



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Tuesday 22 November 2022**.

This application requested access to:

'All documents prepared in relation to providing a media statement to The Canberra Times on Tuesday, November 22 2022 regarding junior doctors shortfalls. This request includes draft responses and correspondence relating to the request.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Wednesday 21 December 2021**.

I have identified 31 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions on access

I have decided to:

- grant full access to five documents;
- grant partial access to 26 documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to five documents at references 13, 15-16, 20 and 22.

Partial Access

I have decided to grant partial access to 26 documents at references 1-12, 14, 17-19, 21 and 23-31. The documents have been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the FOI Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

The information contained in the documents are partially comprised of personal information of both ACT Government and non-ACT Government employees and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

On balance, the factors favouring disclosure are outweighed by the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

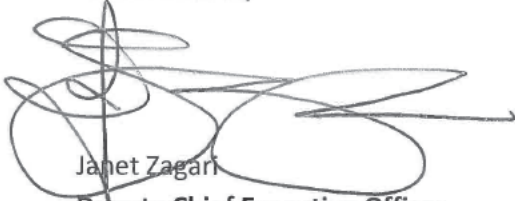
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Janet Zagari', written over a circular stamp or seal.

Janet Zagari
Deputy Chief Executive Officer
Canberra Health Services

20 December 2022

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> (Media)	<i>'All documents prepared in relation to providing a media statement to The Canberra Times on Tuesday, November 22 2022 regarding junior doctors shortfalls. This request includes draft responses and correspondence relating to the request.'</i>	CHSFOI22-23.23

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 5	Email – Re: Media inquiry: Junior doctor shortfalls	14 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
2.	6 – 10	Email – Re: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	14 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
3.	11 – 14	Email – FW: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]	15 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
4.	15 – 17	Email – FW: Media inquiry: Junior doctor shortfalls	15 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
5.	18 – 24	Email – FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	15 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES

6.	25 – 29	Email – URGENT - MEDIA ENQUIRY: Junior doctor shortfalls	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
7.	30 – 36	Email – RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
8.	37 – 45	Email – FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
9.	46 – 54	Email – RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
10.	55 – 63	Email – FW: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
11.	64 – 66	Email with attachment – FW: uncovered shifts	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
12.	67 – 76	Email – RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	16 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
13.	77	Email – COVID Leave Media Query	16 November 2022	Full Release		
14.	78 – 81	Email – FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls	17 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
15.	82	Email – RE: ED Shortfalls	17 November 2022	Full Release		
16.	83 – 84	Email with attachment – RE: ED Junior Staffing	17 November 2022	Full Release		
17.	85 – 89	Email with attachment – FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls	17 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
18.	90 – 93	Email – RE: FOR APPROVAL: Media inquiry: Junior doctor shortfalls	17 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
19.	94 – 100	Email – FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls	17 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
20.	101	Email – RE: ED Junior Staffing	18 November 2022	Full Release		
21.	102 – 105	Email – FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls	18 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
22.	106	Email – Media statement	21 November 2022	Full Release		
23.	107 – 124	Email – RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES

24.	125 – 134	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
25.	135 – 146	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
26.	147 – 157	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
27.	158 – 169	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
28.	170 – 180	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
29.	181 – 197	Email – RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]	21 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
30.	198 – 204	Email – RE: CT enquiry for approval	22 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
31.	205 – 209	Email – Media response - Junior Doctors	22 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
Total Number of Documents						
31						

From: [REDACTED]
Sent: Monday, 14 November 2022 16:45
To: Williams, Gareth (Health)
Cc: [REDACTED]; Canberra Health Services Media
Subject: Re: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi Gareth,

Here it is:

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has

resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

On Mon, Nov 14, 2022 at 4:41 PM Williams, Gareth (Health) <Gareth.Williams@act.gov.au> wrote:

OFFICIAL

Hi [REDACTED]
d l

Are you able to copy and paste the text of that article into an email? Our media monitoring search function from iSentia only goes back 12 months, so I'm unable to read it.

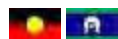
Cheers

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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From: Swaminathan, Ashwin (Health)
Sent: Monday, 14 November 2022 22:21
To: Williams, Gareth (Health)
Subject: Re: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

Of course, I'm on [REDACTED]
22() ()

Cheers

Ashwin

Get [Outlook for Android](#)

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, November 14, 2022 5:33:32 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: FW: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Ashwin,

We've received the below media enquiry from Canberra Times. I sent it onto Medical Services and P&C, but Dave Jean suggested I have a chat to you about it. Would I be able to give you a quick call tomorrow morning?

Cheers

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Williams, Gareth (Health)
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

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The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Elsey, Jennifer (Health) on behalf of Canberra Health Services People and Culture
Sent: Tuesday, 15 November 2022 09:33
To: Executive Director of Medical Services
Subject: FW: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Hi Eliza / Jessica – can you give me a call when you have a moment regarding this request – thanks 😊

Jenni Elsey
Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture
 Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au
People and Culture | Canberra Health Services | ACT Government
 PO Box 11, WODEN ACT 2605 | health.act.gov.au
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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

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 Phone: [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

 acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

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An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]
Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Williams, Gareth (Health)
Sent: Tuesday, 15 November 2022 09:51
To: Cassidy, Lily
Cc: Canberra Health Services Media; Doyle, Tom (Health)
Subject: FW: Media inquiry: Junior doctor shortfalls

OFFICIAL

Hi Lily,

Heads up we've received this media enquiry from [REDACTED] about junior doctors. Response due 12pm tomorrow.
22() ()

Cheers

Gareth Williams | Director, Media

Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 |
www.health.act.gov.au

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Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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How many junior doctor positions are vacant in Canberra Health Services?

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Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

22() ()

Journalist

Australian Community Media

M

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From: Corey, Janelle (Health)
Sent: Tuesday, 15 November 2022 14:58
To: Executive Director of Medical Services
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

Hi – Please see below, altered to reflect PGY1/2 CHS staff at TCH and UCH only.

I have not included any numbers outside of that (i.e. Calvary or NSW).

Cheers,

Janelle Corey

Senior Director

Medical Officer Support, Credentialing, Employment and Training Unit

Canberra Health Services

Phone: 02 5124 2507

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ACT
Government

**Canberra Health
Services**

From: Corey, Janelle (Health)
Sent: Tuesday, 15 November 2022 11:05 AM
To: Executive Director of Medical Services <edms@act.gov.au>
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

Ok – try this – give me a call if you need anything else or clarification?

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks?
 So from October 31 to November 4 and November 7 to November 11?

The following table show the total leave absences each day over the requested period, this is across the Intern and Resident Medical Officer (Post graduate Year 1/2):

31/10-4/11/22 – 47 total leave absences over period

Date	Total JMO Leave Absences
31/10/22	8
1/11/22	8
2/11/22	9
3/11/22	11
4/11/22	11

7/11-11/11/22 – 59 total leave absences over period

Date	Total JMO Leave Absences
7/11/22	12
8/11/22	11

9/11/22	9
10/11/22	14
11/11/22	13

The following tables show the leave days taken by category over the requested period. This is across the Intern and Resident Medical Officer (Post graduate Year 1/2)

31/10-4/11/22

Leave Type	Days Taken
ADO	19
Annual Leave	15
LWOP	0
Personal Leave	9
Carers Leave	0
COVID Leave	3
Conference Leave	1
Study Leave	0

7/11-11/11/22

Leave Type	Days Taken
ADO	29
Annual Leave	12
LWOP	0
Personal Leave	8
Compassionate Leave	5
Carers Leave	0
Conference Leave	0
Study Leave	0
COVID Leave	5

If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/22, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH &UCH). Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a job advertisement at www.canberrahealthservices.act.gov.au. This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH

How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/22, there is currently a Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website.

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not? **PEOPLE & CULTURE – Steve LINTON**

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions? **Currently the ACT legislation related to intern prescribing is the *Medicines, Poisons and Therapeutic Goods Regulation 2008*. This legislation is undergoing amendment to allow interns to prescribe medications externally to the Canberra Health Service. This will align the prescribing rights of interns in the ACT to those present in other states and territories. It is anticipated that this legislative amendment will be completed by the close of the 2022 legislative sitting period.**

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings? **FOR DIVISION OF MEDICINE**

Janelle Corey

Senior Director

Medical Officer Support, Credentialing, Employment and Training Unit

Canberra Health Services

Phone: 02 5124 2507

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 8:56 AM

To: Corey, Janelle (Health) <Janelle.Corey@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Hi Janelle

Please see below media enquiry for your input.

We will likely need to get a final response ready by **COB today** as Grant is on-call overnight so will need to look at it tonight.

Could you please add your responses to the questions highlighted below? I appreciate you may not have answers to all – I will work with P&C to fill in any gaps.

Feel free to give me a call if you have any questions!

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,


Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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Journalist
Australian Community Media

M
W www.canberratimes.com.au

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Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

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They had no incentives to teach and experienced low levels of morale.

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From: Beck, Eliza (Health) on behalf of Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 09:41
To: Lalor, Daniel (Health)
Cc: Executive Director of Medical Services
Subject: URGENT - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

Daniel provided updates and clearance via phone. EB 16/11/2022

OFFICIAL

Hi Daniel

We've had a media enquiry come through regarding JMOs, which Janelle has prepared responses to.

You can ignore all other questions, but given Q6 below relates to prescribing, **could you please urgently confirm whether you are happy with the highlighted response below?**

Once I have your clearance I will progress these for approval.

1. **Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?**

The following table shows the total leave absences each day over the requested period, this is across the Intern and Resident Medical Officer (Post-Graduate Year 1/2) cohort only:

Week	Date	Total PGY1/2 Absences
Week beginning 31 October	31/10/22	8
	1/11/22	8
	2/11/22	9
	3/11/22	11
	4/11/22	11
Total leave absences		47
Week beginning 7 November	7/11/22	12
	8/11/22	11
	9/11/22	9
	10/11/22	14
	11/11/22	13
Total leave absences		59

2. **If staff are absent because of COVID do they have to provide proof of a test result?**

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. **How many junior doctor positions are vacant in Canberra Health Services?**

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7. **An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?**

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Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

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Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

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Regards,

[REDACTED]
 Journalist
 Australian Community Media

M [REDACTED]
 W www.canberratimes.com.au

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There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

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"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Linton, Steven (Health)
Sent: Wednesday, 16 November 2022 10:32
To: Executive Director of Medical Services
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza,

I've drafted a response which is currently with Kalena.

Steve

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:21 AM
To: Linton, Steven (Health) <Steven.Linton@act.gov.au>
Cc: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi Steven

I have been unable to reach Jenni or Narelle regarding the question highlighted yellow below.

Are you able to provide a response to this?

Regards

Eliza Beck
Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Wednesday, 16 November 2022 10:05 AM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

[@Canberra Health Services People and Culture](#) – the journo's terminology for 'junior doctor' in the question below means JMOs (PGY1/2 - interns and first year residents).

@CHS, Division Of Medicine – we can be very clear that the trainee physician program mentioned in the 2020 article was not for all JMOs but only for the very small cohort involved in that program, and (according to Ashwin), we implemented changes and we now have a success rate much more in-line with the national average (is it higher?)

Thanks team

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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Cc: Executive Director of Medical Services <edms@act.gov.au>

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Importance: High

OFFICIAL

Hi Gareth

As discussed, I am pulling our responses together for Grant's clearance and will get these to you as soon as possible, ideally by 10:30am.

@Canberra Health Services People and Culture can you please urgently send me your cleared response for this question:

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@CHS, Division Of Medicine can you please urgently send me your cleared response for this question:

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Regards

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CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi teams,

Noting you're no doubt completely flat out at the moment, just wondering how this one is going - will be have something this morning? Min's Office has just asked me for an update.

Kind Regards

Gareth Williams | Director, Media

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Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone [REDACTED] | Email: gareth.williams@act.gov.au

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From: [REDACTED]
 Sent: Monday, 14 November 2022 4:05 PM
 To: Canberra Health Services Media <CHSmedia@act.gov.au>
 Cc: [REDACTED]
 Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Linton, Steven (Health)
Sent: Wednesday, 16 November 2022 10:34
To: Beck, Eliza (Health); Executive Director of Medical Services
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Here you go – the part in italics below.

Steven Linton
Director, Industrial Relations
People and Culture
ph: (02)5124 9599
mob: [REDACTED]



From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Wednesday, 16 November 2022 10:33 AM
To: Linton, Steven (Health) <Steven.Linton@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: Re: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Yes no problem

Get [Outlook for iOS](#)

From: Linton, Steven (Health) <Steven.Linton@act.gov.au>
Sent: Wednesday, November 16, 2022 10:31:56 AM
To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi,

The question is this:

@Canberra Health Services People and Culture can you please urgently send me your cleared response for this question:

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

I think the answer to this is as follows:

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

Steven Linton
Director, Industrial Relations
People and Culture
ph: (02)5124 9599
mob: [REDACTED]



From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:21 AM
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Importance: High

OFFICIAL

Hi Steven

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Are you able to provide a response to this?

Regards

Eliza Beck
Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Thanks Eliza,

[@Canberra Health Services People and Culture](#) – the journo’s terminology for ‘junior doctor’ in the question below means JMOs (PGY1/2 - interns and first year residents).

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Thanks team

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Kind Regards

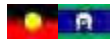
Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | **E:** eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

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An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Elsey, Jennifer (Health) on behalf of Canberra Health Services People and Culture
Sent: Wednesday, 16 November 2022 11:01
To: Executive Director of Medical Services
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

I don't think so – we are usually guided by ACT Health direction so would abide by what is required under the Public Health advice.

Jenni Elsey

Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture

Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au

People and Culture | Canberra Health Services | ACT Government

PO Box 11, WODEN ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:37 AM
To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Executive Director of Medical Services <edms@act.gov.au>
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Thanks so much!

MOSCETU provided the below response to the question re COVID testing – is this something that Kalena also needs to clear?

If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> **On Behalf Of** Canberra Health Services People and Culture
Sent: Wednesday, 16 November 2022 10:34 AM
To: Executive Director of Medical Services <edms@act.gov.au>
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Hi Eliza – response below.

Jenni Elsey

Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture

Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au

People and Culture | Canberra Health Services | ACT Government

PO Box 11, WODEN ACT 2605 | health.act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Sent: Wednesday, 16 November 2022 10:33 AM

To: Linton, Steven (Health) <Steven.Linton@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: Re: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Yes no problem

Get [Outlook for iOS](#)

From: Linton, Steven (Health) <Steven.Linton@act.gov.au>

Sent: Wednesday, November 16, 2022 10:31:56 AM

To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi,

The question is this:

[@Canberra Health Services People and Culture](#) can you please urgently send me your cleared response for this question:

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

I think the answer to this is as follows:

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

Steven Linton

Director, Industrial Relations

People and Culture

ph: (02)5124 9599

mob: [REDACTED]



From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:21 AM
To: Linton, Steven (Health) <Steven.Linton@act.gov.au>
Cc: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: FW: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi Steven

I have been unable to reach Jenni or Narelle regarding the question highlighted yellow below.

Are you able to provide a response to this?

Regards

Eliza Beck

Business Manager | Medical Services
 Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
 Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Wednesday, 16 November 2022 10:05 AM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

[@Canberra Health Services People and Culture](#) – the journo’s terminology for ‘junior doctor’ in the question below means JMOs (PGY1/2 - interns and first year residents).

[@CHS, Division Of Medicine](#) – we can be very clear that the trainee physician program mentioned in the 2020 article was not for all JMOs but only for the very small cohort involved in that program, and (according to Ashwin), we implemented changes and we now have a success rate much more in-line with the national average (is it higher?)

Thanks team

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone: [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 9:50 AM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Executive Director of Medical Services <edms@act.gov.au>
Subject: URGENT: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi Gareth

As discussed, I am pulling our responses together for Grant's clearance and will get these to you as soon as possible, ideally by 10:30am.

[@Canberra Health Services People and Culture](#) can you please urgently send me your cleared response for this question:

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

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An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Regards

Eliza Beck
 Business Manager | Medical Services
 Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
 Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Wednesday, 16 November 2022 9:38 AM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi teams,

Noting you're no doubt completely flat out at the moment, just wondering how this one is going - will be have something this morning? Min's Office has just asked me for an update.

Kind Regards

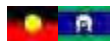
Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

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Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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Regards,

[REDACTED]

Journalist
 Australian Community Media

M [REDACTED]
 W www.canberratimes.com.au

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Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

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"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

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The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

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Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

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Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

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Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: CHS, Division Of Medicine
Sent: Wednesday, 16 November 2022 11:38
To: Executive Director of Medical Services
Subject: FW: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

FYI

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Wednesday, 16 November 2022 11:37 AM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>
Subject: RE: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Yes, that's great Gareth

Ashwin

Dr Ashwin Swaminathan

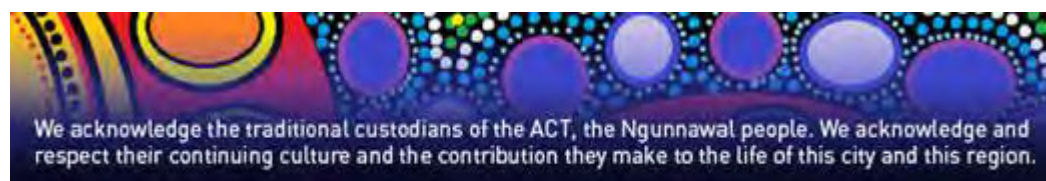
General and Infectious Diseases Physician

Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Wednesday, November 16, 2022 11:26 AM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>
Subject: RE: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Kristy and Ashwin,

It was a very useful chat yesterday, thanks Ashwin. I spoke to the journo yesterday and explained how the 2020 article was only related to a specific program that represented only a very small portion of JMOs. She wasn't aware

of the subtleties between all the different descriptions but is now. She wasn't the author of that article and initially thought it may have been related to her current story, which will focus more broadly on JMOs.

My advice in another email trail for this question was:

we can be very clear that the trainee physician program mentioned in the 2020 article was not for all JMOs but only for the very small cohort involved in that program, and (according to Ashwin), we implemented changes and we now have a success rate much more in-line with the national average (is it higher?)

I think our response to this question can be short and sweet. How about the following:

- Please note the 2020 report related to one specific trainee program and only represented a very small portion of JMOs across Canberra Health Services.
- Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network.
- Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Sent: Wednesday, 16 November 2022 11:03 AM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>; Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Subject: RE: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

Wonderful, thanks Ashwin 😊

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Wednesday, 16 November 2022 10:50 AM

To: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>; Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Subject: RE: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Kristi,

Welcome back!

I spoke with Gareth Williams (cc'd) about this yesterday (from Comms) and explained the context of the 2020 report and how that it only relates to 50 out of 600 JMOs. He was going to go back to the reporter to see what they are specifically after.

We can report that the pass mark for the written and clinical exam for basic physician trainees has improved to that or above the national average for the past couple of years.

We have provided additional resources to the Physician Training program which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave and establishing links with the NSW physician training network (HETI).

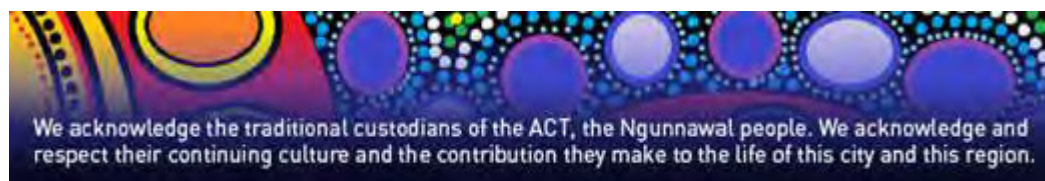
Gareth, let us know if further information is required.

Ashwin

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
Clinical Director, Division of Medicine

Canberra Health Services
PO Box 11 WODEN ACT 2606 | health.act.gov.au
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From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Wednesday, November 16, 2022 10:42 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>
Subject: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Morning Ashwin,

EDMS are leading on this comms enquiry but have asked for our input re Physician training in relation to the below.

An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Input has been provided by Renee. This is a lot of information so I am happy for you to make edits.

Thanks

Kristi

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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From: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>

Sent: Wednesday, 16 November 2022 10:34 AM

To: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Subject: Re: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Send all medical queries to Ashwin please

Dhjan yimaba (thank you),
Brendan

Brendan Docherty

Executive Director, Division of Medicine & Emergency.
Canberra Health Services.

Level 2 (Rm.20), Building 28, Canberra Hospital,
Yamba Drive, Garran, Canberra, ACT2605.

Exec Asst: (02) 5124 3603

Mobile: [REDACTED]

Email: Brendan.Docherty@act.gov.au

Web: health.act.gov.au

OUR VALUES: Reliable | Progressive | Respectful | Kind

OUR VISION: Creating exceptional healthcare together

OUR ROLE: To be a health service that is trusted by our community

We acknowledge the traditional custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Sent: Wednesday, November 16, 2022 10:07:57 AM

To: Docherty, Brendan (Health) <Brendan.Docherty@act.gov.au>

Subject: FOR APPROVAL - MEDIA ENQUIRY: Junior doctor shortfalls

Hi Brendan,

EDMS are leading on this comms enquiry but have asked for our input re Physician training in relation to the below.

An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

The below has been provided by Renee Eslick. It is a lot of information so happy for you to cut out what you think.

- The ACT Physician Training Network is responsible for providing an appropriate training environment for Basic Physician Trainees (BPTs) to complete basic training as prescribed by the Royal Australasian College of Physicians (RACP). Despite this ambition, the pass rate for the clinical examination in 2018 and 2019 was below the national pass rate and the Network's pass rate in preceding years.
- To understand the reasons for this and provide an evidence-based platform for improvement, an external review was commissioned in late 2019 by the ACT Network Director of Physician Education (NDPE) on behalf of the ACT Physician Training Committee (PTC) to comprehensively assess the Network's physician training program. The review was finalised in January 2020 and made 54 recommendations to reform the ACT Network's BPT program.
- Attached is a detailed plan of the status of the recommendations. There are 7 outstanding recommendations which predominantly relate to development of a mentor program; the implementation of which was delayed due to the COVID-19 pandemic. The Director of Physician Education at Calvary Hospital and the Network Director of Physician Education met in October 2022 to discuss the mentor program and intend to implement this by early 2023.
- The following surveys have been used to measure junior doctor burnout since 2019:
 - The 2021 Medical Board of Australia's (MBA) Medical Training Survey.
 - The 2020 Royal Australasian College of Physicians (RACP) Physician Training Survey
 - Satisfaction surveys of trainees through the ACT Physician Training Network.
 - Clinicians and staff across CHS through our *Workplace Culture Pulse Survey*.
- The 2020 Royal Australasian College of Physicians (RACP) Physician Training Survey is the only survey that specifically addressed burnout rates is the 2020 RACP Physician Training Survey. At that time, burnout rates amongst basic physician trainees at CHS remained higher than the national average (26% reported they were burned out, compared with the 14% national average). This is an improvement compared with the BPT Training Program Review, where 79% of junior doctors reported burnout. The 2020 survey was conducted during a period of peak COVID with difficulties accessing annual leave, and prior to an enhancement in both the physician training and BPT workforce. A repeat Physician Training Survey was undertaken in late 2022 with results expected in 2023.

Many thanks

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]

Journalist
 Australian Community Media

M [REDACTED]
 W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Corey, Janelle (Health)
Sent: Wednesday, 16 November 2022 12:33
To: Executive Director of Medical Services
Subject: FW: uncovered shifts
Attachments: Media enquiry response.docx

HI – have updated the tables below to include the MH shifts I missed the first time 😞

Also we have a total of 97 shifts each weekday (including evenings/nights)

All of this does not include ED

Janelle Corey

Senior Director

Medical Officer Support, Credentialing, Employment and Training Unit

Canberra Health Services

Phone: 02 5124 2507

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**Canberra Health
Services**

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 11:56 AM
To: Corey, Janelle (Health) <Janelle.Corey@act.gov.au>
Subject: RE: uncovered shifts

OFFICIAL

Thank you!!!

Are you comfortable with the attached response? Feel free to track any changes if I've missed the mark on anything.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Corey, Janelle (Health) <Janelle.Corey@act.gov.au>
Sent: Wednesday, 16 November 2022 11:37 AM
To: Executive Director of Medical Services <edms@act.gov.au>
Subject: uncovered shifts

Ok – try this, uncovered shifts each day (various reasons) over the two week period

31/10-4/11/22

Date	Total PGY1/2 Shifts uncovered
31/10/22	17
1/11/22	13
2/11/22	14
3/11/22	12
4/11/22	11

7/11-11/11/22

Date	Total PGY1/2 Shifts uncovered
7/11/22	7
8/11/22	6
9/11/22	7 + 14 D/C summary Day
10/11/22	7
11/11/22	8 + 27 Cutover

Janelle Corey

Senior Director

Medical Officer Support, Credentialing, Employment and Training Unit

Canberra Health Services

Phone: 02 5124 2507

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**Canberra Health
Services**

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

CHS experienced the following shortfalls in PGY1/2 junior doctor rosters in the period 31 October to 11 November 2022.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	14
	1/11/2022	10
	2/11/2022	11
	3/11/2022	9
	4/11/2022	8
Total unfilled shifts		52
Week beginning 7 November	7/11/2022	6
	8/11/2022	5
	9/11/2022	7 (+ 13 DHR Discharge Summary Day)
	10/11/2022	7
	11/11/2022	8 (+ 24 DHR Cutover Day)
Total unfilled shifts		70

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022.

The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined in the figures above.

Other shortfalls were experienced for reasons including:

- Position vacancies
- Required breaks in shift patterns in line with enterprise agreement entitlements
- Leave absences (see further information below)
- Inability to source locums to cover shift gaps

The below table shows the total leave absences each day over the requested period. Note: This is across the Intern and Resident Medical Officer (Post-Graduate Year 1/2) cohort only:

Week	Date	Total PGY1/2 Leave Absences
Week beginning 31 October	31/10/22	8
	1/11/22	8
	2/11/22	9
	3/11/22	11
	4/11/22	11
Total leave absences		47
Week beginning 7 November	7/11/22	12
	8/11/22	11
	9/11/22	9
	10/11/22	14
	11/11/22	13
Total leave absences		59

From: Williams, Gareth (Health)
Sent: Wednesday, 16 November 2022 12:59
To: Executive Director of Medical Services
Cc: Corey, Janelle (Health); Canberra Health Services Media
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Hi Eliza,

Thanks for this. For questions 2-6, I've just made some small suggested edits in red, plus a small statement to lead with before getting into the questions. I also included a response to Q7 that was cleared by Ashwin in DOM. However, noting your small blurb to me in your previous email and the use of the word 'JMO' in the Q7 response which might be confusing, I've edited in red to be clearer that the physician trainees mentioned in the 2020 article were not PGY1/2, is that right?

Re Q1, do you mind giving me a quick call? I've just got a couple of quick questions to clarify.

Thanks!

RESPONSE

The information for Q1-6 are specially for the cohort of junior doctors at Canberra Health Services who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified in terms of fewer people than necessary, and in terms of shifts unable to be staffed.

In respect of the first, unfilled absences arise for a number of reasons:

- Annual leave
- Roster patterns (rest days and ADOs)
- Vacancies
- Inability to provide locums

A more useful measurement are staffing shortages leading to unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, CHS experienced the following shortfalls in **Post graduate Year 1/2** junior doctor rosters (please note these figures do not include the Emergency Department):

Week	Date	PGY1/2 Shifts unable to be filled
	31/10/2022	17
Week beginning	1/11/2022	13
	2/11/2022	14
31 October	3/11/2022	12
	4/11/2022	11
Total unfilled shifts		67 (out of 485)

Week beginning 7 November	7/11/2022	7
	8/11/2022	6
	9/11/2022	7 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7
	11/11/2022	8 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 (out of 485)

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022.

The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined in the figures above.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is no requirement for CHS staff to provide proof of a test result if absent due to COVID-19. However, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH & UCH). This is from a total of 143 Intern and Resident Medical Officers (PGY1/2) CHS positions at CHS.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?


The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings? Please note the 2020 report related to one specific trainee program and only represented a very small portion of **JMOs junior doctors** across Canberra Health Services. **It did not relate to interns and resident medical officers (Post graduate Year 1/2).**

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone: [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 12:43 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Cc: Executive Director of Medical Services <edms@act.gov.au>; Corey, Janelle (Health) <Janelle.Corey@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi Gareth

Following on from my earlier email, Q1 response is now included below:

1. **Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?**

Junior doctor shortfalls can be quantified in terms of fewer people than necessary, and in terms of shifts unable to be staffed.

In respect of the first, unfilled absences arise for a number of reasons:

- Annual leave
- Roster patterns (rest days and ADOs)
- Vacancies
- Inability to provide locums

A more useful measurement are staffing shortages leading to unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, CHS experienced the following shortfalls in PGY1/2 junior doctor rosters (please note these figures do not include the Emergency Department):

Week	Date	PGY1/2 Shifts unable to be filled
------	------	-----------------------------------

	31/10/2022	17
Week	1/11/2022	13
beginning	2/11/2022	14
31 October	3/11/2022	12
	4/11/2022	11
Total unfilled shifts		67 (out of 485)
	7/11/2022	7
	8/11/2022	6
Week	9/11/2022	7 (+ 14 DHR Discharge Summary Day)
beginning	10/11/2022	7
7 November	11/11/2022	8 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 (out of 485)

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022.

The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined in the figures above.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 10:49 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that “at 31 October this year, there was a 25% shortfall in junior doctors”. I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office – will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH &UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture

<CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>;

CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Flood, Ben (Health)
Sent: Wednesday, 16 November 2022 16:13
To: Beck, Eliza (Health)
Subject: COVID Leave Media Query

OFFICIAL

Hey Eliza,

See updated words below:

1. if staff are absent because of COVID do they have to provide proof of a test result?

Staff are required to provide evidence of a positive COVID-19 diagnosis to support an application for COVID-19 leave. Under the Personal Leave provisions in the ACTPS employment framework, acceptable evidence includes a medical certificate from a registered medical practitioner operating within their scope of clinical practice, or a statutory declaration. For COVID-19 Leave applications, this was broadened to also include screenshots of positive COVID test results (via text message) and emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results.

Let me know if this works for you and/or comms.

But the TL:DR – evidence is required to support a COVID leave application, depending on why you are accessing the evidentiary requirement will change.

Regards

Ben Flood

Assistant Director
HR Advisory and Business Partnerships
People and Culture

p. 5124 9627

e. ben.flood@act.gov.au

From: Taglieri, Anita (Health)
Sent: Thursday, 17 November 2022 06:53
To: CHS, Division Of Medicine
Subject: RE: Media inquiry: Junior doctor shortfalls

OFFICIAL

Hi Kristi-Lee
I will forward you the ED shortfalls

anita

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Wednesday, 16 November 2022 3:53 PM
To: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Subject: FW: Media inquiry: Junior doctor shortfalls
Importance: High

Hi Anita,

EDMS are currently leading a media enquiry about junior doctor shortfalls at CHS – see below.

EDMS have provided the below, but it does not include data on ED, is this something you can help with or does MOSCETO look after ED JMO's?

Thanks

Kristi

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Wednesday, 16 November 2022 3:25 PM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: FW: Media inquiry: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi Kristi,

Sorry, another one that will require DOM input. Re the media enquiry about junior doctors where you previously assisted with the last question (the 2020 article about trainee physicians), we've realised we also need your input for Q1 about the shortfall of junior doctors on given days. In our response, we are referring to junior doctors as PGY1/2. EDMS has provided unfilled PGY1/2 shifts for the days provided below. I understand this doesn't include ED figures though. Are you able to contribute by providing ED figures into the below table?

Eliza – I reworded the top part of Q1, but will of course run this back through you/Grant to ensure you're happy with the wording:

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- Annual leave
- Roster patterns (rest days and accrued days off)
- Vacancies
- Inability to provide locums

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, CHS experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters (please note these figures do not include the Emergency Department):

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	17
	1/11/2022	13
	2/11/2022	14
	3/11/2022	12
	4/11/2022	11
Total unfilled shifts		67 (out of 485)
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	9/11/2022	7 (+ 14 DHR Discharge Summary Day)
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Total unfilled shifts		76 (out of 485)

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022.

The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined in the figures above.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

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Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]
Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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not secure, therefore Australian Community Media does not accept legal responsibility for the contents of this message or attached files.

From: Vaughan, Kristi-Lee (Health)
Sent: Thursday, 17 November 2022 08:21
To: Taglieri, Anita (Health)
Subject: RE: ED Shortfalls

Thanks,

I am after data shortfalls for our Post graduate Year 1/2 junior docs.

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Sent: Thursday, 17 November 2022 8:18 AM
To: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Subject: RE: ED Shortfalls

UNOFFICIAL

That is for Interns, RMOs, SRMOs and Registrars

From: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Sent: Thursday, 17 November 2022 8:17 AM
To: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Subject: RE: ED Shortfalls

Thanks very much, just to confirm they are only for the JMO's within ED?

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Sent: Thursday, 17 November 2022 8:16 AM
To: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Subject: ED Shortfalls

UNOFFICIAL

Hi Kristi-Lee
See attached the Emergency Department Shortfalls

Thanks

Anita Taglieri
Emergency Department

From: Taglieri, Anita (Health)
Sent: Thursday, 17 November 2022 08:34
To: Vaughan, Kristi-Lee (Health)
Subject: RE: ED Junior Staffing

UNOFFICIAL

27

From: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Sent: Thursday, 17 November 2022 8:33 AM
To: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Subject: RE: ED Junior Staffing

Wonderful thanks, and how many junior's do we have in total?

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Sent: Thursday, 17 November 2022 8:28 AM
To: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Subject: ED Junior Staffing

UNOFFICIAL

Hi Kristi-Lee
See attached ED Junior staff shortfalls

Thanks

Anita

Emergency Department Juniors Nov 2022

	LEAVE	SICK	UNFILLED	STUDY	COVID		
31/10/22	3						
1/11/22	2						
2/11/22	2	1					
3/11/22	2	2	1				
4/11/22	2	1	1				
total	11	4	2				

7/11/22	4	1	1				
8/11/22	4	1	1				
9/11/22	3	2	1				
10/11/22	4	2	1				
11/11/22	2	1	1				
Total	17	7	5				

From: CHS, Division Of Medicine
Sent: Thursday, 17 November 2022 13:03
To: Swaminathan, Ashwin (Health)
Subject: FOR APPROVAL: Media inquiry: Junior doctor shortfalls
Attachments: ED STAFF JUNIORS NOV 22.docx

Importance: High

Hi Ashwin,

Any update with this one?

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: CHS, Division Of Medicine
Sent: Thursday, 17 November 2022 9:07 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: FOR APPROVAL: Media inquiry: Junior doctor shortfalls
Importance: High

Morning Ashwin,

Comms have requested further info on shortfalls for our Post graduate Year 1/2 junior docs in ED.

I have provided the below (sourced by our ED medical roster manager - attached).

Just seeking your approval please.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	3
	1/11/2022	2
	2/11/2022	3
	3/11/2022	5
	4/11/2022	4
Total unfilled shifts		17
Week beginning 7 November	7/11/2022	6
	8/11/2022	6
	9/11/2022	6
	10/11/2022	7
	11/11/2022	4
Total unfilled shifts		29

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Wednesday, 16 November 2022 3:25 PM

To: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>

Subject: FW: Media inquiry: Junior doctor shortfalls

Importance: High

OFFICIAL

Hi Kristi,

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Gareth Williams | Director, Media

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Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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Regards,


Journalist
Australian Community Media

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Emergency Department Juniors Nov 2022

	LEAVE	SICK	UNFILLED	STUDY	COVID		
31/10/22	3						
1/11/22	2						
2/11/22	2	1					
3/11/22	2	2	1				
4/11/22	2	1	1				
total	11	4	2				

7/11/22	4	1	1				
8/11/22	4	1	1				
9/11/22	3	2	1				
10/11/22	4	2	1				
11/11/22	2	1	1				
Total	17	7	5				

From: Swaminathan, Ashwin (Health)
Sent: Thursday, 17 November 2022 14:55
To: CHS, Division Of Medicine
Subject: RE: FOR APPROVAL: Media inquiry: Junior doctor shortfalls

OFFICIAL

Hi Kristi

My apols for the delay – are those numbers just for ED? Or combined with other Units?

I don't have any issue if it is just ED and those are from the ED team

Ashwin

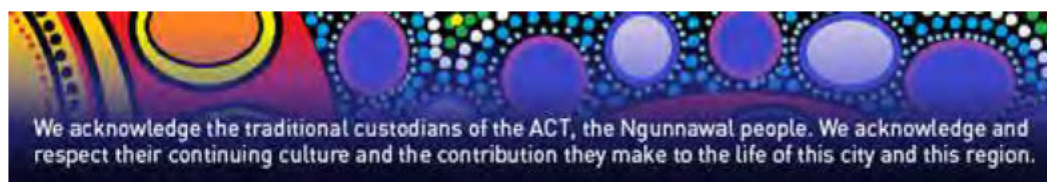
Dr Ashwin Swaminathan

General and Infectious Diseases Physician
 Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Thursday, November 17, 2022 9:07 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: FOR APPROVAL: Media inquiry: Junior doctor shortfalls
Importance: High

Morning Ashwin,

Comms have requested further info on shortfalls for our Post graduate Year 1/2 junior docs in ED.

I have provided the below (sourced by our ED medical roster manager - attached).

Just seeking your approval please.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	3
	1/11/2022	2
	2/11/2022	3
	3/11/2022	5
	4/11/2022	4
Total unfilled shifts		17
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	8/11/2022	6
	9/11/2022	6
	10/11/2022	7

	11/11/2022	4
Total unfilled shifts		29

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

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Subject: FW: Media inquiry: Junior doctor shortfalls

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Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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To: Canberra Health Services Media <CHSmedia@act.gov.au>
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Regards,

██████████

Journalist
Australian Community Media

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From: CHS, Division Of Medicine
Sent: Thursday, 17 November 2022 15:03
To: Williams, Gareth (Health)
Subject: FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls

Importance: High

Hi Gareth,

Very sorry for the late response.

Below are the shortfalls for our Post graduate Year 1/2 junior docs in ED.

Week

Date

PGY1/2 Shifts unable to be filled

Week beginning 31 October

31/10/2022

3

1/11/2022

2

2/11/2022

3

3/11/2022

5

4/11/2022

4

Total unfilled shifts

17

Week beginning 7 November

7/11/2022

6

8/11/2022

6

9/11/2022

6

10/11/2022

7

11/11/2022

4

Total unfilled shifts

29

Cleared by Ashwin.

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au Division of Medicine | Canberra Health Services | ACT Government Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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Week beginning

31 October

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17

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2/11/2022

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4/11/2022

11

Total unfilled shifts

67 (out of 485)

Week beginning

7 November

7/11/2022

7

8/11/2022

6

9/11/2022

7

(+ 14 DHR Discharge Summary Day)

10/11/2022

7

11/11/2022

8

(+ 27 DHR Cutover Day)

Total unfilled shifts

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Journalist
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From: Taglieri, Anita (Health)
Sent: Friday, 18 November 2022 11:07
To: Vaughan, Kristi-Lee (Health)
Subject: RE: ED Junior Staffing

UNOFFICIAL

yes

From: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Sent: Friday, 18 November 2022 10:59 AM
To: Taglieri, Anita (Health) <Anita.Taglieri@act.gov.au>
Subject: RE: ED Junior Staffing

So is this saying for the week of 31/10 there were 3 shortfalls for 3 shifts??

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

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Sent: Friday, 18 November 2022 10:33 AM
To: Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>
Subject: ED Junior Staffing

UNOFFICIAL

Hi Kristi
See attached with the Day Shift and Evening shift numbers include

Thanks

Anita

From: CHS, Division Of Medicine
Sent: Friday, 18 November 2022 17:56
To: Williams, Gareth (Health)
Subject: FW: FOR APPROVAL: Media inquiry: Junior doctor shortfalls

OFFICIAL

Hi Gareth,

Here you go 😊

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Week beginning 7 November	7/11/2022	6
	8/11/2022	6
	9/11/2022	6
	10/11/2022	7
	11/11/2022	4
Total unfilled shifts		29 (out of 135)

Have a great weekend!

Thanks

Kristi-Lee Vaughan | Executive Officer

Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

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From: Corey, Janelle (Health)
Sent: Monday, 21 November 2022 12:20
To: Executive Director of Medical Services
Subject: Media statement

Hi - try this, motherhood statement 😊

How are we making sure that we are safely looking after our patient?

At CHS, the safety and wellbeing of our patient is paramount. The direct care of our patients is provided by a large clinical team, this team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Cheers,

Janelle Corey

Senior Director

Medical Officer Support, Credentialing, Employment and Training Unit

Canberra Health Services

Phone: 02 5124 2507

Reliable | Progressive | Respectful | Kind



ACT
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**Canberra Health
Services**

From: Jean, David (Health)
Sent: Monday, 21 November 2022 13:12
To: Williams, Gareth (Health)
Cc: Canberra Health Services Media
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

I think we need a short sharp statement up front acknowledging the fantastic work junior doctors do to provide exceptional health care. With examples of the type of work they do, why they're important etc. Need to get across how much their work is appreciated. Really important to do this.

Is the answer to 7 a good news story? Can you get some more detail on results? If they exceed national results can we consider a proactive story with a recently successful physician trainee involved for a pic/interview? And pitch to [REDACTED] It shows we've improved as we said we would. Should be proactively pushing to counter the current narrative.

David Jean

Executive Branch Manager

Strategic Communication and Engagement

Canberra Health Services | ACT Government P. (02) 512 46115 | M. [REDACTED] | E. David.Jean@act.gov.au
2 2() ()

Canberra Health Services media on-call phone: [REDACTED]
2 2() ()

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 12:36 PM
To: Jean, David (Health) <David.Jean@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: FW: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hey Jeano,

I'll send this to DOM, EDMS and P&C for clearance once you have reviewed. In the final response, for Q1 I'll add the two sets of daily figures together, I've just kept them separate for the time being so Medical Services and Medicine can confirm their provided figures are correct.

Cheers

Gareth

RESPONSE

The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- * Annual leave
- * Roster patterns (rest days and accrued days off)
- * Vacancies
- * Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week

Date

PGY1/2 Shifts unable to be filled

Week beginning

31 October

31/10/2022

17 + 3

1/11/2022

13 + 2

2/11/2022

14 + 3

3/11/2022

12 + 5

4/11/2022

11 + 4

Total unfilled shifts

67 + 17 (out of 485 + 135)

Week beginning

7 November

7/11/2022

7 + 6

8/11/2022

6 + 6

9/11/2022

7 + 6

(+ 14 DHR Discharge Summary Day)

10/11/2022

7 + 7

11/11/2022

8 + 4

(+ 27 DHR Cutover Day)

Total unfilled shifts

76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include

a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the Medicines, Poisons and Therapeutic Goods Regulation 2008) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> On Behalf Of Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 12:43 PM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>; Corey, Janelle (Health) <Janelle.Corey@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Hi Gareth

Following on from my earlier email, Q1 response is now included below:

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified in terms of fewer people than necessary, and in terms of shifts unable to be staffed.

In respect of the first, unfilled absences arise for a number of reasons:

- * Annual leave
- * Roster patterns (rest days and ADOs)
- * Vacancies
- * Inability to provide locums

A more useful measurement are staffing shortages leading to unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, CHS experienced the following shortfalls in PGY1/2 junior doctor rosters (please note these figures do not include the Emergency Department):

Week

Date

PGY1/2 Shifts unable to be filled

Week beginning

31 October

31/10/2022

17

1/11/2022

13

2/11/2022

14

3/11/2022

12

4/11/2022

11

Total unfilled shifts

67 (out of 485)

Week beginning

7 November

7/11/2022

7

8/11/2022

6

9/11/2022

7

(+ 14 DHR Discharge Summary Day)

10/11/2022

7

11/11/2022

8

(+ 27 DHR Cutover Day)

Total unfilled shifts

76 (out of 485)

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022.

The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined in the figures above.

Regards

Eliza Beck
Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606
2 2() ()

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> On Behalf Of Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:49 AM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Cc: Executive Director of Medical Services <edms@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is not relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that [REDACTED] at 31 October this year, there was a 25% shortfall in junior doctors [REDACTED]. I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office [REDACTED] will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH &UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the Medicines, Poisons and Therapeutic Goods Regulation 2008) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606
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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms [] junior doctors [] (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that [] at 31 October this year, there was a 25% shortfall of junior doctors []. She said whichever group this is true for is the group she []s referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of [] junior doctor []?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 |
www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> On Behalf Of Executive Director of Medical Services
 Sent: Tuesday, 15 November 2022 9:25 AM
 To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
 Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
 Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED]'s definition of [REDACTED] junior doctor [REDACTED].

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza [REDACTED] just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck
Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606
2 2() ()

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journal's deadline back is 12pm Wednesday, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Minister's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 |
www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. Learn why this is important

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: CHS, Division Of Medicine
Sent: Monday, 21 November 2022 14:24
To: Williams, Gareth (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Oh yep that was fine 😊

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 2:23 PM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

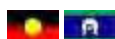
Thanks Kristi,

I think the only other Q for your team was Q7. From what I initially drafted that Ashwin cleared, I had to tweak the language later to be very clear what cohort we were talking about (JMOs, junior doctors, trainee physicians, PGY1/2).

This may not need Ashwin/Brendan clearance again if you think my tweaks were correct?

Cheers

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Monday, 21 November 2022 2:15 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Thanks Gareth,

Our table was cleared by Ashwin so good to go from Medicine's end 😊

Kristi-Lee Vaughan | Executive Officer
Phone: 02 5124 9898 | Email: kristi-lee.vaughan@act.gov.au
Division of Medicine | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 21 November 2022 2:14 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Good afternoon EDMS, DOM and P&C,

Please find below the collated media responses about junior doctors to respond to the Canberra Times media enquiry. To make it all fit together and provide some continuous narrative, there may be suggested edits to what was initially provided by your area.

If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear **asap** to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- Annual leave
- Roster patterns (rest days and accrued days off)
- Vacancies
- Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	17 + 3
	1/11/2022	13 + 2
	2/11/2022	14 + 3
	3/11/2022	12 + 5
	4/11/2022	11 + 4
Total unfilled shifts		67 + 17 (out of 485 + 135)
Week beginning 7 November	7/11/2022	7 + 6
	8/11/2022	6 + 6
	9/11/2022	7 + 6 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7 + 7
	11/11/2022	8 + 4 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS. Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

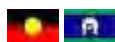
5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. **Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?**
The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.
This will align the prescribing rights of interns in the ACT to those present in other states and territories.
7. **An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?**
Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Wednesday, 16 November 2022 10:49 AM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Cc: Executive Director of Medical Services <edms@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that “at 31 October this year, there was a 25% shortfall in junior doctors”. I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office – will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH & UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>;

CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

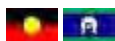
Gareth Williams | Director, Media

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: [REDACTED]

Sent: Monday, 14 November 2022 4:05 PM

To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: [REDACTED]

Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

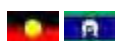
Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Williams, Gareth (Health)
Sent: Monday, 21 November 2022 15:57
To: Schorsch, Kate (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

That makes sense. Cheers 😊

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
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From: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>
Sent: Monday, 21 November 2022 3:57 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

IHSS, Campus Modernisation and QSII did 😊

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:55 PM
To: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>;
Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>;
Jean, David (Health) <David.Jean@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Ah okay, thanks Kate. I thought I heard about a recent restructure where those divisions had moved under DCEO. Apparently that conversation only occurred in my head 😊

Gareth Williams | Director, Media
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From: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>
Sent: Monday, 21 November 2022 3:52 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>;

Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>

Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>;

Jean, David (Health) <David.Jean@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hey Gareth,

Thanks for sending through. P&C and Medical Services sit under CEO 😊

Many thanks,

Kate

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 21 November 2022 3:45 PM

To: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>;

Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>

Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>;

Jean, David (Health) <David.Jean@act.gov.au>

Subject: FW: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Hi team,

I'm looping you in [@Schorsch, Kate \(Health\)](#) as I just realised that under the new structure, Division of Medical Services and People and Culture sit under DCEO (I think?). Below is a media response for the Canberra Times about junior doctors, specifically about PGY1/2s. The below questions spanned over three different divisions – DOM, Medical Services and P&C. The response has been cleared by DOM and P&C, it's just sitting with Grant Howard in Medical Services for final divisional clearance. Is Janet available to clear asap once Grant has cleared?

[@Bell, Amanda \(Health\)](#), it just occurred to me that the only DOM components of this are some PGY1/2s stats from ED (it's the second set of stats in Q1, which I'll add together in the final response) and Q7. The rest were for P&C and Medical Services. Do you want to clear your component now?

[@Stevenson, Nicole \(Health\)](#), if DCEO clears the whole thing, and COO clears their part, do you still want to clear?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 3:08 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>;

Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Thanks Jenni for P&Cs clearance.

Eliza, just to be clear in case there's any confusion, I'll add the numbers in the table together for each day for the final version. I only kept them separate in case Division of Medicine (regarding ED) or Division of Medical Services wanted to see your own stats for each day.

COO team, once Grant clears, this will be coming your way for clearance asap. Sorry about the timeframe.

Kind Regards

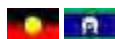
Gareth Williams | Director, Media

Canberra Health Services | ACT Government

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:38 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Q1 stats and Q7 all fine with DOM – thanks Kristi.

Over to you Jenni and Eliza 😊

Kind Regards

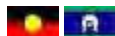
Gareth Williams | Director, Media

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:14 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Good afternoon EDMS, DOM and P&C,

Please find below the collated media responses about junior doctors to respond to the Canberra Times media enquiry. To make it all fit together and provide some continuous narrative, there may be suggested edits to what was initially provided by your area.

If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear **asap** to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- Annual leave
- Roster patterns (rest days and accrued days off)
- Vacancies
- Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients

is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	17 + 3
	1/11/2022	13 + 2
	2/11/2022	14 + 3
	3/11/2022	12 + 5
	4/11/2022	11 + 4
Total unfilled shifts		67 + 17 (out of 485 + 135)
Week beginning 7 November	7/11/2022	7 + 6
	8/11/2022	6 + 6
	9/11/2022	7 + 6 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7 + 7
	11/11/2022	8 + 4 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS. Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings? Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

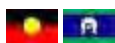
Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 10:49 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that "at 31 October this year, there was a 25% shortfall in junior doctors". I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. **Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?**

Being finalised by EDMS office – will send cleared content asap.

2. **If staff are absent because of COVID do they have to provide proof of a test result?**

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. **How many junior doctor positions are vacant in Canberra Health Services?**

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH &UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that “at 31 October this year, there was a 25% shortfall of junior doctors”. She said whichever group this is true for is the group she’s referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of ‘junior doctor’?

Kind Regards

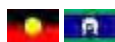
Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of ‘junior doctor’.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you’re after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you’d like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | **E:** eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

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Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT

doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Bell, Amanda (Health)
Sent: Monday, 21 November 2022 15:58
To: Williams, Gareth (Health); Schorsch, Kate (Health); Stevenson, Nicole (Health)
Cc: CHS, DCEO; CHS COO; CEOHealth; Jean, David (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Gareth, I'm happy to clear relevant parts for COO.

Cheers,
Amanda

Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] | E: amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

PO Box 11, Woden ACT 2606 | health.act.gov.au

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:45 PM
To: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: FW: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi team,

I'm looping you in [@Schorsch, Kate \(Health\)](#) as I just realised that under the new structure, Division of Medical Services and People and Culture sit under DCEO (I think?). Below is a media response for the Canberra Times about junior doctors, specifically about PGY1/2s. The below questions spanned over three different divisions – DOM, Medical Services and P&C. The response has been cleared by DOM and P&C, it's just sitting with Grant Howard in Medical Services for final divisional clearance. Is Janet available to clear asap once Grant has cleared?

@Bell, Amanda (Health), it just occurred to me that the only DOM components of this are some PGY1/2s stats from ED (it's the second set of stats in Q1, which I'll add together in the final response) and Q7. The rest were for P&C and Medical Services. Do you want to clear your component now?

@Stevenson, Nicole (Health), if DCEO clears the whole thing, and COO clears their part, do you still want to clear?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 3:08 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Thanks Jenni for P&Cs clearance.

Eliza, just to be clear in case there's any confusion, I'll add the numbers in the table together for each day for the final version. I only kept them separate in case Division of Medicine (regarding ED) or Division of Medical Services wanted to see your own stats for each day.

COO team, once Grant clears, this will be coming your way for clearance asap. Sorry about the timeframe.

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:38 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Q1 stats and Q7 all fine with DOM – thanks Kristi.

Over to you Jenni and Eliza 😊

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:14 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Good afternoon EDMS, DOM and P&C,

Please find below the collated media responses about junior doctors to respond to the Canberra Times media enquiry. To make it all fit together and provide some continuous narrative, there may be suggested edits to what was initially provided by your area.

If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear **asap** to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

***Note:** The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.*

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- Annual leave
- Roster patterns (rest days and accrued days off)
- Vacancies
- Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	17 + 3
	1/11/2022	13 + 2
	2/11/2022	14 + 3
	3/11/2022	12 + 5
	4/11/2022	11 + 4
Total unfilled shifts		67 + 17 (out of 485 + 135)
Week beginning 7 November	7/11/2022	7 + 6
	8/11/2022	6 + 6
	9/11/2022	7 + 6 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7 + 7
	11/11/2022	8 + 4 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS. Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 10:49 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which ██████ referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that ██████ also noted that "at 31 October this year, there was a 25% shortfall in junior doctors". I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office – will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH & UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au
 Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Tuesday, 15 November 2022 1:12 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
 Phone: [REDACTED] | Email: gareth.williams@act.gov.au
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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Tuesday, 15 November 2022 9:25 AM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T [REDACTED] | E: eliza.beck@act.gov.au
Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

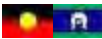
Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]
Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Stevenson, Nicole (Health)
Sent: Monday, 21 November 2022 16:00
To: Williams, Gareth (Health)
Cc: CHS, DCEO; CHS COO; CEOHealth; Jean, David (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

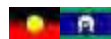
Happy for this to go Gareth

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:55 PM
To: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Ah okay, thanks Kate. I thought I heard about a recent restructure where those divisions had moved under DCEO. Apparently that conversation only occurred in my head 😊

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
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Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>
Sent: Monday, 21 November 2022 3:52 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hey Gareth,

Thanks for sending through. P&C and Medical Services sit under CEO 😊

Many thanks,

Kate

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:45 PM

To: Schorsch, Kate (Health) <Kate.Schorsch@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: CHS, DCEO <CHSDCEO@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>
Subject: FW: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Hi team,

I'm looping you in [@Schorsch, Kate \(Health\)](#) as I just realised that under the new structure, Division of Medical Services and People and Culture sit under DCEO (I think?). Below is a media response for the Canberra Times about junior doctors, specifically about PGY1/2s. The below questions spanned over three different divisions – DOM, Medical Services and P&C. The response has been cleared by DOM and P&C, it's just sitting with Grant Howard in Medical Services for final divisional clearance. Is Janet available to clear asap once Grant has cleared?

[@Bell, Amanda \(Health\)](#), it just occurred to me that the only DOM components of this are some PGY1/2s stats from ED (it's the second set of stats in Q1, which I'll add together in the final response) and Q7. The rest were for P&C and Medical Services. Do you want to clear your component now?

[@Stevenson, Nicole \(Health\)](#), if DCEO clears the whole thing, and COO clears their part, do you still want to clear?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
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From: Williams, Gareth (Health)
Sent: Monday, 21 November 2022 3:08 PM
To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Thanks Jenni for P&Cs clearance.

Eliza, just to be clear in case there's any confusion, I'll add the numbers in the table together for each day for the final version. I only kept them separate in case Division of Medicine (regarding ED) or Division of Medical Services wanted to see your own stats for each day.

COO team, once Grant clears, this will be coming your way for clearance asap. Sorry about the timeframe.

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:38 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Q1 stats and Q7 all fine with DOM – thanks Kristi.

Over to you Jenni and Eliza 😊

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:14 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Good afternoon EDMS, DOM and P&C,

Please find below the collated media responses about junior doctors to respond to the Canberra Times media enquiry. To make it all fit together and provide some continuous narrative, there may be suggested edits to what was initially provided by your area.

If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear asap to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- Annual leave
- Roster patterns (rest days and accrued days off)
- Vacancies
- Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week	Date	PGY1/2 Shifts unable to be filled
Week beginning 31 October	31/10/2022	17 + 3
	1/11/2022	13 + 2
	2/11/2022	14 + 3
	3/11/2022	12 + 5
	4/11/2022	11 + 4
Total unfilled shifts		67 + 17 (out of 485 + 135)
Week beginning	7/11/2022	7 + 6
	8/11/2022	6 + 6

7 November	9/11/2022	7 + 6 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7 + 7
	11/11/2022	8 + 4 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS. Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 10:49 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that "at 31 October this year, there was a 25% shortfall in junior doctors". I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office – will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH & UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is

the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>;

CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.


From: Williams, Gareth (Health)
Sent: Monday, 21 November 2022 16:45
To: Executive Director of Medical Services; CHS, Division Of Medicine; Canberra Health Services People and Culture
Cc: CHS COO; CEOHealth; Canberra Health Services Media; Jean, David (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Many thanks all, this was a lengthy one with lots of parts over different divisions, so thanks all for your input.

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au
Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: Nolan, Jessica (Health) <Jessica.J.Nolan@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Monday, 21 November 2022 4:42 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Hi Gareth

EDMS has cleared our input.

Please let me know if you need anything further.

Thanks
Jess

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:08 PM
To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls
Importance: High

OFFICIAL

Thanks Jenni for P&Cs clearance.

Eliza, just to be clear in case there's any confusion, I'll add the numbers in the table together for each day for the final version. I only kept them separate in case Division of Medicine (regarding ED) or Division of Medical Services wanted to see your own stats for each day.

COO team, once Grant clears, this will be coming your way for clearance asap. Sorry about the timeframe.

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Williams, Gareth (Health)

Sent: Monday, 21 November 2022 2:38 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

Q1 stats and Q7 all fine with DOM – thanks Kristi.

Over to you Jenni and Eliza 😊

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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Sent: Monday, 21 November 2022 2:14 PM

To: Executive Director of Medical Services <edms@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls

Importance: High

OFFICIAL

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If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear asap to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

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- Roster patterns (rest days and accrued days off)
- Vacancies
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A more useful measurement are unfilled shifts of work, provided below.

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Week	Date	PGY1/2 Shifts unable to be filled
------	------	-----------------------------------

Week beginning 31 October	31/10/2022	17 + 3
	1/11/2022	13 + 2
	2/11/2022	14 + 3
	3/11/2022	12 + 5
	4/11/2022	11 + 4
Total unfilled shifts		67 + 17 (out of 485 + 135)
Week beginning 7 November	7/11/2022	7 + 6
	8/11/2022	6 + 6
	9/11/2022	7 + 6 (+ 14 DHR Discharge Summary Day)
	10/11/2022	7 + 7
	11/11/2022	8 + 4 (+ 27 DHR Cutover Day)
Total unfilled shifts		76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS. Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Wednesday, 16 November 2022 10:49 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Cc: Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is **not** relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that "at 31 October this year, there was a 25% shortfall in junior doctors". I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office – will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH & UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the *Medicines, Poisons and Therapeutic Goods Regulation 2008*) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services' facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck

Business Manager | Medical Services
Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms 'junior doctors' (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that "at 31 October this year, there was a 25% shortfall of junior doctors". She said whichever group this is true for is

the group she's referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of 'junior doctor'?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> **On Behalf Of** Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED] definition of 'junior doctor'.

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza – just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck

Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] E: eliza.beck@act.gov.au

Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Monday, 14 November 2022 5:21 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>;

CEOHealth <CEOHealth@act.gov.au>

Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journo's deadline back is **12pm Wednesday**, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Min's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au

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From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors [faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture](#). Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Williams, Gareth (Health)
Sent: Monday, 21 November 2022 17:00
To: Smitham, Kalena (Health)
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Thanks Kalena, and thanks for the quick turnaround.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Monday, 21 November 2022 3:10 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Great that makes more sense

From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> On Behalf Of Canberra Health Services People and Culture
Sent: Monday, 21 November 2022 3:07 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FW: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Explanation of the table for you

Jenni Elsey

Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture
Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au People and Culture | Canberra Health Services | ACT
Government PO Box 11, WODEN ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 21 November 2022 3:04 PM
To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Ah thanks Jenni, I'll explain the table in Kalena is wondering what's going on.

Basically, the first numbers for each day are from the Medical Services Division while the second lot of daily stats are from the Division of Medicine, as the ED stats for PGY1/2s were provided separately from what Medical Services Division provided for all the other PGY1/2s. I kept them separate for this draft so that both divisions could see their individual numbers. For the final response though, the numbers will be added together.

For example, for 31 October, rather than 17+3, it will be 20.

Hope that makes sense!

Cheers

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> On Behalf Of Canberra Health Services People and Culture

Sent: Monday, 21 November 2022 2:57 PM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Subject: FW: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

Hi Gareth ☺ Kalena's comment below ☺ but happy with the remainder of the content

Jenni Elsey

Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture

Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au People and Culture | Canberra Health Services | ACT Government PO Box 11, WODEN ACT 2605 | health.act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Sent: Monday, 21 November 2022 2:54 PM

To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>

Subject: RE: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]

OFFICIAL

This is fine except the table ☺ as someone who doesn't know what they are talking about ☺ I'm not sure what its says? What is 17 + 3??

From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> On Behalf Of Canberra Health Services People and Culture
Sent: Monday, 21 November 2022 2:46 PM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: FOR URGENT CLEARANCE - MEDIA ENQUIRY: Junior doctor shortfalls [SEC=UNCLASSIFIED]
Importance: High

OFFICIAL

OFFICIAL

Good afternoon EDMS, DOM and P&C,

Please find below the collated media responses about junior doctors to respond to the Canberra Times media enquiry. To make it all fit together and provide some continuous narrative, there may be suggested edits to what was initially provided by your area.

If your relevant executive director/executive group manager could please review the entire response below and clear the parts relevant to your division, that would be great. For Q1, I have left the original figures in there from both Medical Services and DOM to confirm that it's what you provided. For the final response, I will add the two different figures together for each day to provide one daily figure.

I must provide the response to the MO by 3:30pm today, so if you can clear asap to provide enough time for COO/CEO clearance prior to that, that would be great.

Many thanks in advance.

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- * Annual leave
- * Roster patterns (rest days and accrued days off)
- * Vacancies
- * Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week

Date

PGY1/2 Shifts unable to be filled

Week beginning

31 October

31/10/2022

17 + 3

1/11/2022

13 + 2

2/11/2022

14 + 3

3/11/2022

12 + 5

4/11/2022

11 + 4

Total unfilled shifts

67 + 17 (out of 485 + 135)

Week beginning

7 November

7/11/2022

7 + 6

8/11/2022

6 + 6

9/11/2022

7 + 6

(+ 14 DHR Discharge Summary Day)

10/11/2022

7 + 7

11/11/2022

8 + 4

(+ 27 DHR Cutover Day)

Total unfilled shifts

76 + 29 (out of 485 + 135)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include

a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive rapid antigen test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

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Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Ensuring the provision of a safe working environment is important for all of our staff and is not something restricted to only the enterprise bargaining process. However, matters such as safe working hours and rostering are being discussed as part of the enterprise bargaining round.

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This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> On Behalf Of Executive Director of Medical Services
 Sent: Wednesday, 16 November 2022 10:49 AM
 To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
 Cc: Executive Director of Medical Services <edms@act.gov.au>
 Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

As discussed, I am providing responses to the journalist's questions specifically in relation to PGY1/2 (interns and residents) junior doctors.

There are still a couple of gaps but I wanted to send this through so you can start reviewing / working on it for it to come back to Grant for clearance (if changed).

When providing this response to Canberra Times, could we please ensure that it is reiterated that this is for a particular cohort of junior doctors, and not the collective of all junior doctors across CHS (or the ACT).

Could you also please reiterate that this data is not relevant to the cohort referred to in the previous media article which [REDACTED] referred to in her initial request. The previous article relates to physician trainees which are part of the PGY3+ group of junior doctors, and the responses presented in Q1-6 below do not relate to that cohort.

I note that [REDACTED] also noted that [REDACTED] at 31 October this year, there was a 25% shortfall in junior doctors [REDACTED]. I am unable to tell you which cohort of JMOs this may be true for, but it is not correct for the PGY1/2 cohort as you will see in the responses below.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Being finalised by EDMS office ☐ will send cleared content asap.

2. If staff are absent because of COVID do they have to provide proof of a test result?

No, there is a current ACT Public Health mandatory requirement that all positive rapid antigen test (RAT) results are registered with ACT Health. Positive PCR results in the ACT are automatically reported to ACT Health.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15/11/2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services (TCH &UCH). This is from a total of 143 Intern and RMO (PGY1/2) CHS positions at TCH and UCH.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15/11/2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

While ensuring the provision of a safe working environment is not something restricted to the enterprise bargaining process, there are a number of claims relating to safe working hours and rostering that are being discussed as part of the enterprise bargaining round.

6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The legislation related to intern prescribing (the Medicines, Poisons and Therapeutic Goods Regulation 2008) is undergoing amendment to allow interns to prescribe medications for use external to Canberra Health Services ☐ facilities.

This will align the prescribing rights of interns in the ACT to those present in other states and territories.

7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Division of Medicine awaiting ED clearance on response

Regards

Eliza Beck
Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Tuesday, 15 November 2022 1:12 PM

To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Thanks Eliza,

Based on my chat with Ashwin and yourself, I spoke to the journalist a little while ago and explained the difference between the broad terms [] junior doctors[] (which are interns, residents, registrars), JMOs (as in first and second year doctors) and the sub-group of trainee physicians that the below article referred to. She is aware now that the trainee physician program was only a very small sub-group of the much larger group, and is not representative of either of the other junior doctor groups.

The group she thinks she is after are the first and second years doctors (JMOs under Medical Services). She was told that [] at 31 October this year, there was a 25% shortfall of junior doctors[]. She said whichever group this is true for is the group she[]s referring to. Do you know if that is referring to JMOs under Medical Services, or would that be the broader description of [] junior doctor[] ?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 |
www.health.act.gov.au

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From: Beck, Eliza (Health) <Eliza.Beck@act.gov.au> On Behalf Of Executive Director of Medical Services

Sent: Tuesday, 15 November 2022 9:25 AM

To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; CHS, Division Of Medicine <CHSDOM@act.gov.au>

Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>

Subject: RE: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Gareth

To determine who leads the response we might need some clarification on [REDACTED]'s definition of [REDACTED] junior doctor[REDACTED].

While Medical Services manages the employment, support, credentialing etc., of some junior doctors (PGY1/2 interns and residents), the Division of Medicine manages the Physician Training Network, which includes the cohort referred to in the previous media article.

If it needs to encompass all junior doctors across CHS (PGY1-PGY3+) then my view is that would sit with People and Culture for response, however if you're after specifics for different levels then we can provide some responses from Medical Services (for PGY1/2 JMOs).

The point highlighted below can definitely be responded to by our office, but let me know how you'd like to go about the others.

Liza ☐ just including you as a heads up in case DoM need to provide some responses.

Regards

Eliza Beck
Business Manager | Medical Services

Canberra Health Services | ACT Government

T: [REDACTED] | E: eliza.beck@act.gov.au Building 28, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Monday, 14 November 2022 5:21 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: FOR ACTION - MEDIA ENQUIRY: Junior doctor shortfalls

OFFICIAL

Hi Eliza and Jenni,

Please see below a media enquiry from Canberra Times about junior doctor shortfalls at CHS. The journal's deadline back is 12pm Wednesday, noting whatever we prepare needs to be cleared through the relevant line area executive, CEO and the Minister's Office.

The link to the article in the last question links to a subscriber article, which you may not be able to access. I've copied and pasted the text from the article at the bottom of the email for your info.

Would the below questions best sit with Medical Services or People & Culture to provide some draft responses for our review/workshopping?

Kind Regards

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: [REDACTED]
Sent: Monday, 14 November 2022 4:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: [REDACTED]
Subject: Media inquiry: Junior doctor shortfalls

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. Learn why this is important

Hi team,

Please see some questions below related to junior doctors at Canberra Health Services. These questions are based on matters that have been raised with us.

Our deadline is 12pm Wednesday.

Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks?
So from October 31 to November 4 and November 7 to November 11?

If staff are absent because of COVID do they have to provide proof of a test result?

How many junior doctor positions are vacant in Canberra Health Services?

How many job advertisements are there for junior doctors for CHS at the moment?

Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please don't hesitate to get in touch if you have any questions.

Regards,

[REDACTED]
22 () ()

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

Canberra junior doctors facing high fail rate, excessive burn out

Canberra's trainee doctors are facing a disproportionately high fail rate due to concerning levels of burnout and poor workplace culture, an internally commissioned review has revealed.

It found doctors have worked unsafe hours and their enterprise bargaining agreement had been breached.

Canberra Health Services executive director of medical services Dr Nick Coatsworth says recent improvements, such as dedicated teaching time, have boosted junior doctor morale.

The report, completed by two external experts, was commissioned by the organisation after two consecutive years of high exam failure rates among Canberra's trainee physicians.

Just 37 per cent of doctors passed their clinical exams in 2019, well below the Australian average of 70 per cent.

The report, released under freedom of information laws, found the poor results among the basic physician trainees could likely be attributed to high levels of burnout.

Doctors enter the trainee program, a pathway to specialist training, after at least one year as an intern.

Almost 80 per cent of ACT trainees were suffering from burnout, well above the international average of 51 per cent. There was an overwhelming sense that clinical staff did not feel valued by the system, and that "good people" were failing exams.

Trainees often witnessed senior clinician conflict and there was no culture of mentorship at ACT hospitals, the report said.

There were several trainee doctors who reported working 12 consecutive days, followed by two days off, only to work a further 12 consecutive days.

"Interviews with trainees and audits of rosters revealed that the [enterprise agreement], safe working hours are often breached," the report said.

"Trainees reported having their leave revoked in 2019, even when air tickets had already been purchased."

Multiple junior doctors at Calvary Hospital said their pay had been deducted for being 10 minutes late, despite accumulating hours of unpaid overtime.

The report said candidates who had failed exams did not appear to have a clear plan to improve their chances of passing.

"One response was 'work harder' despite acknowledging they had worked as hard as they could. Another response was 'I don't know - I will pray'," the report read.

There were several "concerning" stories about coercion to come to work despite requesting sick leave, with trainees told the system was desperate and not able to cover their absence.

Some senior clinicians at Canberra and Calvary hospitals who had traditionally taught the trainee physicians had become disengaged, possibly due to their own excessive workloads, the report said.

They had no incentives to teach and experienced low levels of morale.

"[There has been] turnover of staff in senior positions who had contributed heavily to the teaching program. New appointments have not taken on the same teaching contributions," the report said.

Fewer than half the doctors in training who completed a survey would recommend the training program to a junior colleague.

Dr Coatsworth said the organisation had already implemented a number of initiatives to meet the review's recommendations.

This has included implementing mandated teaching time during work hours, a review of rostering and leave processes, and increased interaction between the doctors and the director of physician training.

"The findings are concerning for any hospital that wants to nurture its physician trainees and give them the best possible learning environment," he said.

"But at the same time the reason we commissioned the review was because we wanted experienced reviewers to give their perspective.

"It's always important if you've got things you want to change to get an external point of view."

Dr Coatsworth said the training program was often one of the most stressful parts doctors' careers.

"You need time to decompress, you need a proper time management program," he said.

"We want these doctors to be focused on their own well being because they have to be in a good space to provide exceptional healthcare."

He said the organisation believed morale among trainees had improved over recent months, and hoped it would be reflected in the upcoming exam pass rates.

Earlier in the year, the Medical Board of Australia's first national training survey of almost 10,000 doctors found ACT doctors had the worst workplace experience of any state or territory.

Canberra's public health system has been dogged by reports of poor culture for years, but the government has resisted holding a board of inquiry as called for by the Australian Medical Association and opposition.

Instead, in 2018 it announced an independent review into the system, which last year found alarming levels of bullying and harassment.

From: Williams, Gareth (Health)
Sent: Tuesday, 22 November 2022 15:45
To: Cassidy, Lily; Doyle, Tom (Health); Canberra Health Services Media
Subject: RE: CT enquiry for approval

OFFICIAL

Thanks Lily!

Gareth Williams | Director, Media

Canberra Health Services | ACT Government
Phone: [REDACTED] | Email: gareth.williams@act.gov.au Building 23, Level 2, Canberra Hospital, Garran ACT 2605 |
www.health.act.gov.au

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From: Cassidy, Lily <Lily.Cassidy@act.gov.au>
Sent: Tuesday, 22 November 2022 3:37 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>; Doyle, Tom (Health) <Tom.Doyle@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Fwd: CT enquiry for approval

Please see attached JMO response for [REDACTED] :)
d t

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From: Cassidy, Lily
Sent: Tuesday, November 22, 2022 3:00:42 PM
To: Stephen-Smith, Rachel <Rachel.Stephen-Smith@act.gov.au>
Cc: Cook, Caitlin <Caitlin.Cook@act.gov.au>; Bergin, Catherine <Catherine.Bergin@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Subject: CT enquiry for approval

Hi Rachel,

Please see the media response on the JMO shortages.

Thanks in advance!

Lily

Hi Lily,

Sorry for the delay with this one. Lots of different parts across multiple divisions during post-DHR live week. FYI - [REDACTED] hasn't followed up on this one today. Please see below for review and clearance:

Questions

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?
2. If staff are absent because of COVID do they have to provide proof of a test result?
3. How many junior doctor positions are vacant in Canberra Health Services?
4. How many job advertisements are there for junior doctors for CHS at the moment?
5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?
6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

We wish to acknowledge and thank our junior doctors for the terrific work they do every day as part of our Canberra Health Services team. Our junior doctors are committed to constantly building their skills and knowledge, provide exceptional healthcare to our patients and are an integral part of our clinical teams across a range of disciplines in the service. We know that entering the medical profession can be a challenging transition, and we are committed to ensuring our junior doctors are well supported, prepared and equipped with the necessary clinical skills to flourish at this crucial time in their careers.

1. Could we please have the junior doctor shortfalls at Canberra Hospital for each weekday from the last two weeks? So from October 31 to November 4 and November 7 to November 11?

Junior doctor shortfalls can be quantified several different ways. It could be quantified as staff absences due to:

- * Annual leave
- * Roster patterns (rest days and accrued days off)
- * Vacancies
- * Inability to provide locums.

A more useful measurement are unfilled shifts of work, provided below.

For the period 31 October to 11 November 2022, we experienced the following shortfalls in Post graduate Year 1/2 (PGY1/2) junior doctor rosters.

In the week beginning 7 November 2022, CHS undertook a number of projects to ensure the organisation was prepared for the commencement of the Digital Health Record (DHR), which went live in the ACT on Saturday 12 November 2022. The completion of these projects required the involvement of several junior doctors, requiring the

diversion of a portion of junior doctors from clinical duties to DHR projects. These DHR shortfalls are outlined separately in the figures below as this was a one-off situation.

At Canberra Health Services, the safety and wellbeing of our patients is paramount, and we ensure that even when some shifts are unfilled, patient care is not compromised and remains high. The direct care of our patients is provided by a large clinical team. This team consists not only of interns and residents, but of consultant doctors, registrars, nurses and allied health staff. These team members all work together to provide safe and appropriate clinical care to each of our patients.

Week

Date

PGY1/2 Shifts unable to be filled

Week beginning

31 October

31/10/2022

20

1/11/2022

15

2/11/2022

17

3/11/2022

17

4/11/2022

15

Total unfilled shifts

84 (out of 620)

Week beginning

7 November

7/11/2022

13

8/11/2022

12

9/11/2022

13

(+ 14 DHR Discharge Summary Day)

10/11/2022

14

11/11/2022

12

(+ 27 DHR Cutover Day)

Total unfilled shifts

105 (out of 620)

2. If staff are absent because of COVID do they have to provide proof of a test result?

CHS staff can access COVID leave for a number of reasons, including if a staff tests positive to COVID-19, are a household contact, awaiting COVID test results etc. When accessing COVID Leave, staff are required to provide acceptable evidence to support this leave application. This may include a medical certificate from a registered medical practitioner, screenshots of a positive COVID test result, emails from ACT Public Health confirming receipt of a positive Rapid Antigen Test (RAT) results or a statutory declaration.

3. How many junior doctor positions are vacant in Canberra Health Services?

As at 15 November 2022, there are 14 Intern and Resident Medical Officer (Post graduate Year 1/2) vacancies at Canberra Health Services. This is from a total of 143 Intern and Resident Medical Officers positions at CHS.

Seven of these vacancies are filled by new staff that have not yet commenced with CHS, the remaining seven are subject to a current job advertisement.

4. How many job advertisements are there for junior doctors for CHS at the moment?

As at 15 November 2022, there is currently one Resident Medical Officer (RMO/PGY2) advertisement on the Canberra Health Services website. This recruitment process will be used to fill the remaining seven vacancies noted above.

5. Are increased safety provisions for junior doctors, including maximum hours of work, minimum days off and minimum time between shifts being considered as part of enterprise bargaining? If not, why not?

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6. Is any legislative change being considered to allow for intern doctors to write and sign for prescriptions?

The ACT Health Directorate has been consulting this year with stakeholders on potential changes to the Medicines, Poisons and Therapeutic Goods Regulations to expand medicines authorisations for public health institutions.

The Medicines, Poisons and Therapeutic Goods Regulations currently authorises intern doctors to prescribe medicines for administration at a public health institution, and to supply medicines dispensed for patients upon discharge from an institution. Consultations identified that currently this means that intern doctors are unable to prescribe medicines in outpatient settings or upon a patient's discharge.

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7. An internally commissioned review in 2020 found doctors faced a disproportionately high fail rate due to concerns about levels of burnout and poor workplace culture. Have any further reviews or surveys been conducted since this point? If so, what were these findings? Could we please see any report or findings?

Please note the 2020 report related to one specific trainee program and only represented a very small portion of junior doctors across Canberra Health Services. It did not relate to interns and resident medical officers (PGY1/2).

Since the report, we have provided additional supports to the Physician Training Program, which has assisted with pastoral care and trainee support, enhancing the educational program, reducing workloads and managing leave, and establishing links with the NSW physician training network. Consequently, our written and clinical exam results for this program have improved to equal or exceed the national average results.

Lily Cassidy | Media Adviser

ACT Government Communications Unit

Offices of Minister Stephen-Smith and Minister Gentleman

██████████ lily.cassidy@act.gov.au

22 ()

From: Williams, Gareth (Health)
Sent: Tuesday, 22 November 2022 15:54
To: [REDACTED] - Canberra Times
Cc: Canberra Health Services Media; [REDACTED]
Subject: Media response - Junior Doctors

OFFICIAL

Hi [REDACTED]

Thanks for your patience with this one. Please attribute to a Canberra Health Services spokesperson:

RESPONSE

Note: The information for Q1-6 are specifically for the cohort of junior doctors who are interns and resident medical officers (Post graduate Year 1/2). This cohort and subsequent data is not relevant to the physician trainees mentioned in the 2020 article. The physician trainees were a small cohort of junior doctors in their third post graduate year and above, and only represented a small portion of junior doctors.

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Gareth Williams | Director, Media

Canberra Health Services | ACT Government

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RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.