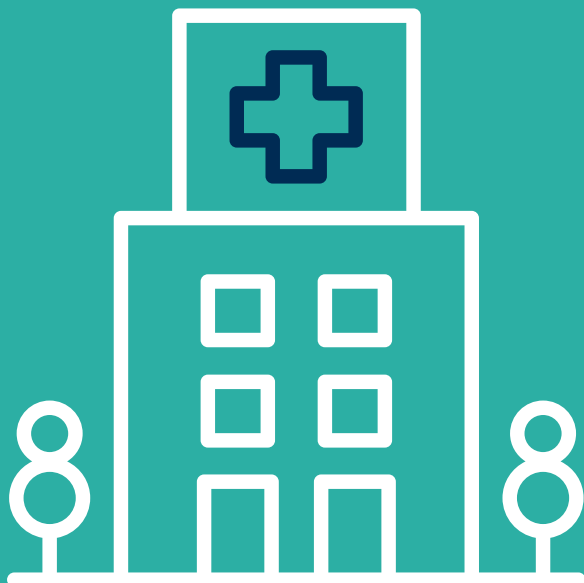
| 26 | Trainees who in the preceding 6 months had considered resigning due to workload and poor working conditions | |
|------------|---|-----|
| Never | | 36% |
| Rarely | | 18% |
| Sometimes | | 18% |
| Often | | 0% |
| Very often | | 27% |

| 27 | Trainees who would recommend their hospital to peers | |
|-------------------|--|-------------------|
| | Health Service | Victorian Average |
| Strongly agree | 0% | 17% |
| Agree | 18% | 37% |
| Neutral | 27% | 26% |
| Disagree | 18% | 11% |
| Strongly disagree | 36% | 9% |

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Disclaimer

The AMA Victoria Doctors in Training (DiT) Sub-Division Hospital Health Check survey was completed on a voluntary basis by Victorian doctors in training covered by the DiT Enterprise Agreement 2018-2021.

The purpose of this document is to assist graduating medical students as well as current interns and residents with their decision making process when deciding on which Health Services to apply for in the future.

This information is provided in good faith and should only be used as a guide, it is intended to be general in nature and is made available on the understanding that the AMA Victoria and the AMA Victoria's DiT Sub-Division do not make any comment or assertion that the information provided by participants is correct, or reflects the experiences of doctors who did not participate in the survey.

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 Health Service and staff at the relevant Health Service.

Whilst every effort has been made to ensure the accuracy of the collation of the information in this survey, AMA Victoria, its employees and the AMA DiT Sub-Division cannot be held responsible for the information provided by participants in the survey and cannot be responsible for any loss or damage arising from any person or organisation as a result of the publication of this survey of information. AMA Victoria and the AMA Victoria DiT Sub-Division do not take any responsibility for the outcomes published in the survey.

Comparison of results among Health Services must be made with caution, as the survey did not involve a probabilistic sampling frame, but instead was open to the entire Victorian DiT population. Further, as DiTs were not randomly allocated to Health Services, 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 health services 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 Victoria.

***Stage of Training**

| Survey Respondents | Number | Percentage |
|---|---------------|-------------------|
| Intern | 265 | 23.92% |
| HMO | 324 | 29.24% |
| Unaccredited/ Non-Training Registrar | 98 | 8.84% |
| Accredited Registrar | 270 | 24.37% |
| Advanced Trainee/Fellow (final year of training) | 133 | 12.00% |
| Career Medical Officer | 1 | 0.09% |
| Prefer to not disclose | 17 | 1.53% |
| Total | 1,108 | 100% |