

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Doctor's Health Advisory Service WA
6. Location	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	



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Doctors' Health Advisory Service WA (DHASWA) Response to the Sustainable Health Review

Response to Direction 7: Create and support the right culture

Staff and consumers have been clear there is a need to improve workplace morale and culture. Good morale begins with respectful treatment and management of staff members. Sustainability and excellence in health care cannot be obtained at the cost of the health and wellbeing of its staff. Mental health and suicide are experienced at increased rates in doctors. Burnout and psychological distress are significant factors for doctors. Burnout is perpetuated by many issues integrated into the current health system. This includes restrictions on patient management, current ICT problems, working unsustainability and failure of workplaces to provide mentally and physically safe workplaces.

There is evidence that doctors with burnout and those with poor work life balance have less effective therapeutic relationships, and have more complaints, workers compensation claims and medicolegal issues. The public health system needs to support doctors to maintain their wellbeing which will benefit the care of the community. This extends beyond the provision of "resilience training" and involves systemic changes in how healthcare workforce is employed, supported and delivered.

There is a feeling of disconnection from health service executive and lack of consultation with clinical staff. Clinicians are often aware of solutions to waste within their health system, but are not asked for their opinion, or it is given only lip service. Visible and enduring two-way feedback with executive will be effective in increasing the efficiency and effectiveness of health care provided for the community.

Medical administrative support often lacks an understanding of the workplace rights of doctors. This includes a failure to adhere to AMA Industrial Agreement 2017 in workplaces. Junior Doctors in particular are calling for "honest rostering"; clear rostering for time spent at work, paid overtime, access to annual and professional development leave, and an increase in the availability of part time and flexible working conditions.

Industrial rights such as the ability to take their breaks and to have sick days need to be supported for the physical health of our medical staff. Much of this requires the employment of adequate doctor numbers throughout the year to provide cover for absent

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colleagues. This includes a move away from internal leave cover within departments which places excess stress on those participating.

We know workplace change is being called for by junior doctors, but research shows changes to the system must be championed by those within the executive bodies in order to be enacted.

Response to direction 10 : Developing and supporting a flexible workforce.

WA health systems must ensure the mental health safety of their employees. There must be a clear stance and action on issues of bullying and harassment, where all staff feel protected and able to raise issues. Stigmatisation of doctors with mental health, physical health and drug and alcohol problems must be avoided and appropriately dealt with when encountered.

There must be clear procedures for the support and management of the doctor with health issues and those in distress - these must be professional, confidential and accessible for all doctors. Inclusion of a protocol and response to rehabilitating a doctor at any level of service back to work after illness should be included in such a protocol.

A remunerated wellbeing officer and the creation of welfare committees inclusive of junior, senior and executive members are suggestions to increase the general wellbeing of doctors within hospitals. The creation of peer support and debriefing groups supported by the hospital has been showing increasing effectiveness at increasing morale and wellbeing in junior medical staff and is strongly supported by DHAS WA.

“Doctors Welfare Guidelines” and “Doctors Health Charter”

DHASWA has developed a resource for ensuring and enacting workplace change to support the wellbeing of doctors: the “Doctors Welfare Guidelines” and “Doctors’ Health Charter” (attached). Both of these documents detail the rights and responsibilities of doctors and employers to help ensure good doctors’ health. We recommend the reviewers read these guidelines for further advice on how to improve workplace culture. We encourage all health services to adopt these guidelines.

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Assistant Director

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