

4 February 2019

Mr Stephen Patterson MP  
Occupational Safety, Rehabilitation and Compensation Committee  
Parliament of South Australia  
GPO Box 572  
ADELAIDE 5001

Email: [OccHealthCommittee@parliament.sa.gov.au](mailto:OccHealthCommittee@parliament.sa.gov.au)

Dear Mr Patterson

Thank you for the opportunity to provide a submission to the Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services. This response has been prepared with input from the South Australia and Northern Territory Regional Committee of the Australian and New Zealand College of Anaesthetists (ANZCA).

ANZCA, including the Faculty of Pain Medicine (FPM), is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, ANZCA is committed to ongoing continuous improvement, promoting best practice, and contributing to a high quality health system.

The college has received complaints of bullying from fellows and trainees throughout Australia, including South Australia. While recognising the employer still has the responsibility to monitor and manage these issues, including bullying, discrimination and sexual harassment (BDSH) in the workplace, the college is also focusing on strengthening its links with hospitals while being sensitive to the risks to careers of those involved in complaints.

ANZCA takes doctor wellbeing issues very seriously – one of the four main goals outlined in ANZCA's 2018-2022 Strategic Plan is "Supporting workforce and wellbeing" ([www.anzca.edu.au/about-anzca/our-mission,-vision,-and-strategic-plans/goal-4-supporting](http://www.anzca.edu.au/about-anzca/our-mission,-vision,-and-strategic-plans/goal-4-supporting)).

We have also put in place several significant measures to support the wellbeing of our fellows, trainees, specialist international medical graduates (SIMGs).

**Doctors' Health and Wellbeing Framework** ([www.anzca.edu.au/resources/doctors-welfare/draft-interim-framework](http://www.anzca.edu.au/resources/doctors-welfare/draft-interim-framework))

In early 2018, ANZCA developed an interim draft Doctors' Health and Wellbeing Framework based on beyondblue's good practice framework for mental health and wellbeing in first responder organisations.

The draft framework includes three integrated action areas:

- Promotion: Promoting the positive aspects of being in the profession as well as the importance of self-care in the role of doctor. Promoting research.
- Prevention: Advocating to reduce profession-related risk factors for health and wellbeing and increasing prevention strategies.
- Support: Providing effective and accessible services and programs to support doctors' health and wellbeing. Encouraging those who need treatment; de-stigmatising mental illness; and promoting inclusion.



**Free Doctors' Support Program** ([www.anzca.edu.au/resources/doctors-welfare/anzca-doctors-support-program](http://www.anzca.edu.au/resources/doctors-welfare/anzca-doctors-support-program))

ANZCA has engaged an independent counselling and coaching service to provide all ANZCA fellows, trainees, SIMGs and immediate family members with free access to qualified professionals, including psychologists, social workers and management coaches. Support is confidential and private, and can be provided face to face, via telephone or online throughout Australia and New Zealand. The program has been widely promoted to our doctors via the ANZCA Bulletin, e-newsletters and the Welfare of Anaesthetists Special Interest Group.

**Complaints/concerns process** ([www.anzca.edu.au/resources/doctors-welfare](http://www.anzca.edu.au/resources/doctors-welfare))

In May 2017 ANZCA introduced a new process to allow those who have experienced or observed inappropriate behaviour by a college representative to bring it to ANZCA's attention. All notifications received are treated as confidential unless the permission of the complainant is obtained. Complainants may also voice their concerns directly with ANZCA's CEO.

**Doctors' health and wellbeing resources** ([www.anzca.edu.au/resources/doctors-welfare](http://www.anzca.edu.au/resources/doctors-welfare))

The ANZCA website provides numerous resources related to doctors' health and wellbeing, including:

- A directory of doctors' health advisory services in Australia and New Zealand to help doctors identify local support programs and helplines.
- Resources and advice regarding bullying, discrimination and sexual harassment.
- Early indicator checklists for supervisors of training who need to initiate management to assist a struggling trainee. The checklists provide a guide to addressing issues raised about a trainee or by the trainee themselves, as well as a directory of available resources.
- A range of resource documents developed by the Welfare of Anaesthetists Special Interest Group that provide brief comment, give references, and identify strategies for use in dealing with the more common professional and personal stresses.
- Guidelines for promoting good practice and managing poor performance. These are designed to provide advice to anaesthesia and pain medicine managers, leaders, mentors and colleagues on promoting an environment that supports excellent professional standards and to assist in identifying and managing practitioners performing below acceptable professional standard.

**Fatigue and anaesthesia**

The nature of the work in anaesthesia is such that there may be a necessity to provide anaesthesia out of hours for life, limb or organ-threatening emergencies, for procedures where delay may result in a significantly inferior patient outcome and for obstetric patients. The provision of anaesthesia requires a high level of knowledge, sound judgement, fast and accurate responses to clinical situations, and the capacity for extended periods of vigilance.

Healthcare professionals who work while fatigued are at risk of accidents to themselves, such as needle stick injuries, and their patients while at work, and while travelling to and from work. The decrement in cognitive psychomotor performance after 17 hours of sustained wakefulness is equivalent to the performance impairment observed with a blood alcohol level of 0.05 per cent, and after 24 hours to a blood alcohol level of 0.1 per cent.

Fatigue is associated with disruption to social and family life and in the long term can have a detrimental effect on health. Poor sleep may increase the risk of cardiovascular disease, including coronary heart disease and stroke, and mental health problems. In a study of 49 healthy, full-time doctors that was published this last month, it was demonstrated that acute sleep deprivation and a frequently disrupted sleep cycle are associated with DNA damage<sup>1</sup>.

Fatigue has been demonstrated to impair vigilance and accuracy of response. Decreased performance of motor and cognitive functions in a fatigued healthcare professional may result in impaired judgement, late and inadequate responses to clinical changes, poor communication, empathy and increased errors.

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<sup>1</sup> Cheung V, Yuen VM, Wong GTC, Choi SW. The effect of sleep deprivation and disruption on DNA damage and health of doctors. *Anaesthesia* 2019 <https://doi.org/10.1111/anae.14533>

ANZCA expects that anaesthetists should understand how to assess fatigue in themselves and others; and their responsibilities with respect to working while fatigued. It is ANZCA's view that employers must be aware of fatigue as an occupational health and safety issue and manage this risk to comply with occupational health and safety legislation in their jurisdictions. ANZCA recommends the following measures:

- Hospitals should establish programs to mitigate the risk associated with fatigue. These may include:
  - provision of appropriate rest facilities, such as a quiet, dark, private space with a bed and bathroom facilities that can be used during and/or after a night shift or “on-call” duties.
  - an alternative safe commuting program, such as a taxi reimbursement scheme, in case clinicians feel unsafe to drive home
- Hospitals should establish processes to facilitate the conduct of non-elective procedures during daytime hours. Surgery should not be started between 22:00 and 08:00hrs unless it is a life-, limb- or organ-threatening emergency.
- Hospital departments should have a management plan to address the short-term consequences of anaesthetists being unavailable for clinical duties because of fatigue following “on-call” work. This should not be at the cost of clinical support time within the department.
- Staffing of departments should be planned so that all staff are capable of taking regular recreation leave.
- For shift work, forward-rotating shifts (mornings - evenings - nights) are associated with the least disturbance to normal sleep patterns. In departments where clinicians are working in shifts, rosters should be planned in a forward-rotating pattern with sufficient overlap between shifts to allow for safe handover.
- Critical incident reporting systems should develop mechanisms by which data on fatigue can be collected and analysed. Metrics may include the time of day that the incident occurred, the amount of time since waking and amount of sleep in the previous 24 hours.

### **Discrimination, Bullying and Sexual Harassment – collaboration with the Royal Australasian College of Surgeons**

In 2016, ANZCA and the Royal Australasian College of Surgeons (RACS), signed a Letter of Agreement confirming a collaborative approach toward building respect in the medical workplace and eliminating discrimination, bullying and sexual harassment (DBSH). Both parties agreed to:

- Mutually support each other in activities that promote respect and counter DBSH.
- Share information and resources regarding the education and training available in relation to DBSH.
- Enable use of educational resources developed by either college on a case-by-case basis.
- Collaborate on the development of programs and processes to deal with DBSH in the health sector.
- Maintain a code of conduct with an associated framework and relevant policies.
- Foster greater diversity within each other's specialty and share relevant information.
- Work together to provide training, assessment, feedback and support to trainees and SIMGs that is free of DBSH.

Under this agreement, RACS has provided ANZCA with access to its eLearning module “Operating with Respect” which aims to help improve knowledge and understanding of unacceptable behaviours, enabling people to recognise when they occur and identify the adverse impact these have on individuals, team performance and patient safety. The module is available on the College's learning and collaboration management system for trainees, fellows and SIMGs. Participants in the ANZCA and FPM Continuing Professional Development (CPD) Program, are eligible to claim CPD credits upon completion of this module.

**BDSH – trainee and fellowship surveys** ([www.anzca.edu.au/fellows/fellowship-surveys](http://www.anzca.edu.au/fellows/fellowship-surveys))

ANZCA surveys its trainees every year and its fellows every four years and includes a section on bullying, discrimination and sexual harassment (BDSH).

A total of 5838 fellows was surveyed in 2017 with 1992 fellows completing the survey (response rate of 34 per cent). Of these, 1695 completed a section on BDSH.

According to the survey, SA/NT fellows fared moderately better than the survey average. Overall, the survey showed that while 558 (33 per cent) of fellows had personally experienced workplace bullying, the figure was 30 per cent in SA/NT. Overall, 958 (57 per cent) had personally witnessed bullying while in SA/NT the number was 55 per cent.

SA/NT fellows (64 per cent) also felt more adequately prepared and supported to deal with bullying if subjected to it or if they witnessed it compared to the 61 per cent total.

However, only 19 per cent of SA/NT fellows said they had received formal education and training in the area of identifying, managing or preventing bullying compared to the 27 per cent total. SA/NT fellows were less likely than the overall total to know how to report or seek help regarding an episode of bullying in their hospital department (83 per cent in SA/NT compared with 81 per cent total), in their hospital (65 per cent in SA/NT, 69 per cent in total) or through ANZCA (29 per cent in SA/NT, 33 per cent in total). A total of 24 per cent of SA/NT fellows (the same as the survey average) felt they knew how to report or seek help regarding an episode of bullying through outside bodies.

A total of 124 FPM fellows out of 398 surveyed completed the survey with 100 choosing to complete the BDSH survey. Of these 29 (29 per cent) had personally experienced workplace bullying, 58 (58 per cent) had personally witnessed workplace bullying, 77 per cent felt adequately prepared and supported to deal with bullying, 43 per cent had received formal education and training in identifying, managing or preventing bullying. In relation to knowing how to report or seek help regarding bullying, 85 per cent said they knew how to through their in hospital department, 84 per cent through their hospital, 52 per cent through the college and 38 per cent through outside bodies. Due to the reduced number of respondents, SA/NT FPM fellow statistics were not specified.

In 2017, ANZCA trainees were also surveyed on BDSH. A total of 566 trainees completed the ANZCA Trainee Committee survey out of 1479 trainees invited. Of these 526 chose to complete the BDSH section of the survey, including 44 SA/NT trainees.

Of these, 150 (29 per cent) had personally experienced workplace bullying and 245 (47 per cent) had personally witnessed it. A total of 65 per cent felt adequately prepared and supported to deal with bullying and 26 per cent had received formal education and training in identifying, managing or preventing bullying. In relation to knowing how to report or seek help regarding bullying, 88 per cent know how to through their hospital department, 65 per cent through their hospital, 48 per cent through the college and 34 per cent through outside bodies.

At a regional level, SA/NT trainees fared better than the survey average, with 14 per cent personally experiencing bullying (29 per cent average), 34 per cent personally witnessing it (47 per cent in total), 73 per cent feeling adequately prepared and supported (65 per cent total) and 23 per cent having received formal education and training (25 per cent total).

SA/NT trainees were more likely to know how to report or seek help regarding an episode of bullying with 98 per cent saying they knew how to via their hospital department (88 per cent total), 66 per cent in their hospital (65 per cent total), 66 per cent through the college (48 per cent total) and 36 per cent through outside bodies (34 per cent total).

There is a reluctance to report bullying in the workplace due to a number of factors including: lack of awareness of pathways, fear of retaliation (such as adverse outcomes on career progression), concerns of futility or a lack of willingness to engage alleged perpetrators who are senior clinicians. Workplace bullying has been associated with impaired specialist training, a lack of employment opportunities pre- and post-specialist qualification, stress, poor health, and alleged association with suicide of hospital workers. ANZCA is concerned that bullying can impair the ability of otherwise capable trainees to perform at their best and to successfully progress in specialist training.

ANZCA-accredited anaesthesia departments are expected to have welfare advocates appointed who are independent of the heads of the department and supervisors of training. These individuals require the skills and resources to manage low-level issues within a department and to engage the support of others as appropriate. Supervisors of training and heads of department are advised to give support and report instances of BDSH to the college, and encourage relevant engagement with the employer. Thank you for this opportunity to provide a submission in relation to the Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services. ANZCA commends the Government of South Australia on its efforts to promote a positive culture in the delivery of public healthcare.

Should you require any further information, please contact the ANZCA Safety and Advocacy unit via [policy@anzca.edu.au](mailto:policy@anzca.edu.au) or telephone +61 3 9093 4953.

Yours sincerely



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