

In reply please quote:

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Chief Executive
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By email: Tobi.Wilson@health.nsw.gov.au

Dear Mr Wilson

Unreasonable Workload: Registrars at PoWH & Sydney Children's Hospital Randwick

Many Registrars across several specialties who are employed at Prince of Wales Hospital (POW) and or Sydney Children's Hospital Randwick (SCHR) are required to be on call for both facilities.

Registrars have advised ASMOF that the issues which are described below are unique to POW. Others are ubiquitous across the state. The Registrars have informed ASMOF that they are unwilling to personally identify themselves due to the apprehensions they have for the effect on their careers.

ASMOF considers that the issues described below are long established and entrenched.

Phone Calls:

ASMOF is instructed that the Director of Surgery at orientation for Surgical Registrars informed the Registrars he expected Registrars "to get called, for every patient who gets admitted to the hospital, at any time", further adding that "the emergency department has been instructed to call you", and that, "the Health Minister expects you to be called". It was made apparent that the expectation of the Director of Surgery/ Hospital that it was expected that phone calls would be made for all patients, and that payment for Remote Clinical Appraisals as provided by clause 12(ix) of the *Public Hospital Medical Officers' (State) Award ("the JMO Award")* would not be made.

ASMOF has deep concern regarding these statements.

Firstly, ASMOF is unaware of any other hospital in NSW which insists on calling Registrars who are on 24-hour call at 3am for a non-urgent admission. If, as asserted by the Director of Surgery at POW that Minister of Health really expected this to occur that NSW Health would have issued a direction for this to occur. The more probable position is that the Minister made no such direction. ASMOF's understanding, derived from the collective experience of Registrars across many hospitals and many years is that every hospital with the exception of POW is consistent in not requiring Registrars to be called "for every patient, every time".

ASMOF considers that as there is at present an instruction from the Director of Surgery that all Registrars are to be called for all admissions, regardless of urgency that amounts to pre-approval for the Remote Clinical Appraisal. ASMOF is instructed that Remote Clinical Appraisals are rarely, if ever approved and paid.

ASMOF is also instructed that POW Emergency Department has a similar policy/ practice. On-call Registrars have advised ASMOF that they regularly receive phone calls from JMOs in ED with a non-urgent referral in the early hours of the morning which commence with the a phrase such as “I’m calling per the policy that you must be called”.

Registrars who work at POW, advised ASMOF that many specialties also share the after-hours on call and weekends with the Sydney Children’s Hospital. This means they take on call from both POW adults and Sydney Children’s simultaneously. The Registrars advise that the Children’s ED does not call overnight unless the problem is urgent.

Registrars have discussed the apparent disparity with Senior Children’s ED staff who have commented that they are aware the POW Registrars are on 24 hour call, and appreciate that if they call at 3am for a non-urgent matter, nothing about the patient’s care will change. The only effect of the phone call will be to create fatigue for the Registrar the next day, for no clinical benefit to the patient in the Emergency Department and to the clinical detriment of the patients the Registrar will be seeing the following day. There is no break for fatigue after a 24 hour on call. The Children’s ED understands the issues related to fatigue.

ASMOF submits that if POW wants to provide a continuous 24 hour service, then it should be staffed as a 24 hour service, not as an on-call service.

Call backs:

Consistent with NSW Health Guideline GL2007_023: *Fatigue-Preventing and Managing Work Related Fatigue*, many hospitals have a “release” process required for a physical call back claim to be paid. This process is highly variable across the state and often onerous.

Provision of breaks:

PD2019_027: *Employment Arrangements for Medical Officers employed in the NSW Public Health Service* at 4.1.12 provides for a 10 hour break between rostered periods of duty with the aim of preventing fatigue. The wording of the Policy Directive is significant: although the intention is to reduce fatigue, a 10 hour break between periods of rostered duty does not take into account call backs (physical and remote) and phone calls which do not meet the 9 point test of a Remote Clinical Appraisal as required by clause 12 (xi) (a) of the JMO Award. As call backs and phone calls during the off duty 10 hour period are not considered, the intention of the clause is defeated, i.e. to ensure Registrars have a clear 10 hour break between rostered shifts. It is not uncommon for Registrars to receive several phone calls between the end of one shift and the start of the next morning causing broken sleep, such as 2-3 hours of sleep at a time, but the 10 hours between rostered shifts provision is not technically offended.

While there is no penalty to the hospital for failing to adhere to the 10 hour fatigue break, there is a penalty to the Registrar for trying to have it: to their career; to their training; to the other Registrars who have to cover the extra workload on a skeleton staff, and potentially to patient safety through the fatigue of Registrars.

Rostering and Fatigue:

ASMOF is concerned that much of the fatigue of Registrars at POW is unrecorded and therefore officially un-noticed: unpaid overtime, call backs and Remote Clinical Appraisals. As Registrars have been acculturated to not submitting call back claims on the understanding that they will not be approved, there is no record of the fatigue. Medical Administration may therefore assume that each Surgical Registrar has an uninterrupted 10 hours between shifts and a good night's sleep.

Although overtime and call-backs are now logged digitally and this may have the consequence of overtime previously worked but not claimed may now be paid, Remote Clinical Appraisals are still required to be claimed on paper and approved by the "*medical superintendent or delegate*". This is a cumbersome process which again discourages busy and fatigued Registrars from attending to the unnecessarily bureaucratic process.

It is common practice for Surgical Registrars to be rostered on 24 hour call, for Friday, Saturday and Sunday continuously. This means coming to work on Friday morning, and likely have no chance of reasonable sleep until Monday night.

ASMOF is advised that there is a culture of what should and should not be claimed in relation to overtime and call-backs which differs not only from what is actually worked, but also appears to avoid payment for time worked.

For example: the weekends for some specialties at POW in 2020 are now split, meaning one Registrar does Fri / Sat, and another Sun. The Registrar on the days they are not working, may be "*second on call*" however. Meaning they do not receive an on call payment required by clause 12 (iii) of the JMO Award, but are required to work if the already extreme workload becomes worse or two operating theatres need to be run simultaneously as commonly occurs. Split weekends also mean twice as many weekends must be worked. Some departments do not allow unaccredited registrars to be on the weekend roster.

The usual weekend workload for a single Registrar involves: a ward round at POW and the Children's, taking referrals from the two Emergency Departments, facilitating operating on two emergency lists, not to mention the patients and families who are put through to the on call Registrar without screening by the switch board. It is a regular occurrence that due to the phone calls, no more than 2-4 hours of uninterrupted sleep is possible per night.

All of this is done *without* an Intern or Resident at either hospital to do the administrative and documentation duties. This means it is one Registrar trying to get through all of this, without mishap affecting a patient or themselves.

There are several specialties, that despite having Registrars allocated to either POW or the Children's during the day, share the weekend and after hours on call. Without sharing the on call, most specialties would not be accredited for training, as the minimum on call ratio for accreditation is one in three. A lot of specialties would fall to one in two. Of particular note was a Vascular Registrar who for three months in early 2017 was on call one in one. That is permanently on call 24/7 for three months.

The current rostering and staffing of urology registrars at POW is two trainees. These Registrars therefore do one in two on-call. The appropriate on call ratio for a site to be accredited for training by the RACS is one in three. POW has apparently acquired an exemption for the requirement to meet this requirement.

Neurosurgery at the SCHR has recently increased staff from one Registrar to one Registrar and one Unaccredited Registrar. POW is staffed by two Unaccredited Registrars in neurosurgery. This means there are only four Registrars to cover all of POW adults and SCHR. The after-hours roster is shared by these four Registrars. There are Unaccredited Registrars allocated to the private that on occasion are asked to cover in the public, usually without remuneration. Due to the nature of neurosurgery, the referral catchment area is a large geographic area across the state. It is described as usual in neurosurgery to work 36 hours continuously, regularly. It is also a regular occurrence that a neurosurgery registrar at the Children's would work 110-120 hours in a week.

Unpaid overtime

ASMOF understands that the current situation at POW is that overtime will not be paid for ward rounds conducted before 0730. The regular rostered hours start at 0730. This is true for Registrars and junior doctors. This is not possible in the Orthopaedic Department, as compulsory meetings occur at 0730 with all the senior doctors present. Registrars and junior doctors are expected to attend. These are compulsory meetings, associated with, and required of the job junior doctors are employed to do. Registrars are regularly required to be the presenter of these meetings. These meetings involve discussion of and review of patients and their imaging, department's regular morbidity and mortality meetings and other regular clinical meeting unique to each specialty. It is not possible to conduct the ward round after the meeting, as theatre lists and outpatient clinic need to be attended and started, therefore, the ward round must be completed at 0700-0730. These ward rounds are being conducted without pay for all Registrars and junior doctors. The hospitals have explicitly said they do not pay for junior doctors to attend meetings, therefore will not pay for rounds conducted early to facilitate attendance at these compulsory work meetings. It has been specifically said by Consultants that it is in the Award that NSW Health will not pay for meetings. IT is understood this is a message from administration that the Consultants are passing on. This is incorrect as junior doctors regularly attend multidisciplinary meetings as part of their medical terms, during work hours and get paid for them. Such conduct appears to be designed to prevent or disincline Medical Officers from claiming payment for time worked.

Meetings are a regular occurrence in every hospital in the state. Registrars have informed ASMOF that the issue of meetings being declared work that will not be paid for arises in any other hospital in their experience.

Registrar Frustrations:

Registrars at POW and SCR have a simple expectation: that if they are required to be on call for 24 hours that they get paid according to the Award. It appears that POW/ SESLHD considers that it can be selective in relation to Award compliance, and that there are deliberate obstructions to payment for on-call, overtime and remote clinical appraisals.

POW Switch:

There is no filtering of calls by POW switch. The switch operators at POW do what is asked of them by administration. They put calls through to anybody, at any time of the day without question. This includes putting patients through to on call Registrars who are asleep at home during the early hours of the morning.

There is a dedicated, 24/7 call centre for patient enquiries about their health – HealthDirect. Other states have similar services. It would be more appropriate to direct calls to this service rather than to an on call Registrar.

Next Steps:

The issues described above are serious and need to be addressed immediately.

Please contact ASMOF Senior Industrial Advisor Bob Morgan or Industrial Organiser Kerrie Seymour to arrange to confer regarding these issues as a matter of priorities.

Yours faithfully,


for
Dr Tom Karplus,

Secretary

2/10/20

Cc: Nathan Rudd- Ministry of Health

Cathryn Cox-SCHN