

30 May 2019

The Parliamentary Officer
Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation
House of Assembly
Parliament House, North Terrace, Adelaide, 5000.

Via email: OccHealthCommittee@parliament.sa.gov.au

Dear Mr. Patterson,

Thank you for your letter of 7th March 2019 inviting Medical Deans Australia and New Zealand (Medical Deans) to provide a written submission addressing the South Australian Parliamentary Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services.

1. General Comments and Focus on Student Health

Medical Deans welcomes this Inquiry into South Australian Hospitals and Health Services. The findings of previous studies which have revealed the prevalence of unprofessional behaviour – bullying, discrimination, harassment, sexual harassment – across the Australian health care system¹ is of significant concern and we strongly support and join the commitment to this being addressed.

Medical Deans recognises that this unprofessional behaviour in hospital and health service environments can increase workplace fatigue, reduce students' and doctors' performance, and lead to high levels of stress for the affected individual. As well as the impact on those healthcare professionals affected, it has also been shown that it negatively impacts the quality of patient care².

Medical schools have a responsibility to ensure their students are able to undertake their studies in a safe and supportive learning environment; on their own university campuses, when their students undertake clinical placements in health services, and within the hospitals where their medical graduates will undertake their Internship years.

Medical Deans has established a Student Health Committee (SHC) to lead, advise and actively champion work to foster and support the health of medical students in Australia and New Zealand. The membership of the SHC comprises Deans from nearly a third of our member schools (including South Australia), and representatives from the Australian Medical Students' Association (AMSA) and the New Zealand Medical Students' Association (NZMSA). Our emphasis on ensuring students are represented in governance structures ensures they are a key part of all discussions and contributing to and engaged with our decisions and activities relating to student health.

2. Addressing the Terms of Reference (ToR) of the Inquiry

The following section will address the terms of reference for the Inquiry, in part referring to work being undertaken by Medical Deans.

¹ [Endemic unprofessional behaviour in health care: the mandate for a change in approach \(Westbrook et al., 2018\)](#)

² [Bullying and harassment of health workers endangers patient safety \(Westbrook & Sunderland, 2018\)](#)

Our SHC and member schools have identified the key points below to guide our focus and shape our approach:

- The importance of continuing to identify and address potential factors contributing to negative and adverse experiences in medical education and training
- Ensuring clinical settings are safe teaching and training environments that produce high-quality graduates prepared for internship and future clinical practice
- The need for medical students to have the same level of access to the support services provided by hospitals and State Health departments as interns and junior medical officers whilst they are working there during their clinical placements
- The challenges for graduates transitioning from medical school to Internship
- Understanding and, where possible, alleviating concerns raised by students in response to legislation
- The value that students in clinical placements bring to patients, the healthcare team, hospitals and community-based health services

2.1 a) The factors contributing to workplace fatigue and bullying in South Australian Hospitals and Health Services;

There are several factors inherent to medicine that may contribute to workplace fatigue and bullying:

- Medicine is an inherently high-pressure career that involves carrying a level of responsibility for patient health. As a result, medical students and doctors experience substantially higher levels of psychological distress when compared with the general Australian population³.
- Medical education in clinical settings is based on the apprenticeship model, where students experience and learn under a more senior clinician. This level of hierarchy and fundamental power imbalance can lead to bullying from the senior doctor to the student or trainee⁴⁵.
- Instances of bullying, harassment or assault may go unreported due to the fear of repercussion (either academic or reputational), contributing to an environment where such behaviours are unchecked.
- There have been findings⁶ of patients harassing and discriminating against medical trainees. Whilst this is less reported than doctors bullying trainees or students, this is an issue that should be recognised.
- Individuals who study medicine tend to be high achievers and tend to put more pressure on themselves to succeed. Further, they also tend to internalise problems/faults so as not to appear incompetent. This may potentially manifest to emotional exhaustion and fatigue.
- Students and doctors who train and work in rural and regional areas are more isolated than those in metropolitan areas, with less access to other health professionals for professional team support and less access to support for their own health needs (e.g. psychologists/psychiatrists). This sense of isolation and loneliness can be emotionally exhausting and could potentially contribute to fatigue.
- The health workforce shortages in rural and regional areas can also put further strain on doctors working in these underserved areas.

³ [National Mental Health Survey of Doctors and Medical Students \(beyondblue, 2013\)](#)

⁴ [Let's stop the bullying of trainee doctors – for patients' sake \(The Conversation, 2015\)](#)

⁵ [Bullying of medical students has consequences – for future doctors and patients \(ABC, 2018\)](#)

⁶ [Harassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis \(Fnais, 2003\)](#)

- Financial hardship experienced by students can make a significant contribution to distress and fatigue. There are students on full-time clinical placements who also undertake paid employment in order to support themselves and/or their families during their medical degree. These additional hours of work can contribute to fatigue, especially when placement hours are unpredictable and can impact their working relationships.

2.2 b) The impact of workplace fatigue and bullying on the health and wellbeing of health care professionals;

Fatigue and bullying in the workplace can have a detrimental impact on the health of students, trainees and doctors within the environment:

- Being overworked and fatigued can lead to increased rates of burnout, affecting the health and wellbeing of the doctor as well as impacting their families. In comparison to older doctors, younger doctors are more likely to experience higher rates of burnout, emotional exhaustion and high-risk alcohol use³
- There have been several highly publicised cases of doctors leaving the medical profession due to fatigue and/or bullying. This also comes with the psychological, emotional and financial impact of leaving a career in medicine after investing substantial time and effort over many years.
- Doctors and medical students are disproportionately impacted by depression and suicide, with fatigue or bullying suggested as contributing factors to suicide-related behaviours. Suicide rates among female doctors are 2.27 times greater and male doctors 1.41 times greater than the rate of the general population. One in five medical students reported suicidal ideation in the preceding 12 months⁷

2.3 c) The impact of workplace fatigue and bullying on quality, safety and effective health services;

Fatigue and bullying in health settings and workplaces can lead to poorer quality of patient care and teaching:

- Doctors who are experiencing “burn out” symptoms perform significantly more medical errors⁸ which in serious cases can lead to patient death⁹
- Fatigue and bullying also cause cynicism in doctors, which causes a decline in empathy and negatively impacts the patient-doctor relationship
- Turnover of doctors who leave or seek employment/work elsewhere, which affects a) the continuity of patient care and b) the health service financially (e.g. human resources, medico-legal risks)¹⁰
- The cost to the medical workforce after the “investment” into teaching and training a doctor from medical school is lost if a doctor permanently stops practicing medicine due to these factors
- Hospitals losing accreditation to train students and doctors due to bullying/harassment allegations¹¹

⁷ [Reducing risk of suicide in medical profession \(Swannell, 2019\)](#)

⁸ [Task errors by emergency physicians are associated with interruptions, multitasking, fatigue and working memory capacity: a prospective direct observation study \(Westbrook et al., 2017\)](#)

⁹ [Medical errors may stem more from physician burnout than unsafe health care settings \(Stanford Medicine, 2018\)](#)

¹⁰ [Endemic unprofessional behaviour in health care: the mandate for a change in approach \(Westbrook et al., 2018\)](#)

¹¹ [Royal Prince Alfred Hospital department stripped of accreditation to train doctors \(ABC, 2018\)](#)

2.4 d) The extent to which current work practices comply with relevant legislation, codes and industrial agreements;

Medical Deans recognises that the data informing this area may not be reliable due to the likely under-reporting of bullying (and other adverse/negative events) by medical students and young doctors (i.e. these numbers may be much higher). We support further quantitative and qualitative evidence being collected and analysed in this area, and more transparency and consistency with how such reporting is regulated.

2.5 e) Opportunities, costs and impacts of measuring fatigue and using risk management tools, audit and compliance regimes, including those in other industries (e.g. aviation, mining and transport industries) to reduce the occurrence or impact of fatigue and bullying;

Medical Deans promotes the value and opportunities that medical students on clinical placements bring to hospitals and health services to potentially reduce the occurrence/ impact of fatigue on clinicians. A study commissioned by Medical Deans, and undertaken by The University of Melbourne, explored the role of students as contributors in clinical placements¹². The study found that final year students contributed like junior members of the team, performing activities like taking patient histories or completing discharge planning. Students who performed these activities were able to ‘free up’ more experienced members of the team to undertake more complex tasks, potentially reducing the occurrence or impact of fatigue on staff in hospitals and health services.

With regard to measuring and monitoring the occurrence of bullying, the Co-Worker Observation Reporting System (CORS) developed by the Vanderbilt University Medical Centre has been found to be effective. The CORS is an online reporting system where co-workers are able to report their colleagues’ unsafe or disrespectful conduct, which is then fed back to the associated colleague for consideration and self-regulation. If the individual has further reports against them, disciplinary action is taken by the Institution/health service. This tool has been evidenced to be successful in identifying at-risk medical staff as well as decreasing repeated unprofessional conduct¹³.

A recent systematic review addressing unprofessional behaviour in the medical workplace and professional settings found that the types of effective interventions include: raising awareness and education, conflict resolution training and assertiveness training¹⁴. Medical Deans suggest that much could be learnt from looking at other industries who have also faced, and effectively addressed, similar fatigue and bullying issues. This would be translatable if the industries considered contain similar inherent characteristics and structures as hospitals and health services.

2.6 f) Measures to improve the management and monitoring of workplace fatigue and bullying;

Medical students on clinical placements also experience bullying behaviour from teaching and training staff¹⁵. Medical Deans continues to advocate for students to have the same level of access to hospital-based support services as JMO’s during the time they’re working in that environment. The results of the 2018 AMC/MBA Preparedness for Internship Survey¹⁶ suggests that some respondents don’t feel fully prepared in seeking support for psychological distress, bullying and harassment, and in raising concerns about colleagues who were

¹² [Medical student clinical placements as sites of learning and contribution \(Molloy et al., 2018\)](#)

¹³ [Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals \(Webb et al., 2016\)](#)

¹⁴ [Prevention and management of unprofessional behaviour among adults in the workplace \(Tricco et al. 2018\)](#)

¹⁵ [“Teaching by humiliation” and mistreatment of medical students in clinical rotations: a pilot study \(Scott, 2015\)](#)

¹⁶ [2018 AMC/MBA Preparedness for Internship Survey – National Survey Results \(AMC & MBA, 2018\)](#)

distressed or not performing. Enabling students to access these hospital-based services would be a valuable means of introducing them to the mechanisms to do this, and to the services that they can access throughout their career. This is supported by the associated feedback in this survey from interns that student support (e.g. better support for students with psychological distress) is an area requiring further improvement¹⁶.

There are a range of areas where more needs to be done to support the monitoring and reduction of workplace fatigue and bullying in hospitals and health services. Some areas of improvement include:

- Changing the culture in medical education and training to one where self-care and looking after oneself (e.g. taking leave, communicating concerns, no stigma around asking for help, exercise) is encouraged
- Training staff and clinicians and supporting them in taking a lead in addressing and reporting bullying
- Ensuring the standards around these issues are also addressed and met within health services in the private sector

3. Key areas of focus for Medical Deans

Medical Deans would like to take this opportunity to let you know about some of the work we are currently focused on to support our students' health:

- We have a strong focus on the sharing of strategies, ideas, and initiatives across our member schools. Following work to collect information from our members on their approach and the range of programs and services they provide and/or support, as well as the various ways and means of promoting these to their students and support their easy access, we are communicating the information widely across our network to stimulate and support schools in their review of their work.
- A literature review has been undertaken on the available national and international data on the prevalence of bullying, harassment and assault across societies, universities and medical schools. This will be used as a foundation to us better understanding what is and what is not known about what our students experience on our campuses and in other environments, and to identifying whether there are important information gaps that need to be filled.
- With the forthcoming changes in legislation on Mandatory Reporting, we are looking to contribute to work to communicate what these changes mean to our students and educators. This is in response to concerns raised by AMSA¹⁷, amongst others, who have concerns that these laws create a barrier to student seeking help because of the associated stigma and the fear of the impact this will have on their career.

In response to this Inquiry, Medical Deans would like to reiterate two key points. We strongly advocate that medical students should have the same level of access to hospital-based support services as JMO's during any their training in that clinical environment. Through clinical placements and rotations students can potentially be exposed to the same factors that contribute to workplace fatigue and bullying in these settings.

In addition, we believe that impactful change in this area will require a concerted and sustained effort from peak organisations across the entire medical pipeline. This means a coordinated approach from universities, medical colleges, hospitals, and other public and private health settings/services – in connection with an aligned approach from accreditation and health professional regulation bodies.

¹⁷ [COAG Health Council: AMSA calls for changes to mandatory reporting laws \(AMSA, 2018\)](#)

The transition point for medical students from graduating from medical school to their internship as a junior doctor is a challenging and critical time, and easing this transition is a key area of focus for us. We look forward to the findings of the Inquiry and to continuing to contribute to ensuring that every doctor in training and in practice is working and learning in a safe and supportive environment.

If you would like further information on any of our activities or would like to discuss any of Medical Deans work, then please don't hesitate to contact Ms Helen Craig, CEO of Medical Deans, at hcraig@medicaldeans.org.au or on 02-8084 6557.

Yours sincerely,



Professor Richard Murray

President, Medical Deans Australia and New Zealand



Professor Brian Kelly

Chair, Medical Deans' Student Health Committee