



# Corporate Professionalism: Can the system do better?

**DR MICHAEL GANNON**

MB BS (W.A.) MRCPI FRANZCOG GAICD FAMA

**PRESENTATION TO CLINICAL SENATE**

**24 JUNE 2019**

# Disclosures

- Head of Department, Obstetrics & Gynaecology
  - Member, Clinical Quality and Safety Committee
  - Member, Medical Advisory, Scope of Practice Committee
- St John Of God Subiaco Hospital
- Employee, Women & Newborn Health Service
- Immediate Past President, Australian Medical Association
- Councillor, AMA (WA)

# Relevant Experience

- ▶ Intern/RMO/Registrar, Royal Perth Hospital, 1995-97
- ▶ RMO/Registrar, King Edward Memorial Hospital, 1999-2003
- ▶ Assistant Master, Rotunda Hospital Dublin, 2004-05
- ▶ Senior Registrar, Imperial College Healthcare NHS Trust London, 2005-06
- ▶ Consultant, North Metropolitan Health Service (WA), 2006-2016
- ▶ Visiting Consultant Gynaecologist, WA Country Health Service, 2006-11
  
- ▶ Chair, AMA WA Doctors in Training Committee, 1996-97
- ▶ President, AMA WA, 2014-16

# What is professionalism?

- ▶ ethical behaviour
- ▶ responsible conduct
- ▶ continuous learning, intellectual development
- ▶ maintaining skills, knowledge, competence
- ▶ attending to health, wellbeing and abilities in order to provide care of the highest standard (*WMA Declaration of Geneva, 2017*)

# What can the AMA Agreement do to facilitate 'Corporate Professionalism'?

- ▶ Provides entitlements to professional development leave
- ▶ Provides for non-clinical time
- ▶ Provides for periods of rest
  
- ▶ However, this is really only a very small part of its purpose

# WA Health System – Medical Practitioners

## AMA Industrial Agreement 2016

WA HEALTH SYSTEM - MEDICAL PRACTITIONERS - AMA INDUSTRIAL  
AGREEMENT 2016

WESTERN AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

**PARTIES** THE HEALTH SERVICE PROVIDERS ESTABLISHED PURSUANT TO  
SECTION 32(1)(B) OF THE HEALTH SERVICES ACT 2016  
DIRECTOR GENERAL OF DEPARTMENT OF HEALTH  
MENTAL HEALTH COMMISSION

**APPLICANTS**

-v-

THE AUSTRALIAN MEDICAL ASSOCIATION (WESTERN  
AUSTRALIA) INCORPORATED

**RESPONDENT**

**CORAM** PUBLIC SERVICE ARBITRATOR  
COMMISSIONER T EMMANUEL

**DATE** FRIDAY, 13 JANUARY 2017

**FILE NO** PSAAG 5 OF 2016

**CITATION NO.** 2017 WAIRC 00020

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**Result** Agreement registered

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*Order*

HAVING heard Ms R Sinton (as agent) on behalf of the applicants and Ms M Kuhne on behalf of the respondent the Public Service Arbitrator, pursuant to the powers conferred on her under the *Industrial Relations Act 1979* (WA), hereby orders –

# Corporate professionalism: Can the AMA Agreement help?

- ▶ The AMA Agreement has been getting more and more prescriptive in order to address deficiencies in common sense, basic courtesy, respect and professionalism.
- ▶ AMA Industrial staff told me that they feel compelled to seek further improvements to the EBA, many of which do not go to substantive entitlements
- ▶ AMA forced to seek enshrine in the EBA processes to ensure some accountability, fairness **and professionalism**

# Corporate Professionalism: The Employer's responsibilities

- ▶ Influence of hospital medical management
- ▶ Influence of system wide management, e.g. Health Support Services (HSS)
- ▶ Dependent on the people in those instrumental roles in medical workforce and HSS
- ▶ Corporate Professionalism is achieved by leadership, not by an Award or an Agreement
- ▶ It is an attitude and 'a mind set', not something that is written on a piece of paper

# Corporate professionalism: The barriers to achieving it

- ▶ Hospital management and system wide structures are at present primarily concerned **not** with the individual practitioner and providing good leadership
- ▶ They are focused on budget considerations and meeting **financial** KPIs
- ▶ Must move their focus to:
  - ▶ their staff – the doctors and nurses who should be supported by medical and nursing administration
  - ▶ their patients

# Short term contracts: A barrier to engagement & trust

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 **Department of Health**  
Government of Western Australia

**Enquiries to Medical Administration**  
Tel: (08) 9340 8556  
Fax: (08) 9340 7057

 **Women's & Children's Health Service**

30 November 2006

Dr Michael Gannon  
Suite 3, St John of God Subiaco Clinic  
25 McCourt Street  
SUBIACO WA 6008

Dear Dr Gannon,

**POSITION OF FIXED TERM CONSULTANT PERINATAL LOSS CLINIC**

King Edward Memorial Hospital for Women is pleased to offer you a fixed term appointment as a Consultant in the Perinatal Loss Clinic working within the credentialling parameters afforded to you. You will be employed on a fixed term basis from 10 January 2007 till 31 July 2007 for a period of six months.

You will be allocated one session per fortnight, the terms and conditions of service as they apply to your appointment will be governed by the Department of Health Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement 2004. You will be paid at Level 15, currently \$261.26 per session, plus applicable allowances. You will receive a leave loading of 25% of your base salary in lieu of leave entitlements including annual, sick, special and public holidays.

It is a requirement of all medical staff appointments at this hospital that the following be maintained at current status:

**A** Registration with the Medical Board of Western Australia  
**B** Insurance against malpractice and / or negligence for private patients (Option B and sessional doctors only)

In June 2004, the Government approved a new medical indemnity scheme for medical officers employed in the State's public sector health system. The scheme provides a legally binding and enforceable contract between the Minister for Health (or Board) and you as a salaried medical officer providing medical services on behalf of the WA public sector health system. Subject to the Terms & Conditions of the Indemnity, the Minister undertakes to indemnify against:

- claims of negligence, omission or trespass that may arise from the treatment of public and, depending on your category of employment, private patients, in public hospitals and other agreed health care institutions; and
- claims in relation to the Quality and Safety activities undertaken by the medical officer.

If you are treating patients who do not fall within the scope of the Indemnity then you may need to continue to purchase medical indemnity cover from a MDO. Should your MDO also offer insurance against general legal costs (eg advice and representation at inquiries) you may also wish to purchase this cover as these fall outside the scope of the Indemnity.

Further information on the Indemnity, including the Terms and Conditions and a 'Questions and Answers' paper, can be found on the Department of Health's indemnity website at <http://www.health.wa.gov.au/indemnity/>. If you have any queries after reviewing this information, please do not hesitate to contact this hospital.

King Edward Memorial Hospital for Women  
374 Bagot Road  
Subiaco WA 6008  
PO Box 134  
Subiaco WA 6904  
Tel: (08) 9340 2222  
Fax: (08) 9388 1782

Princess Margaret Hospital for Children  
Robson Road  
Subiaco WA 6008  
GPO Box D1184  
Perth WA 6000  
Tel: (08) 9340 8222  
Fax: (08) 9340 8111

# Corporate unprofessionalism: Leave requests

- ▶ EBA has provisions which prescribe that the employer must respond to a leave request within 2 weeks.
- ▶ Medical Administration follows this process but simply advises practitioners that their request is denied, instead of offering alternative dates.
- ▶ Leave applications for Examinations – **DENIED**
- ▶ Leave applications for Wedding/Honeymoon – **DENIED**

# Hospital Health Check 2018

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## AMA (WA) Doctors in Training



by the AMA (WA) Doctors in Training Committee

### 2018 Hospital Health Check

Over 700 doctors in training from across WA hospitals have answered our annual survey into education, wellbeing, morale and industrial issues. For feedback, comments, questions about this years HHC contact us: [dit@amawa.com.au](mailto:dit@amawa.com.au)

Grading: A->80, B70-79, C60-69, D50-59, F<50

\* All doctors working at that hospital including those currently seconded to it.

\*\* Inadequate data to publish.

	Fiona Stanley Hospital	Joondalup Health Campus	King Edward Memorial Hospital	Princess Margaret Hospital	Royal Perth Hospital	Sir Charles Gairdner Hospital
<b>Morale and Culture*</b>	<b>C</b>	<b>A</b>	<b>F</b>	<b>D</b>	<b>A</b>	<b>D</b>
Morale	65%	91%	38%	58%	85%	58%
Engagement with hospital leadership	50%	84%	41%	49%	77%	48%
DITs feel supported by hospital	60%	86%	47%	57%	84%	56%
Recommend your hospital to others in 2018?	79%	91%	65%	63%	92%	68%
Culture	64%	91%	38%	62%	87%	63%
<b>Teaching and Training</b>	<b>D</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>D</b>
Adequate formal teaching	65%	82%	84%	57%	73%	70%
Adequate teaching on the run	52%	81%	74%	61%	74%	57%
Support for exams	58%	77%	70%	65%	70%	51%
Support for research	57%	74%	66%	57%	73%	51%
<b>Rosters/Payslips/Overtime</b>	<b>F</b>	<b>B</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>
Receive rosters 21 or more days in advance	28%	35%	13%	10%	29%	25%
Roster reflects hours worked	60%	94%	53%	80%	72%	56%
Senior receptive to approving overtime	58%	95%	21%	47%	47%	32%
Payslips correct	41%	58%	21%	24%	41%	23%
<b>Wellbeing</b>	<b>D</b>	<b>B</b>	<b>F</b>	<b>F</b>	<b>C</b>	<b>F</b>
Access to debrief after stressful clinical incident	50%	76%	61%	60%	61%	46%
Confidence in hospital acting on bullying	50%	75%	26%	29%	54%	43%
Confidence in hospital acting on sexual harassment	60%	84%	44%	57%	74%	59%
Stay home / Call in sick when unwell	50%	49%	31%	46%	55%	27%
<b>Leave</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>
Average # weeks approved (Annual / PDL)	2.6 / 1.9	3.0 / 1.9	2.7 / 1.8	2.4 / 2.0	3.3 / 1.9	2.3 / 2.7
Approved or declined within 2 weeks of application	17%	54%	8%	18%	39%	49%
Average number of declined applications per doctor	1.9	1.3	2.1	1.8	1.4	2.7

# Corporate unprofessionalism:

## Pay-slips

- ▶ Consistent errors
- ▶ All leave balances displayed are 'subject to audit'
- ▶ Structures to recover 'overpayment' impersonal, often with no explanation or apology offered
- ▶ Examples of doctor being audited several times, with several different results
- ▶ HSS system seemingly unreliable and incapable of collating information across multiple sites and services.

# Corporate unprofessionalism: Overtime and recalls

- ▶ Heads of Department not trusted to evaluate whether or not a recall claim should be signed off
- ▶ Numerous examples where HoD has signed off on a recall , allowance then not paid by HSS, without any discussions with, or reference to the parties who are actually party to the AMA Agreement (nb: HSS is not!)

# Hospital Health Check 2019

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AMA (WA) Doctors in Training



**HHC** 2019

By the AMA (WA) Doctors in Training Committee

## 2019 Hospital Health Check

Over 750 doctors in training from across WA hospitals have answered our annual survey into education, wellbeing, morale and industrial issues. For feedback, comments & questions on the 2019 HHC Report Card contact us: [diti@amawa.com.au](mailto:diti@amawa.com.au)



Grading: A=80, B=70-79, C=60-69, D=50-59, F=50  
\* Inadequate data to publish.

	FSH	JHC	KEMH	PCH	RPH	SCGH	SJOG <small>midland</small>
<b>Morale &amp; Culture</b>	<b>C</b>	<b>A</b>	<b>C</b>	<b>B</b>	<b>A</b>	<b>D</b>	<b>B</b>
Morale	67%	87%	57%	73%	88%	53%	78%
Engagement with hospital leadership	50%	82%	53%	64%	75%	38%	66%
Hospital supports the wellbeing of DITs	63%	84%	72%	75%	83%	48%	78%
DITs would recommend the hospital to other DITs	80%	92%	75%	85%	94%	62%	82%
Culture	65%	91%	61%	82%	88%	54%	78%
<b>Teaching &amp; Training</b>	<b>D</b>	<b>B</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>F</b>	<b>A</b>
Adequate formal teaching	69%	74%	87%	78%	74%	61%	81%
Adequate teaching on the run	54%	72%	78%	71%	74%	49%	81%
Support for exams	61%	81%	86%	84%	76%	43%	84%
Support for research	54%	67%	89%	73%	67%	44%	74%
<b>Rosters, Overtime &amp; Payslips</b>	<b>F</b>	<b>D</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>	<b>F</b>
Receive rosters 21 or more days in advance	42%	41%	44%	20%	40%	26%	54%
Rostered start / end time reflects expected hours	65%/41%	76%/42%	21%/34%	68%/35%	50%/36%	43%/31%	68%/29%
Average unrostered overtime hours/fortnight	8.9	7.3	9.6	9.4	11.8	12.3	10.3
% of unrostered overtime claimed by DITs	6%	45%	7%	4%	3%	25%	14%
Payslips are correct	40%	57%	26%	35%	57%	32%	50%
<b>Wellbeing</b>	<b>D</b>	<b>C</b>	<b>D</b>	<b>D</b>	<b>C</b>	<b>F</b>	<b>D</b>
DITs take sick leave when unwell	42%	40%	41%	32%	38%	29%	25%
Access to any debriefing ('hot' or 'cold')	68%	63%	83%	74%	72%	51%	65%
DITs have experienced bullying at the hospital site	35%	20%	45%	26%	27%	36%	16%
DITs have witnessed bullying/sexual harassment at the site	50%	24%	61%	45%	35%	49%	41%
<b>Leave</b>	<b>F</b>	<b>C</b>	<b>D</b>	<b>D</b>	<b>C</b>	<b>F</b>	<b>*</b>
Average annual leave approved per DIT (weeks)	1.8	2.5	2.4	2.5	2.4	2.5	*
% Leave applications processed within 2 weeks	38%	57%	33%	39%	38%	16%	*
Average PDL approved per DIT (weeks)	1.1	1.6	1.1	1.5	1.3	1.2	*
DITs able to access exam leave	65%	78%	75%	70%	84%	63%	*
% DITs report no difficulty accessing leave	41%	60%	58%	53%	66%	35%	*
<b>Part Time &amp; Family</b>							
% DITs fear for job security if took parental leave	23%	23%	12%	22%	18%	34%	*
Access to breast feeding facilities	37%	0%	40%	78%	44%	22%	*

# Corporate unprofessionalism: Other examples

- ▶ Advertising Senior Registrar 'stipends' below the minimum rates prescribed in the AMA Agreement
- ▶ Advertising positions requiring RACGP qualifications but offering salaries for non-specialist qualified practitioners
- ▶ Sending practitioners a letter of contract non-renewal, without any explanation, transparency or accountability
- ▶ Inventing concepts like 'sleep-shift' and 'additional hours' to circumvent entitlements.
- ▶ Mandatory Education requirements

# Corporate professionalism: A long way to go

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- ▶ Urgent culture change required – Medical Admin, HSS
- ▶ Understanding how Board structure has led to fragmentation of the WA Health system
- ▶ Importance of certainty provided by permanent or at least longer term contracts
- ▶ Adequate staffing levels to ensure that DITs and Senior Doctors have access to leave entitlements

# Our Vision and Values

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## Our Vision

*Healthy people, amazing care. Koorda moort, moorditj kwabadak.*

Our vision captures the essence of what we do and what we inspire each other to do every day – show compassion, dedication and professionalism.

As a health service which celebrates diversity of culture and languages, it is also important that our vision could be shared in the Noongar language.

## Our Values

What we do makes a difference to the lives of the people in our community, and our values reflect how we are expected to conduct ourselves every day:

- Kindness
- Excellence
- Respect
- Integrity
- Collaboration
- Accountability



Government of **Western Australia**  
East Metropolitan Health Service

# Corporate Professionalism: We must all play our part

- ▶ The Employer:
  - ▶ Respect
  - ▶ Trust
- ▶ The Doctors
  - ▶ Clinical excellence
  - ▶ Ethical behaviour
- ▶ The Government
  - ▶ adequate funding of public hospital services

# Thank you for your attention

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