As the opening days of the RMO campaigns draw closer, your preference choices for hospitals next year is probably on the forefront of your mind. You may be considering applying to stay at your current hospital or looking at another hospital. Is the grass really greener on the other side of the fence? To assist with your deliberations, as well as to survey the general health of Queensland’s Resident working environments, the AMA Queensland Council of Doctors in Training (CDT) recently completed the inaugural Resident Hospital Health Check Survey.

Survey overview

The AMA Queensland CDT surveyed 350 doctors in training, employed at intern, junior house officer (JHO) and senior house officer (SHO) levels, to rate the primary hospitals where residents are allocated in Queensland. The scores and grades presented in this report were calculated based on responses to the survey questionnaire. Thirty-five per cent of respondents were interns, 42 per cent were JHOs (PGY 2), and 23 per cent were SHOs. A total of 57 per cent of respondents were female. This survey represents responses from 16 per cent of the approximately 2,200 interns, JHOs and SHOs working in Queensland.

A working group of the AMA Queensland CDT made a priori decisions on how each score would be calculated, how the grades would be presented and minimum response thresholds for not reporting individual hospital level data. Where insufficient data was obtained from a single hospital to make a fair assessment of that hospital, the data was merged based on geography and which Hospital Health Service (HHS) district that hospital belonged to.

It is disappointing that bullying and harassment remains an area of grave concern and danger for early career doctors. The results from this survey are worrying. It found that over 33 per cent of all respondents have experienced bullying or harassment from another staff member this year. Every hospital surveyed reported bullying. Sixty-four per cent of those bullied or harassed were females. Twenty-six per cent were interns, 44 per cent were JHOs and 30 per cent SHOs. Only 26 per cent of those being bullied felt empowered to report it. Forty per cent of all respondents had witnessed another colleague being bullied. Over 70 per cent of these individuals reported being bullied themselves. Only 18 per cent of those who reported colleagues being bullied felt that there was something they could do about it.

The source of bullying was varied but included reports of bullying and harassment by senior doctors, administration staff, nursing staff as well as fellow junior doctors.

Positively, 60 per cent of all respondents rated the teaching and training provided at their hospitals as either ‘good’ or ‘excellent’. A similar proportion felt that their hospital considered their preferences when allocating clinical rotations, thus supporting their career goals.

Mediocre workplace culture does feature heavily in responses and unpaid overtime, as well as reasons for not claiming legitimate overtime, is highlighted. This survey supports the findings and recommendations in the published Queensland junior doctor overtime study conducted in 2014, which highlighted the existence of a culture of non-claiming of overtime.1

We invite any interested directors of clinical training, medical education units or other interested parties, who wish to learn more about the results pertaining to their location (and discuss possible ways of improving their conditions for prospective junior doctors), to contact us through cdt@amaq.com.au. The AMA Queensland CDT is comprised of volunteer doctor in training representatives from around the state and we look forward to working with you to improve the working conditions for our current and future doctor in training colleagues.

Central West, South West, Torres and Cape Hospital Health Service Districts are excluded from the survey as there are no primary Doctor in Training allocations. Whist responses were received from Greenslopes, Caboolture, Logan, Redlands and Queen Elizabeth II Jubilee Hospitals, insufficient responses were received to fairly present their individual scores. Where appropriate their data has been included under their respective HHS overview. Central Queensland, Gold Coast and Sunshine Coast Hospitals are presented as residents who rotate to any of the HHS sites during their year.

| NA | Not Applicable. For example: In the Bullying and Harassment Section, if no incidents were reported, then there was no applicable addressing of these incidents. |

<table>
<thead>
<tr>
<th><strong>OVERALL HOSPITAL CULTURE GRADE</strong></th>
<th><strong>B</strong></th>
<th><strong>C+</strong></th>
<th><strong>C-</strong></th>
<th><strong>A-</strong></th>
<th><strong>A</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to annual leave</td>
<td>C-</td>
<td>C</td>
<td>C-</td>
<td>C-</td>
<td>D+</td>
</tr>
<tr>
<td>Ability to take annual leave in a flexible manner</td>
<td>29</td>
<td>50</td>
<td>0</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Agree that your preferences were taken into consideration</td>
<td>61</td>
<td>78</td>
<td>55</td>
<td>60</td>
<td>14</td>
</tr>
<tr>
<td>Annual leave application was approved/denied in a timely manner</td>
<td>66</td>
<td>60</td>
<td>50</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>Access to professional development leave (PDL)</td>
<td>B</td>
<td>B-</td>
<td>B</td>
<td>B-</td>
<td>B-</td>
</tr>
<tr>
<td>Applied for PDL</td>
<td>31</td>
<td>45</td>
<td>33</td>
<td>60</td>
<td>32</td>
</tr>
<tr>
<td>PDL approval rate</td>
<td>73</td>
<td>88</td>
<td>72</td>
<td>69</td>
<td>73</td>
</tr>
<tr>
<td>Proportion who applied for PDL &gt;4weeks prior</td>
<td>80</td>
<td>100</td>
<td>80</td>
<td>85</td>
<td>67</td>
</tr>
<tr>
<td>Educational programs and ability to pursue clinical goals</td>
<td>B-</td>
<td>B</td>
<td>C</td>
<td>B-</td>
<td>C</td>
</tr>
<tr>
<td>Clinical rotation preferences are taken into consideration</td>
<td>64</td>
<td>69</td>
<td>69</td>
<td>61</td>
<td>66</td>
</tr>
<tr>
<td>Excellent/good provision of teaching and training</td>
<td>61</td>
<td>67</td>
<td>72</td>
<td>38</td>
<td>43</td>
</tr>
<tr>
<td>Bullying and harassment</td>
<td>B-</td>
<td>B</td>
<td>C</td>
<td>B-</td>
<td>C</td>
</tr>
<tr>
<td>Bullied or harassed by other staff</td>
<td>34</td>
<td>33</td>
<td>25</td>
<td>37</td>
<td>51</td>
</tr>
<tr>
<td>Incident reporting rate</td>
<td>26</td>
<td>41</td>
<td>67</td>
<td>50</td>
<td>14</td>
</tr>
<tr>
<td>Witnessed a colleague being bullied/harassed</td>
<td>40</td>
<td>41</td>
<td>57</td>
<td>39</td>
<td>67</td>
</tr>
<tr>
<td>Reported incidents were appropriately addressed</td>
<td>43</td>
<td>25</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Felt empowered to support victim</td>
<td>18</td>
<td>13</td>
<td>25</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Hours of work and overtime remuneration</td>
<td>C</td>
<td>C+</td>
<td>B-</td>
<td>C</td>
<td>D+</td>
</tr>
<tr>
<td>Working more than 90 hours fortnightly</td>
<td>31</td>
<td>47</td>
<td>50</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>Received 14 days of notice for any roster changes</td>
<td>48</td>
<td>60</td>
<td>75</td>
<td>21</td>
<td>52</td>
</tr>
<tr>
<td>Agree genuine consultation occurred prior to roster changes</td>
<td>33</td>
<td>33</td>
<td>29</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Payment of required un-rostered overtime</td>
<td>60</td>
<td>80</td>
<td>63</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Did not claim overtime due to workplace culture expectations</td>
<td>54</td>
<td>54</td>
<td>75</td>
<td>63</td>
<td>45</td>
</tr>
<tr>
<td>Advised not to claim overtime by a senior medical officer</td>
<td>20</td>
<td>15</td>
<td>25</td>
<td>16</td>
<td>21</td>
</tr>
</tbody>
</table>
Key state wide observations at a glance

Bullying and harassment

1. Have you ever experience bullying or harassment from another staff member?

- Yes: 34%
- No: 66%

2. Have you witnessed another colleague being bullied?

- Yes: 40%
- No: 60%

3. If you did witness another colleague being bullied, did you feel there was anything you could do about it?

- Strongly disagree: 29%
- Disagree: 39%
- Neither agree nor disagree: 14%
- Agree: 14%
- Strongly agree: 8%

Access to professional development leave (PDL)

1. Have you applied for professional development leave (PDL)?

- Yes: 68%
- No: 32%

2. How long in advance did you apply for PDL?

- Greater than six weeks: 62%
- Less than one week: 3%
- One to two weeks: 14%
- Two to four weeks: 18%
- Four to six weeks: 32%
- Unclear: 3%

3. What difficulties did you encounter when applying for and obtaining PDL approval?

- No staff to backfill in your absence: 32%
- Administrative errors: 4%
- Unclear Process: 38%
- Told not to apply: 15%
- Other: 11%

4. Do you receive 14 days notice for any changes in your roster?

- Yes: 48%
- No: 52%

Hours of work and overtime remuneration

1. On average, how many actual hours do you work per fortnight?

- 101+ hours: 12%
- 91-100 hours: 20%
- 77-90 hours: 66%
- 76 or fewer hours: 2%

2. If you were asked to complete un-rostered overtime and submitted the hours on your timesheet for payment, how often was it paid?

- Never: 7%
- Rarely: 9%
- Sometimes: 15%
- Usually: 34%
- Always: 35%

3. If you did not claim overtime payment, what was the reason?

- Advised not to claim by senior medical officer: 20%
- Advised not to claim by administration officer: 6%
- Did not believe the amount of overtime worked was worth claiming: 17%
- Did not know claiming overtime was possible: 2%
- Workplace culture expectations: 54%
- Other: 1%
AMA Queensland Resident Hospital Health Check Survey Disclaimer

The AMA Queensland Council of Doctors in Training Resident Hospital Health Check Survey was completed on a voluntary basis by Queensland doctors in training (interns, junior house officers and senior house officers). 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 hospitals to apply for in the upcoming intern and RMO campaigns. This information is provided in good faith and should only be used as a guide and is intended to be general in nature and is made available on the understanding that the AMA Queensland and the AMA Queensland Council of Doctors in Training 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 Hospital and staff at the relevant Hospital.

Whilst every effort has been made to ensure the accuracy of the collation of the information in this survey, AMA Queensland, its employees and the AMA Queensland Council of Doctors in Training 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 Queensland and the AMA Queensland Council of Doctors in Training do not take any responsibility for the outcomes published in the survey.

Further information

If you would like to discuss any aspect of the AMA Queensland CDT Resident Hospital Health Check survey in greater detail, please email cdt@amaq.com.au and a member of the team will get back to you. The grades were calculated on the basis a weighted summation of results from individual survey items under each domain heading. The weightings and summation methods were decided a priori by the AMA Queensland CDT on the basis of best describing that domain. The results were converted from numerical percentages into grades ranging from E- to A+. Grades were determined by setting the lower range of a C grade at 50 per cent and the individual grade ranges were spread evenly from that set point (i.e. 7.14 per cent intervals, starting at 0 per cent for scores E- to C-, and 6.25 per cent intervals starting at 50 per cent for scores C to A+). Before relying on the information contained in the survey results provided, Doctors in Training should carefully evaluate its accuracy, currency, completeness and relevance for their purposes, and should obtain independent advice relevant to their particular circumstances where necessary, including consulting with the relevant hospital or place of employment. The AMA Queensland Industrial Relations Team also provides confidential, assured advice to Doctor in Training members on employment terms and conditions, and any aspect of your employment that is causing you concern. You can contact the team on (07) 3872 2222 to discuss. Not a member of AMA Queensland? You can join at ama.com.au/join-ama to receive support and guidance on employment matters.

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