

**Submission
No 55**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

Organisation: A Better Culture

Date Received: 9 February 2024



A Better Culture

5^h February 2024

DR Joe McGirr
Chair
Select Committee on Remote, Rural and Regional Health
remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr McGirr

Thank you very much for the opportunity to make a submission to the Committee regarding workplace culture in regional NSW healthcare facilities. For the benefit of those members of the Committee who are not familiar with the “A Better Culture” project (“the Project”), I will briefly set that context, and then proceed to some material that I hope will be of assistance to the Committee.

“A Better Culture” was funded by the Commonwealth through repurposing of unspent Specialist Training Program funds held by the Royal Australasian College of Medical Administrators. The College retains financial accountability (and therefore financial governance) for the Project, but the Project has its own content governance, at present manifest through reference groups and an advisory Board. We will shortly be establishing working groups to deliver on the Phase 2 Work program which is attached for your information.

The Project was established to address the findings of the Medical Training Survey, which is conducted by the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Medical Board of Australia. More information about the survey, including detailed reports (upon which my subsequent data relies) is available at www.medicaltrainingsurvey.gov.au. Each year the survey is distributed to doctors in training during the registration renewal period and achieves a response rate of approximately 50%.

I base much of this submission on the survey data collected by the Board from 2019 through to 2023. This annual series provides an opportunity to examine aspects of workplace culture that may be of interest to the Committee.

Before moving to examination of the data, I will share some insights gathered from the “Phase 1” consultations of the Project.

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Discrimination

Racial and gender discrimination are very significant issues across the system, with Rural doctors providing anecdotal evidence of casual and intentional discrimination.

There is a perception (even reflected in the PC 2 report) that all international graduates are working under supervision – i.e. they are not fully qualified to Australian standards. The language the PC 2 report reads as follows:

3.4 Overseas trained doctors and international medical graduates perform an important role working under supervision in designated areas of workforce shortage, usually in rural and remote Australia.

There are many, many fully qualified Australian doctors, who completed their initial medical degree in a county other than Australia. Many of these work in regional, rural, and remote Australia. Anecdotally, no matter their qualifications, many are “othered” for the rest of their careers. There has been virtually no visible communications campaign to the Australian public to inform them of the rigorous processes international graduates face to be able to practice. As a result, practitioners who look or sound different, particularly those with darker skin, or a non-Anglophone accent, face barriers of stereotyping, suspicion, and sometimes overt racism.

Australia will remain heavily dependent on internationally mobile workforce in coming decades, and if we are to attract the best practitioners possible, we need their colleagues who are already here to tell stories of inclusion and belonging, not of racism and distress. It is essential that the narrative of “making do” with an international graduate is changed to be one of “how lucky we are to have a doctor who has international experience”.

Gender discrimination is also experienced by female and non-binary practitioners. Female doctors describe the near impossibility of participating in work arrangements that were designed for men with a stay-at-home spouse. Whilst this does affect men as well, there remain strong social expectations that women are the primary carers of children. This flows through into lower levels of acceptance and respect. Women are frequently mistaken for nurses or asked by patients to fetch bed pans or take patients to the toilet.

Doctors in training are uprooted and live and work away from their partner, as most couples no longer have a “trailing spouse” who can follow the doctor no matter where the state sends them. Isolation, loneliness, and fatigue imprint such doctors so that of returning to a rural or regional post once qualified can be completely unthinkable.

Geographic Narcissism

Doctors who work in rural locations report feeling (and being seen) as “lesser”. In one memorable interaction, when I telephoned a regional intensivist for a perspective on a matter, I was managing for a state health department, the intensivist said that in the 5 years

he had been in place, nobody outside the town had ever seen him as having an opinion worth seeking (except in clinical cases for transfer to his ICU). He had come from a major metropolitan centre, taking up residence and a job in a regional city to be of service, but he watched his reputation drain away, as the repeated assumption was that if he was working in a regional job, he must have been unable to “cut it” in the city.

This perception scares doctors away. Nobody wants to make a “forever” commitment to a town without knowing it, but the fear is that if doctors move out of the metropolitan centres, they will never again be considered for a role there. Specific programs that support exit from rural and regional jobs may well, paradoxically, solve the entry problem.

What the data shows.

The Medical Training Survey for 2023 was published in December of that year. Attached to this submission is a data set extracted to show the differences between the state averages and 10 randomly selected rural or regional facilities. I reference pages of the attachment should committee members wish to examine the data themselves. It should be noted that the extracts provided are exactly that, extracts. Full reports are not appended, but can be provided on request, or downloaded from the MTS website.

In 2023, 42, 732 doctors in training were invited to participate in the survey, and 54.5% responded to the survey, 6,307 of those respondents were in NSW.

Wellbeing and Work-Life Balance

76% of NSW respondents agreed with the statement that “My workplace supports staff wellbeing”. This data has been stable over the 5 years available – see page 4 of the appended document.

67% of NSW respondents agreed with the statement “In practice, my workplace supports me to achieve good work life balance. (note, NSW is not terribly different from the national results in these 2 questions).

Here is the data summarised in a table:

Question 1: “My workplace supports staff wellbeing”.

Question 2: “In practice, my workplace supports me to achieve good work life balance.

Page Number	Data Source	% Agree Q1	% Agree Q2	Points of Note
4	NSW Total	76	67	Fairly stable with recent improvements 2023 cf 2022.
5	Site A	85	74	Very dramatic fall in 2021 cf 2020. Recovery in 2023 complete.

6	Site B	70	40	Very dramatic deterioration and markedly below the state averages. Trend over time steadily downwards. Note however, small numbers leading to large shifts in % reported with small actual numerical changes
7	Site C	86	75	Improvement ++ 2023 vs 2022.
8	Site D	72	64	Worse results 2023 vs 2022 – n = 35 and 36 respectively, so acceptable sample size
9	Site E	70	72	Steady over 5-year period. Slightly better than state averages.
10	Site F	82	73	Very small sample size – interpret with caution
11	Site G	87	71	Study improvement in Q1 over 5 years. Deterioration in Q2 2023 vs 2022
12	Site H	82	64	Results up from 2022, which was significantly down from 2021.
13	Site I	83	79	Large improvement 2023 vs 2022
14	Site J	81	71	Dramatic reduction in both questions from 2021 to 2022, with only slight recovery in 2023

In summary, although response numbers are (understandably small) regional and rural facilities generally have better results in these 2 questions than the state averages.

Tolerance of Bullying, Harassment, Discrimination and Racism

The survey asked 2 questions, one asking about bullying, harassment and discrimination, and a separate question about racism.

Question 1: “Bullying, Harassment and discrimination by anyone is not tolerated at my workplace”.

Question 2: “Racism is not tolerated at my workplace”.

Page Number	Data Source	% Agree Q1	% Agree Q2	Points of Note
16	NSW Total	78	85	
17	Site A	79	85	Improved results cf 2022

18	Site B	80	-	Q2 not reported due to number of respondents being < 10
19	Site C	86	88	
20	Site D	64	83	
21	Site E	84	87	
22	Site F	73	82	Very small numbers
23	Site G	80	87	
24	Site H	87	95	
25	Site I	77	79	
26	Site J	78	83	

One cautionary note:

Those who do not experience bullying, harassment, discrimination, and racism may be more likely to think these behaviours are not tolerated. For them, it is a theoretical concept – of course my workplace would not tolerate that.

The data given by Aboriginal and Torres Strait Islander respondents (national data only, no state report available due to smaller sample size) highlights this.

Of Aboriginal and Torres Strait Islander respondents, only 64% agreed that bullying, harassment, and discrimination was not tolerated and 66% agreed that racism was not tolerated in their workplace. Compare this with the 78 and 85 % agreement rates across NSW and it is clear that Aboriginal and Torres Strait Islander trainees have a very different experience at work. Unfortunately, specific rural data is not available, but it is reasonable to extrapolate to the rural context in this instance.

In an apparent paradox, international medical graduates report a more positive perception, with 84% and 86% reporting no tolerance for bullying, harassment and discrimination, and racism (respectively). In discussion with international graduates about this result, the Project has learned that many international graduates feel unable to respond truthfully, lacking trust in the anonymity of the survey. Further research with international graduates would be beneficial to better understand how their lived and narrated experience correlates with this data.

Experience of Bullying, Harassment, Discrimination and Racism

See pages 28 ff.

The NSW average for each of these respectively was 14, 9.10 and 7% respectively against a question about whether respondents had personally experienced these behaviours directed at them. It was 20, 14, 13, 13, and 13 when asking if respondents had witnessed these behaviours being directed at others.

One of the most striking features of the data in trend is the net reduction in these behaviours sourced from other workers in the health system but the dramatic increase in these behaviours being reported as coming from patients or carers. 41 % of the respondents nominated patients or carers as a person responsible for one or more of these behaviours suggesting a significant occupational safety issue which needs to be addressed.

The data for the rural facilities is too complex to summarise in text – the reader is encouraged to refer to pp 31 ff to see the reported experiences of bullying, harassment, discrimination, and racism in regional and rural facilities.

Some notable points: Site A, reported witnessing of racism was 26%, and Site D 22% of the NSW result of 13%. (n = 31 and 32).

A Better Culture

The project has several reference groups, amongst which is a rural reference group. The first year has involved stakeholder consultation and generation of consensus on the key activities that might lead to improvement in workplaces across the system.

The project was initially setup to target “medical” culture, but the survey results clearly show that it’s not only doctors where we need change. The Advisory Board has included a nursing representative and an allied health representative, with the vision of one day expanding to be about the whole of healthcare, as it is self-evident that other health professionals would be experiencing similar adverse behaviours as doctors are. We need to fix the system for everybody.

Phase 2 of the Project is due to commence shortly, with the now endorsed Phase 2 work plan (copy attached). There has been limited engagement to date from states, and moving forward, this will be critical, as the states are the majority employers of doctors in training, and other health professionals.

In closing, I thank you for the opportunity to provide input, and will be happy to provide clarification on any matters that are of interest to the Committee.

Sincerely

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A Better Culture





The Survey – NSW Data



42,732
doctors in training
invited to the survey
in 2023



54.5%
doctors in training
responded to the
survey

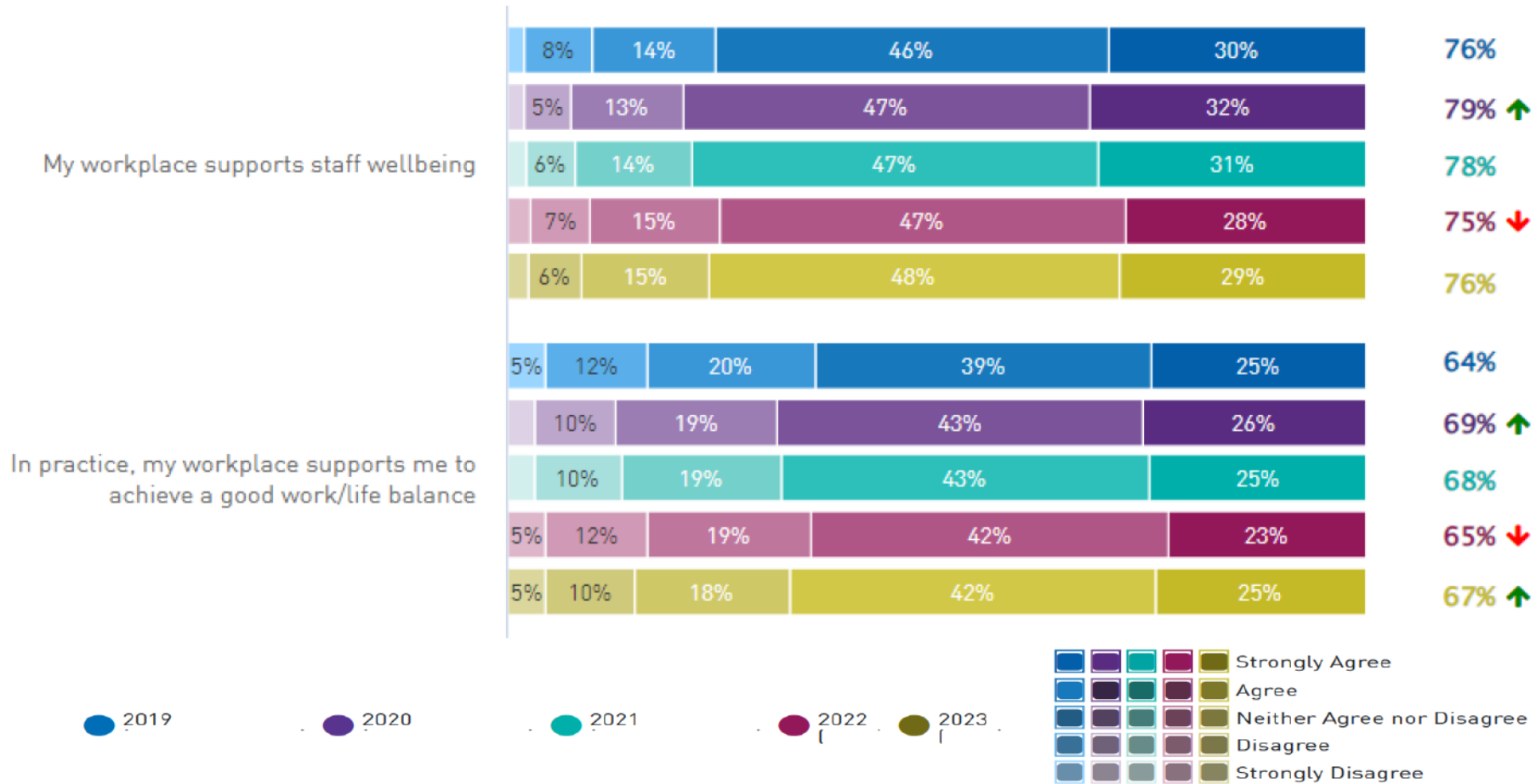


6,307
respondents were in
NSW

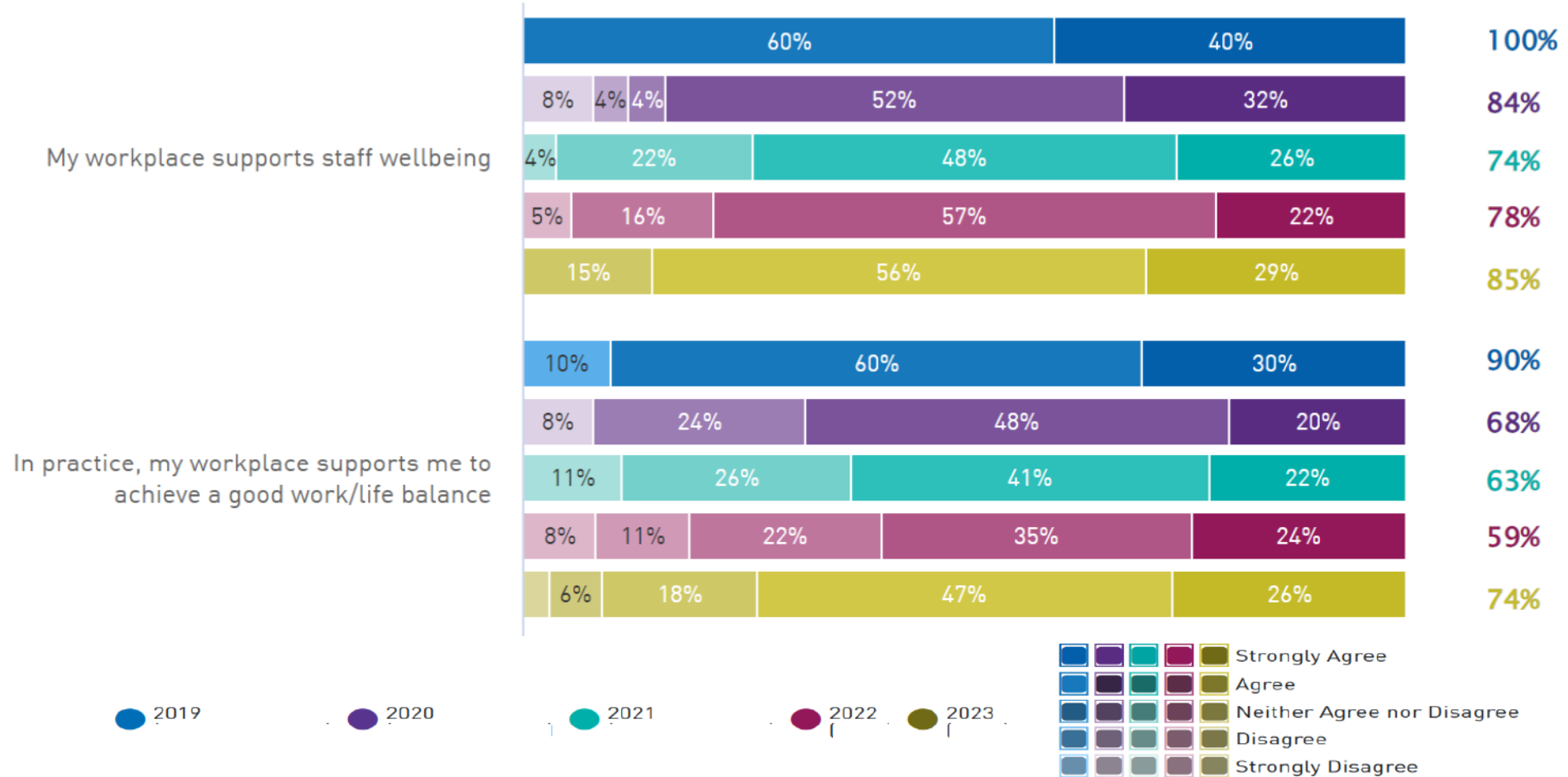
All data in this and the slides that follow are reproduced from Medical Board of Australia's **2023** Medical Training Survey national report <https://medicaltrainingsurvey.gov.au/Results/Reports-and-results>

Wellbeing and Work-life balance

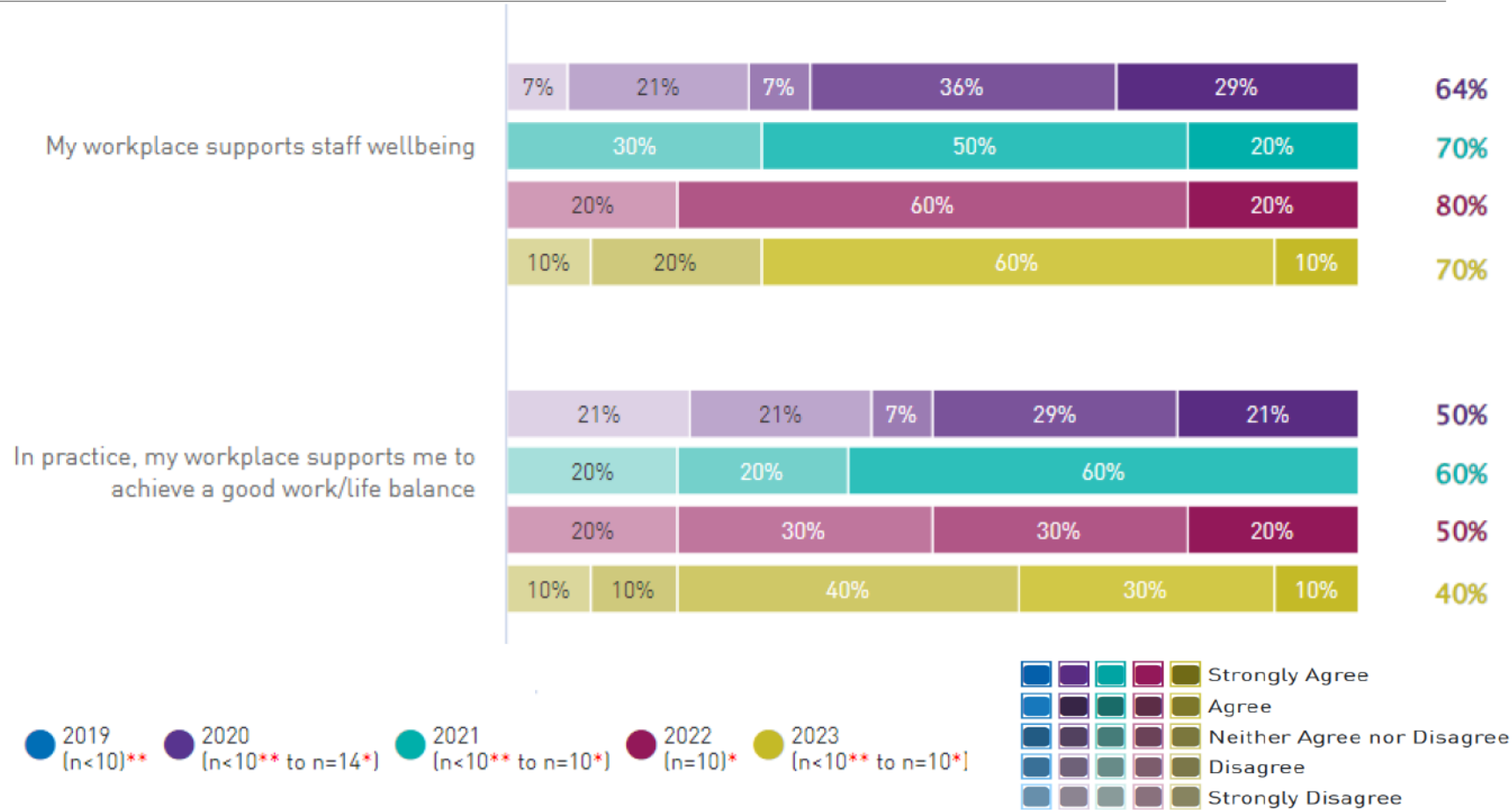
NSW Total



Site A



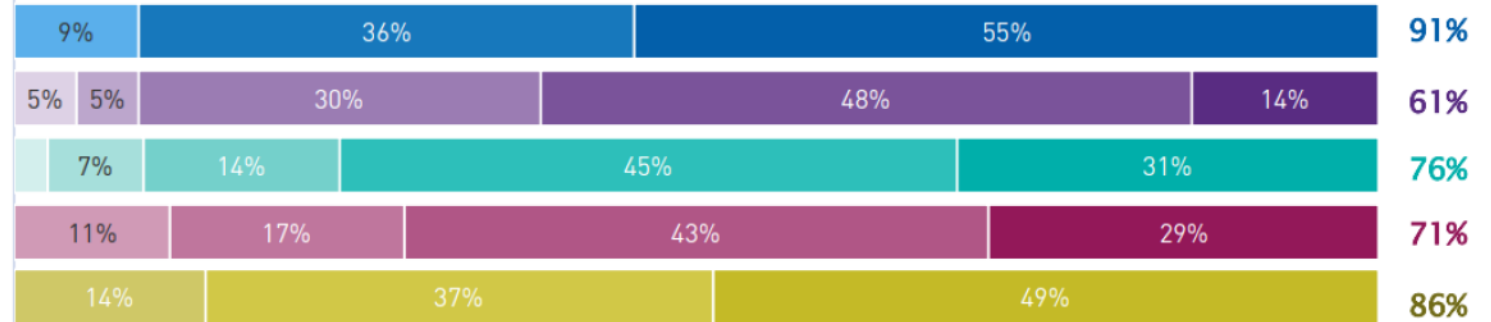
Site B



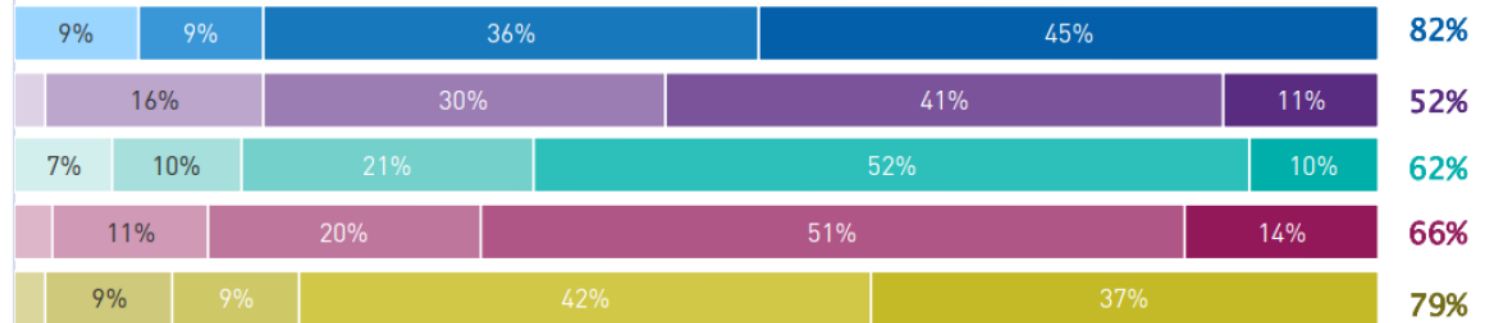
Site C



My workplace supports staff wellbeing



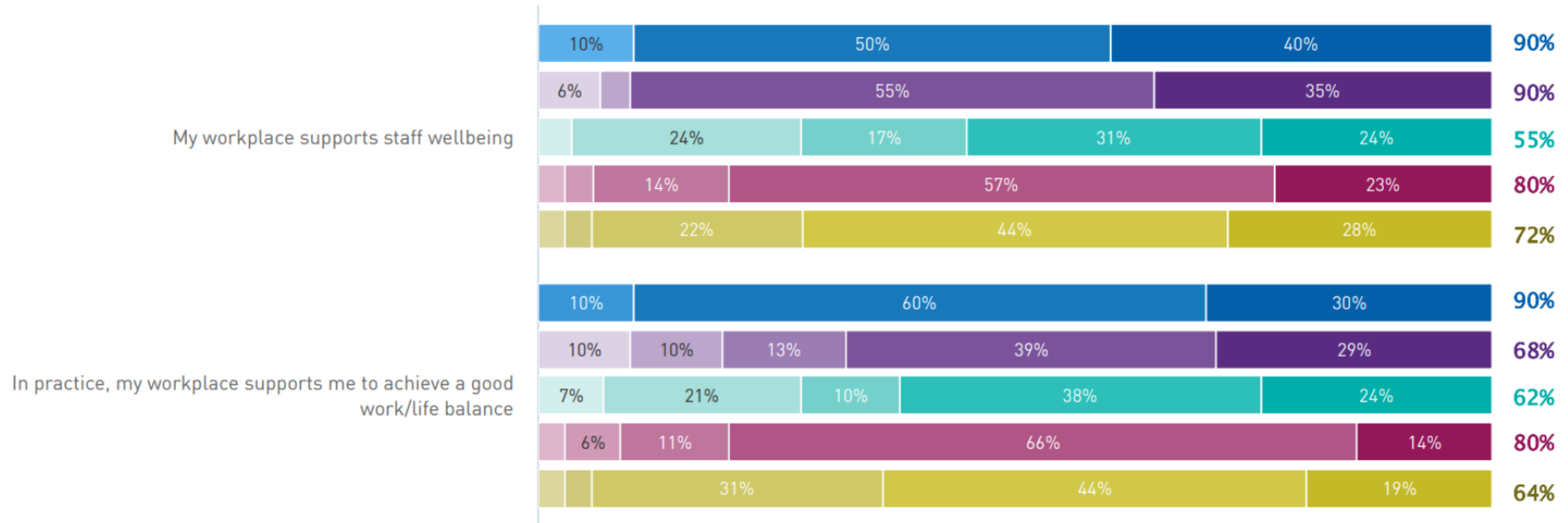
In practice, my workplace supports me to achieve a good work/life balance



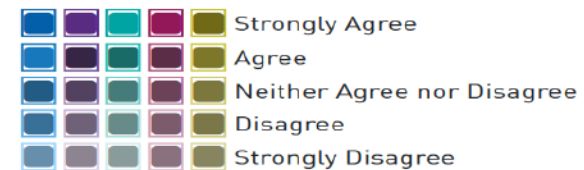
● 2019 (n<10** to n=11*)
 ● 2020 (n<10** to n=44)
 ● 2021 (n<10** to n=42)
 ● 2022 (n=35)
 ● 2023 (n=43)



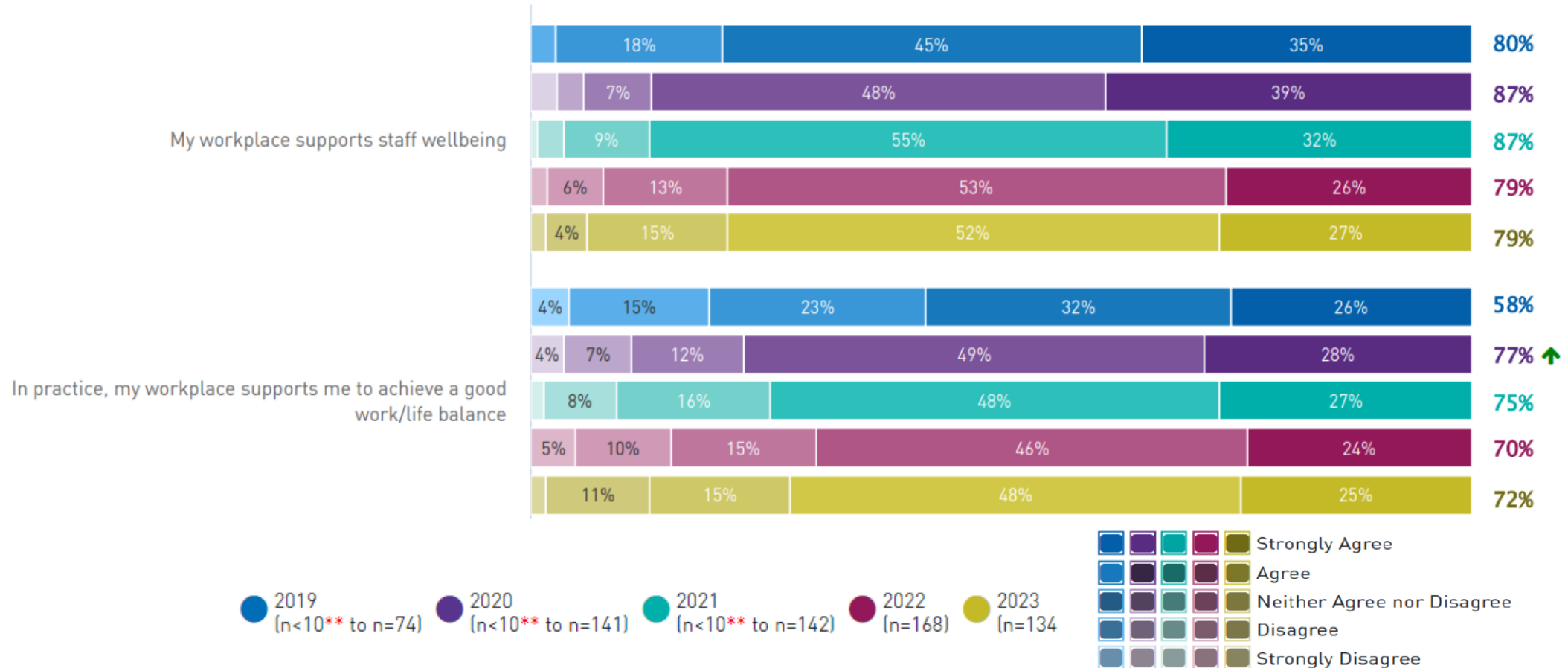
Site D



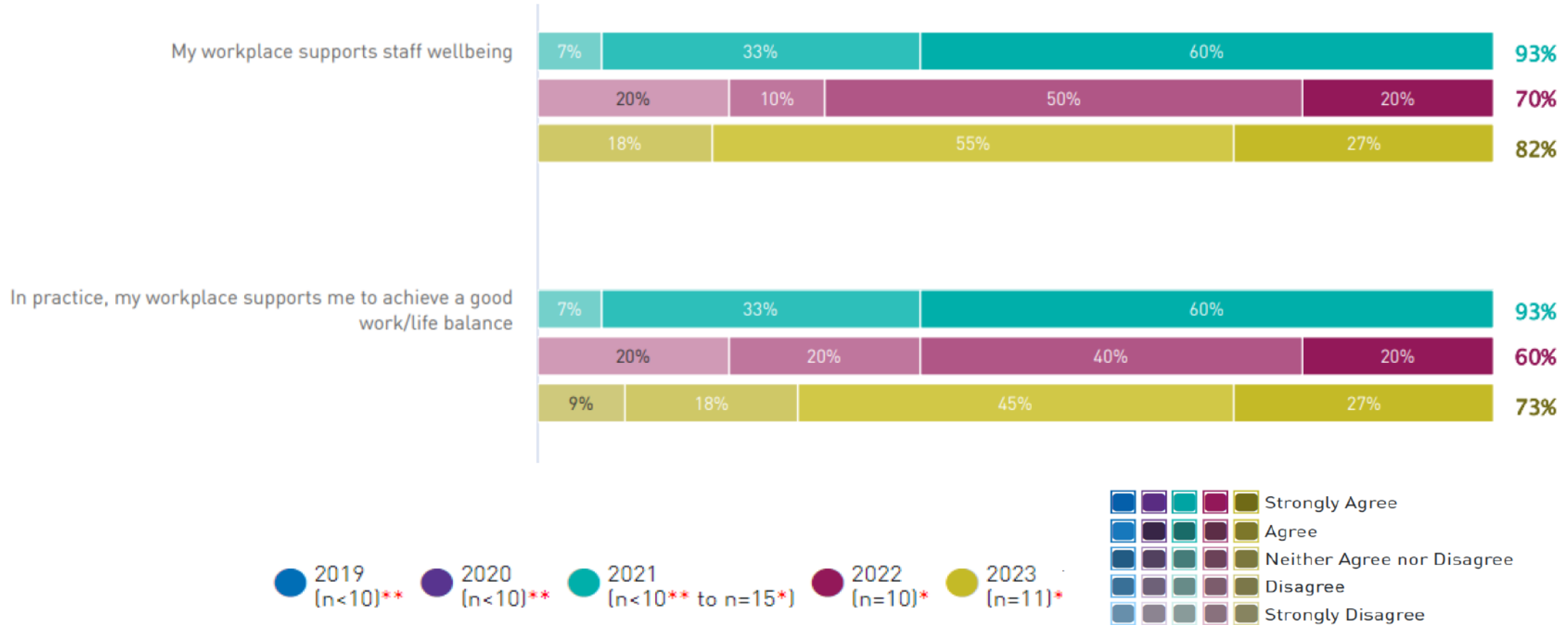
● 2019 (n<10** to n=10*)
 ● 2020 (n<10** to n=31)
 ● 2021 (n<10** to n=29*)
 ● 2022 (n=35)
 ● 2023 (n=36)



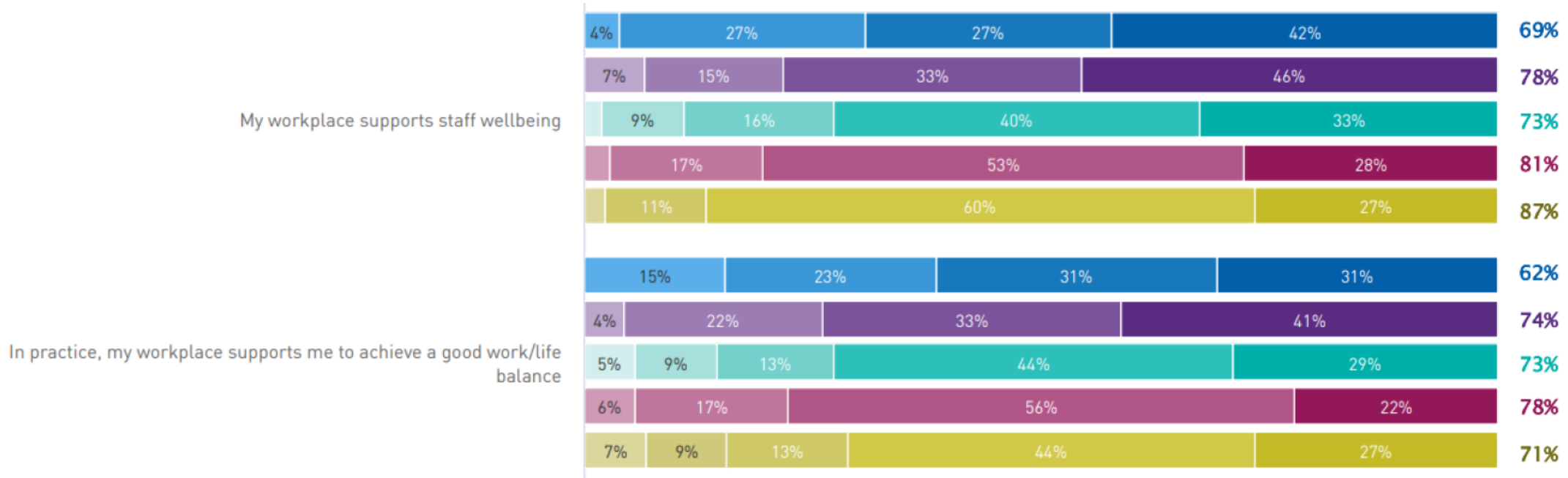
Site E



Site F



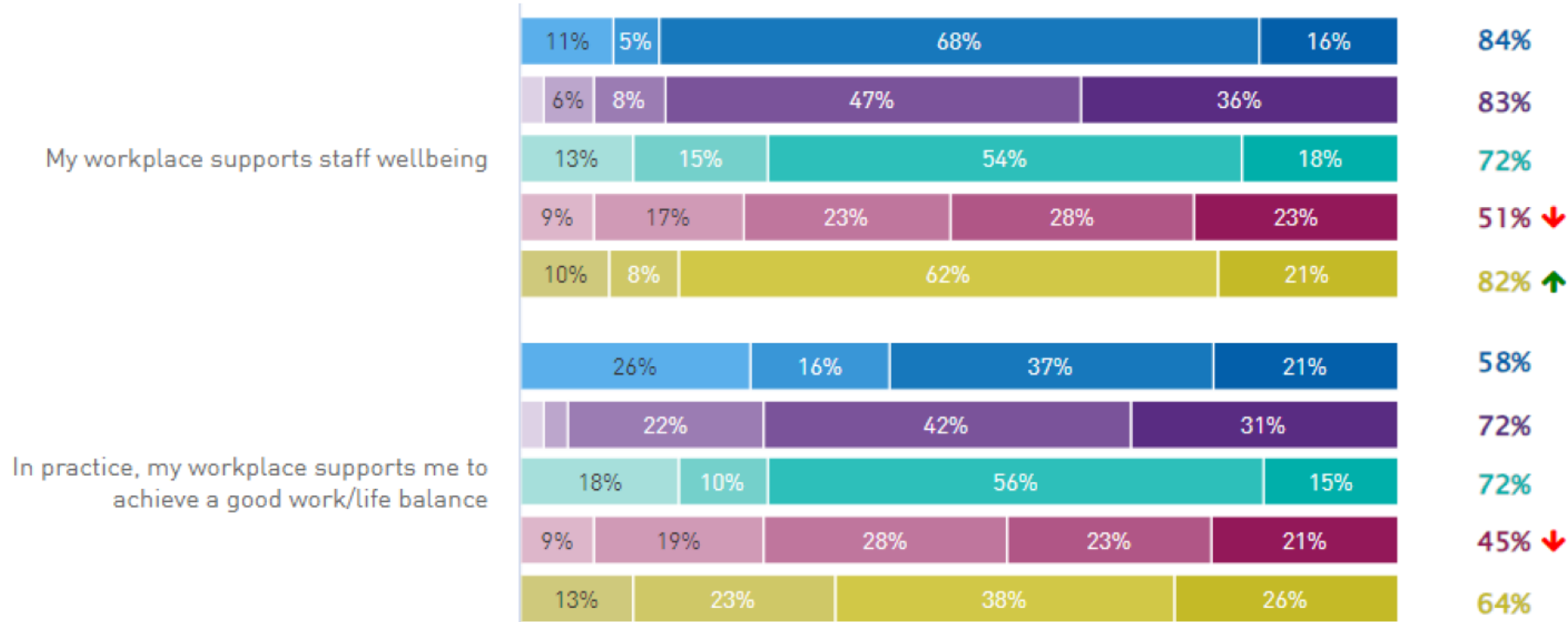
Site G



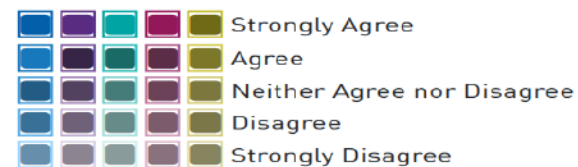
● 2019 (n<10** to n=26*)
 ● 2020 (n<10** to n=46)
 ● 2021 (n<10** to n=55)
 ● 2022 (n=36)
 ● 2023 (n=45)



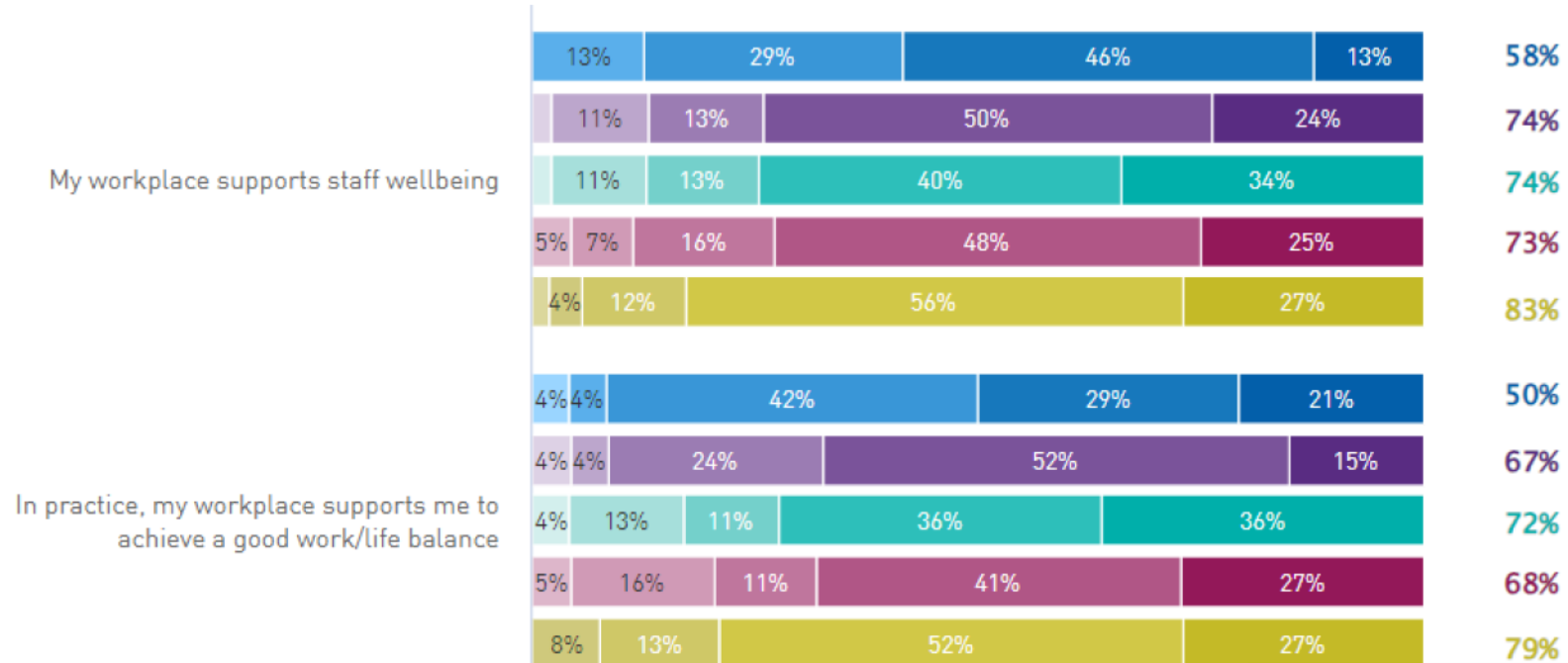
Site H



● 2019 (n<10** to n=19*)
 ● 2020 (n<10** to n=36)
 ● 2021 (n<10** to n=39)
 ● 2022 (n=47)
 ● 2023 (n=39)



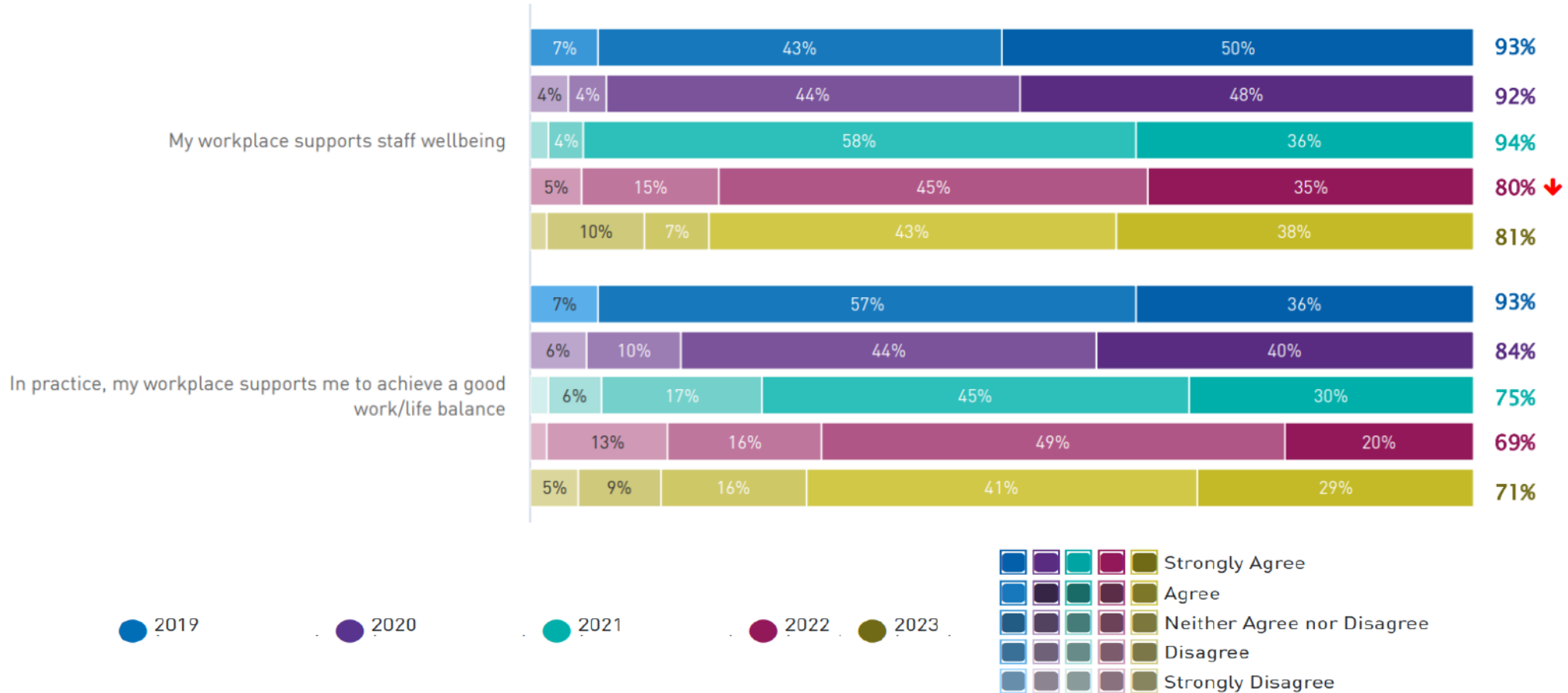
Site I



● 2019 (n<10** to n=24*)
 ● 2020 (n<10** to n=46)
 ● 2021 (n<10** to n=47)
 ● 2022 (n=44)
 ● 2023 (n=52)

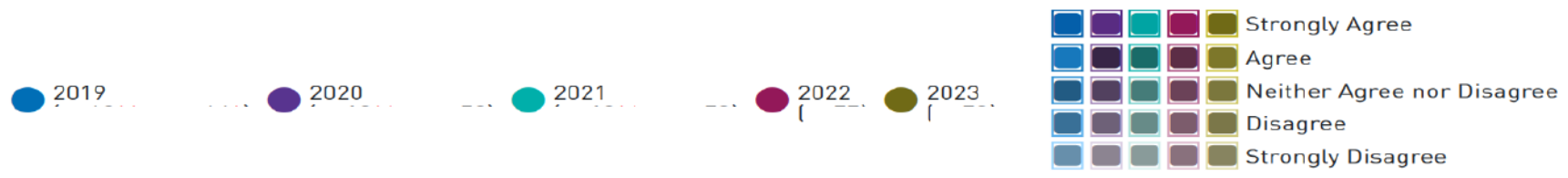
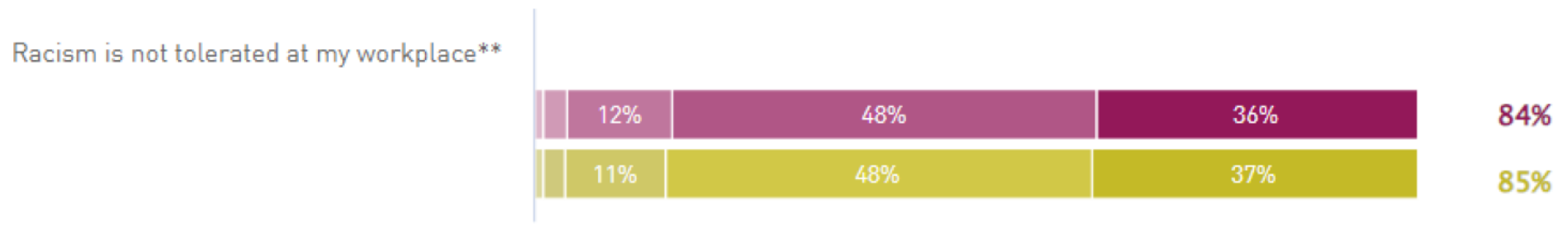
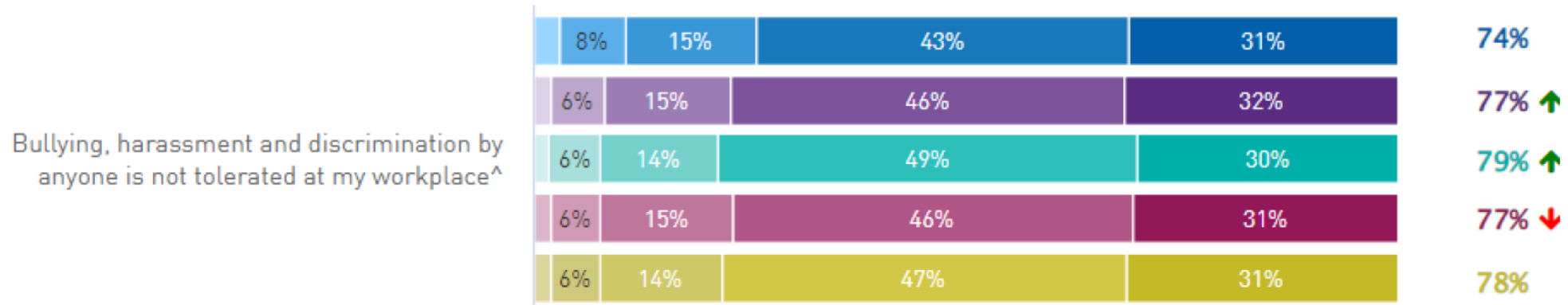


Site J

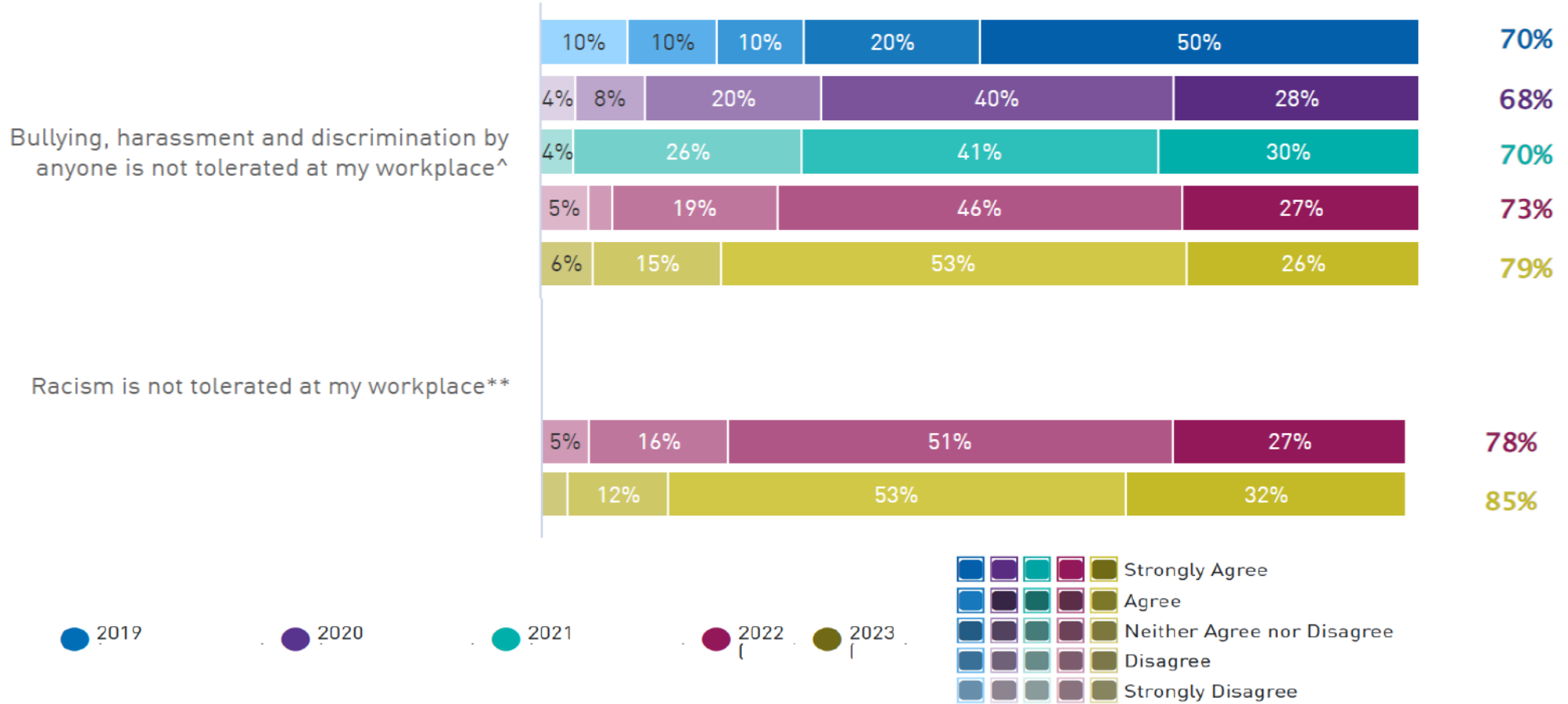


Tolerance of Bullying, Harassment, Discrimination and Racism

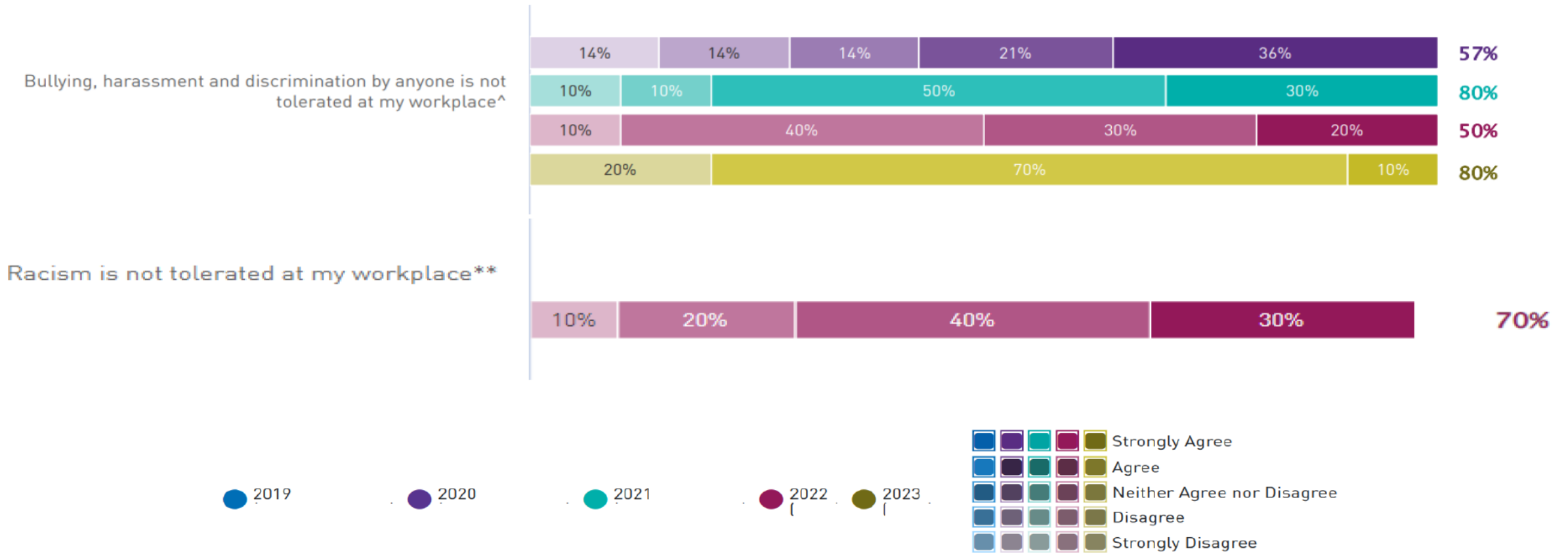
NSW Total



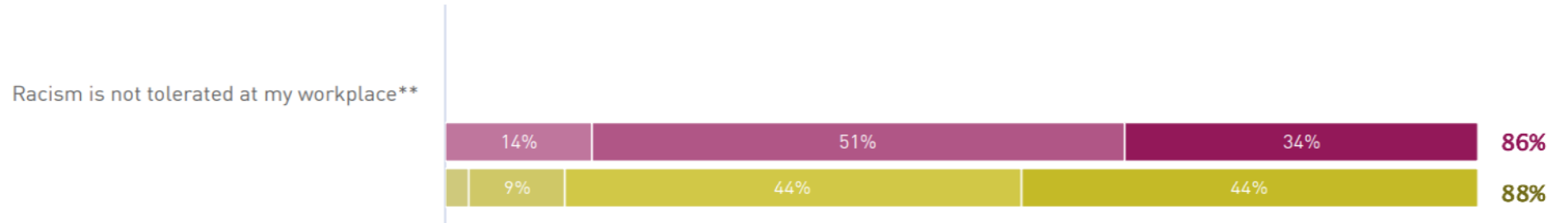
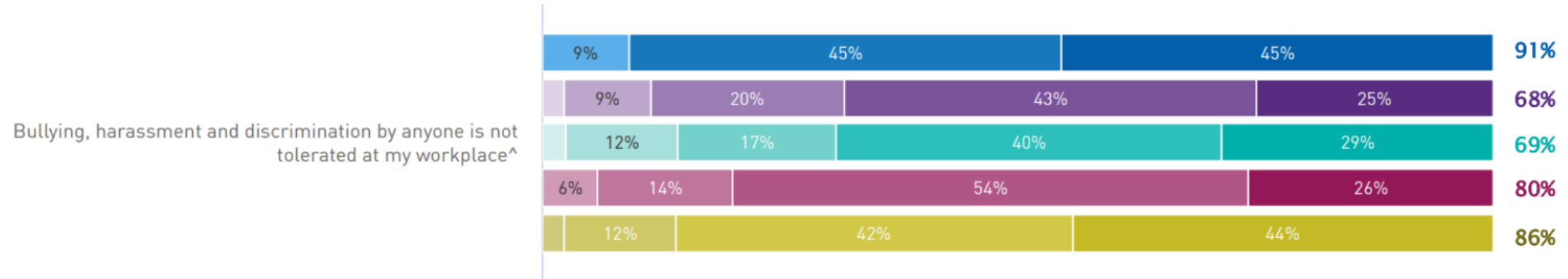
Site A



Site B



Site C



● 2019

● 2020

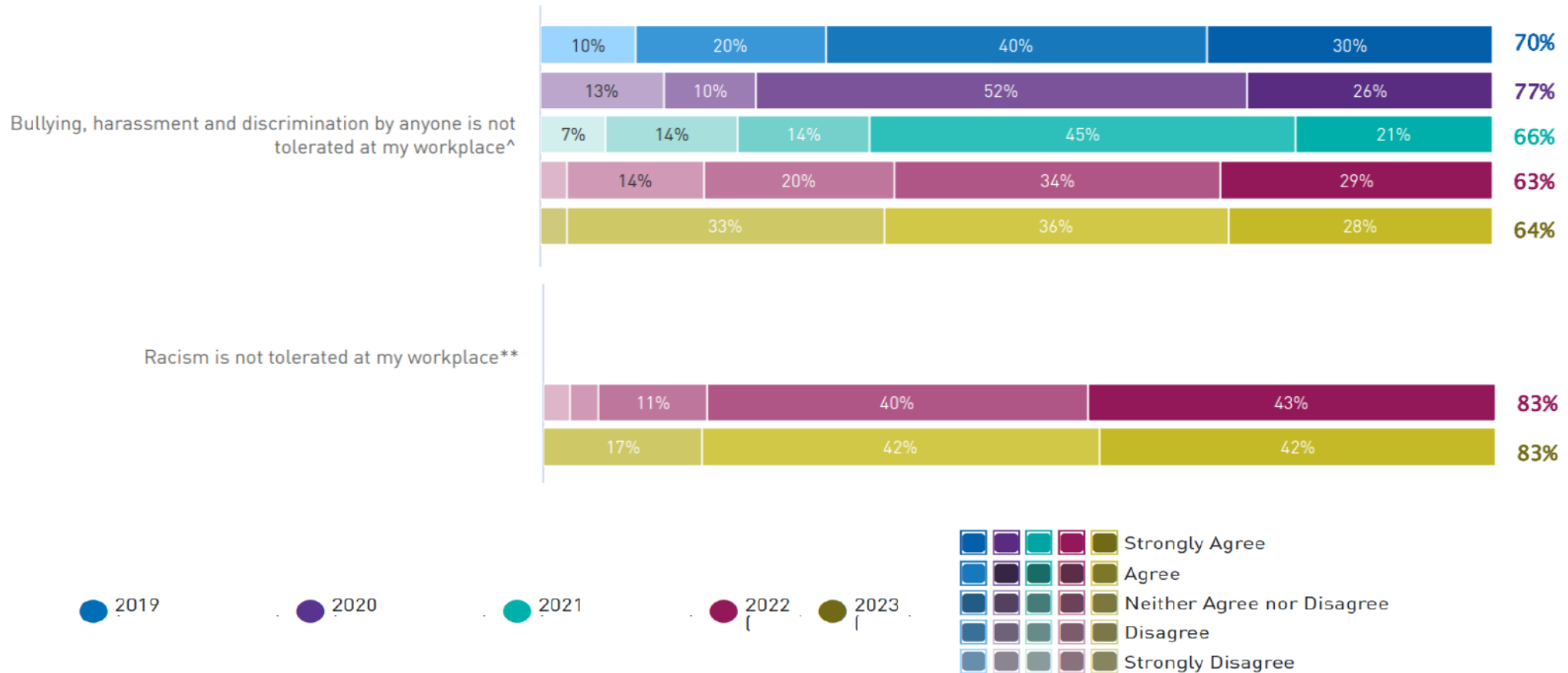
● 2021

● 2022

● 2023



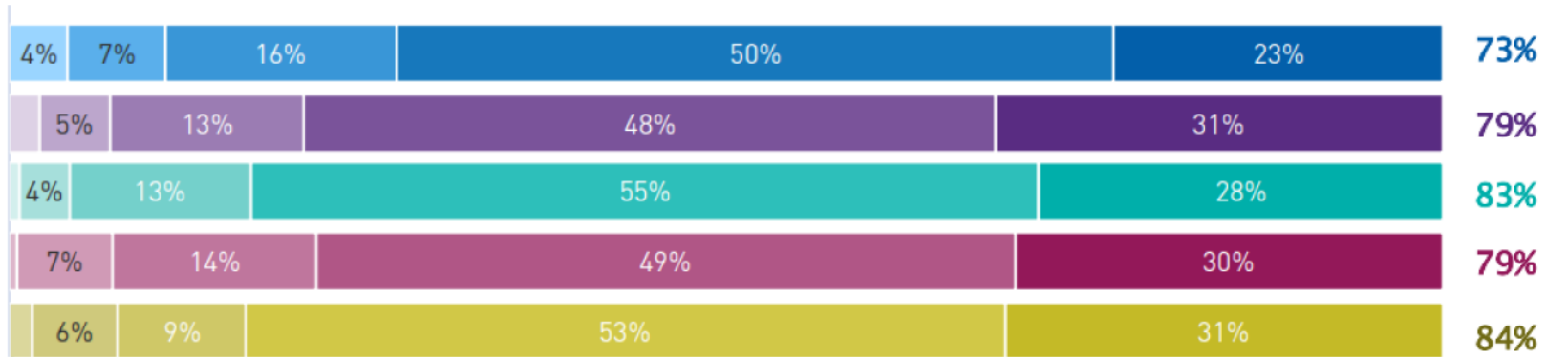
Site D



Site E



Bullying, harassment and discrimination by anyone is not tolerated at my workplace^



Racism is not tolerated at my workplace**



● 2019

● 2020

● 2021

● 2022

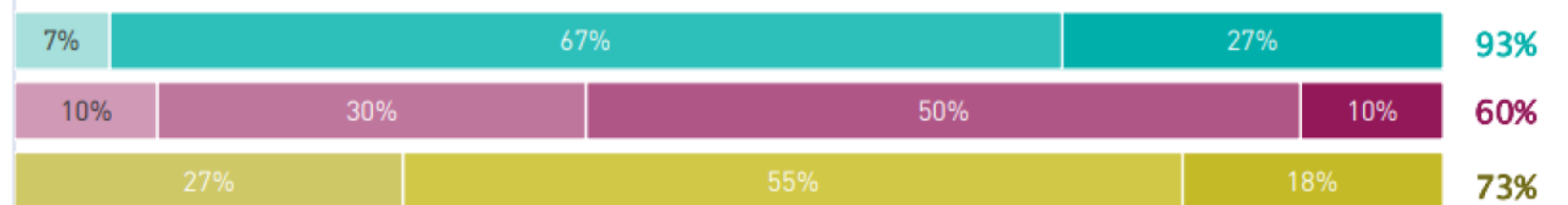
● 2023



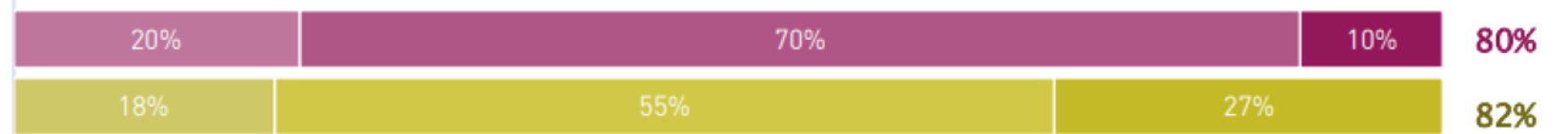
Site F



Bullying, harassment and discrimination by anyone is not tolerated at my workplace[^]



Racism is not tolerated at my workplace^{**}



● 2019

● 2020

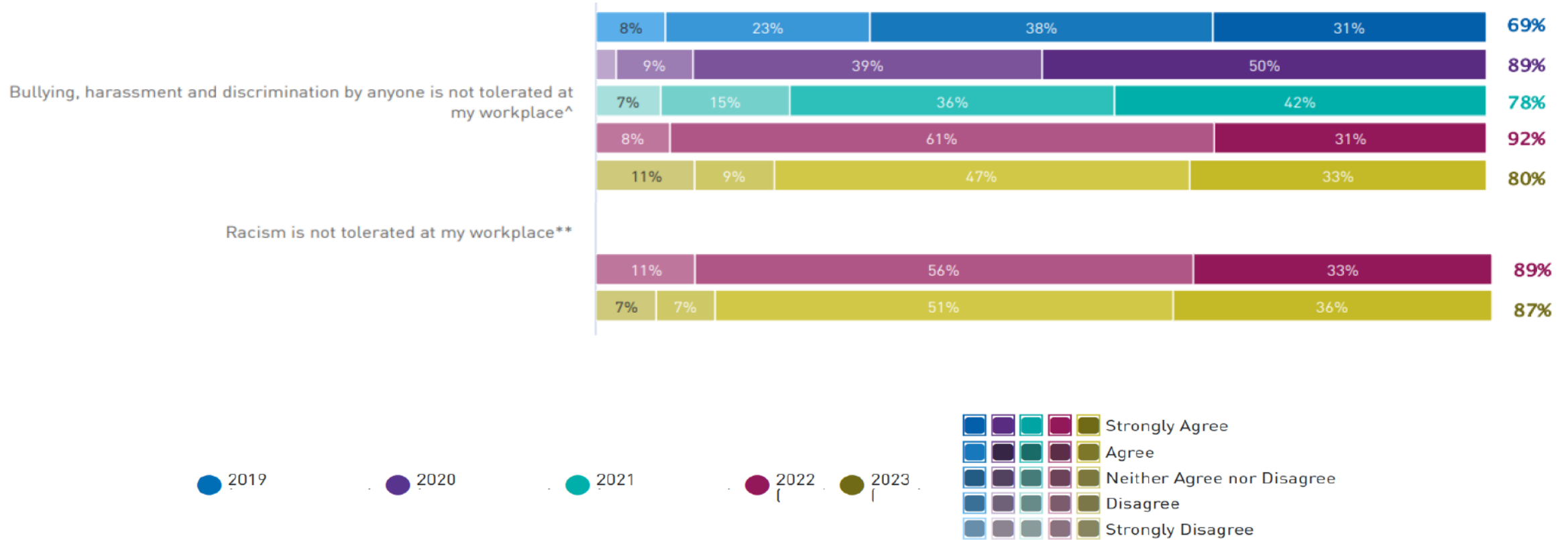
● 2021

● 2022

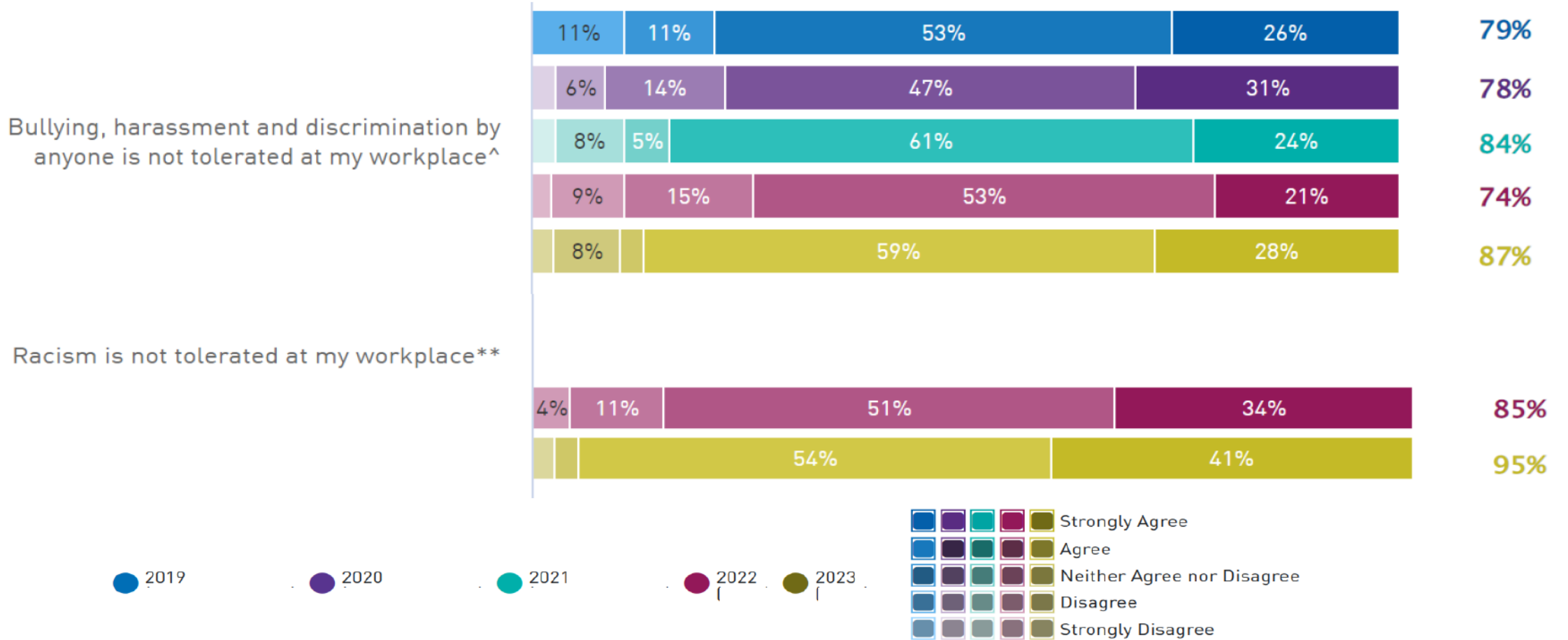
● 2023



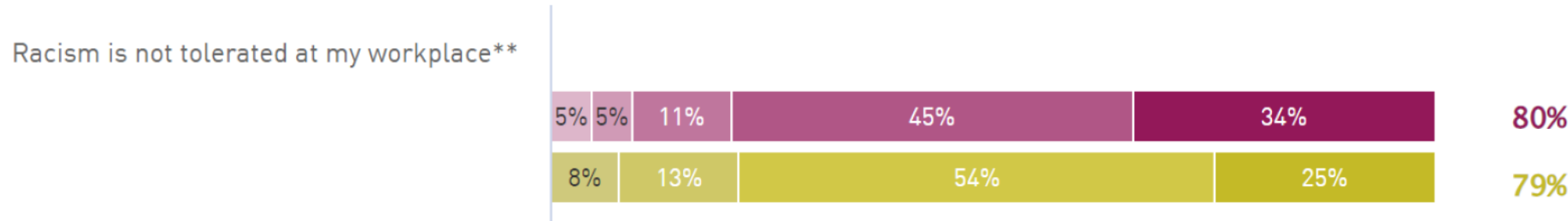
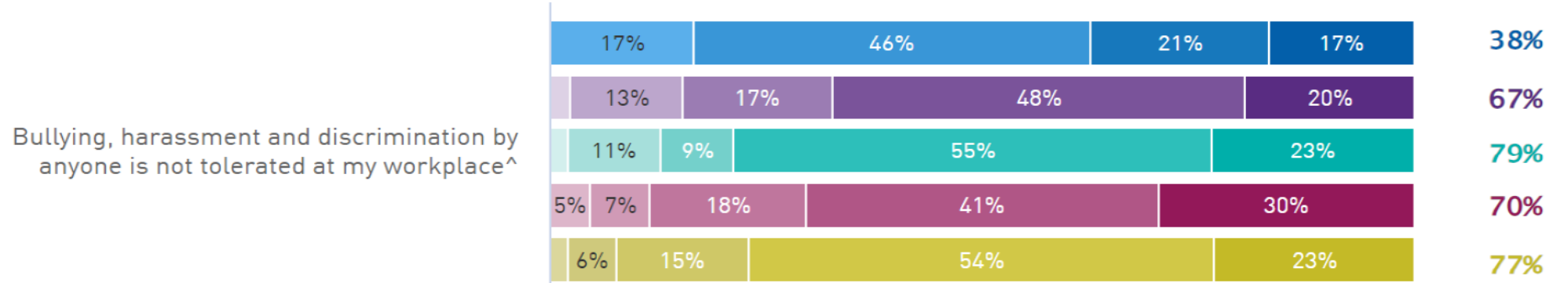
Site G



Site H



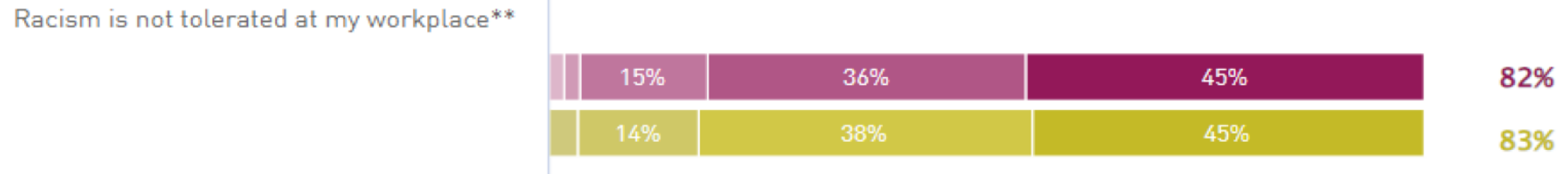
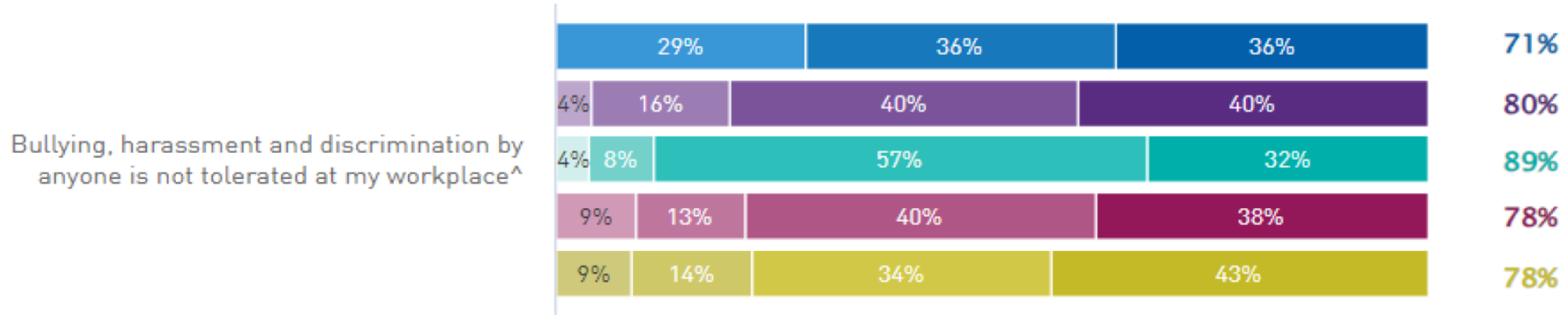
Site I



● 2019 ● 2020 ● 2021 ● 2022 ● 2023



Site J



● 2019

● 2020

● 2021

● 2022

● 2023



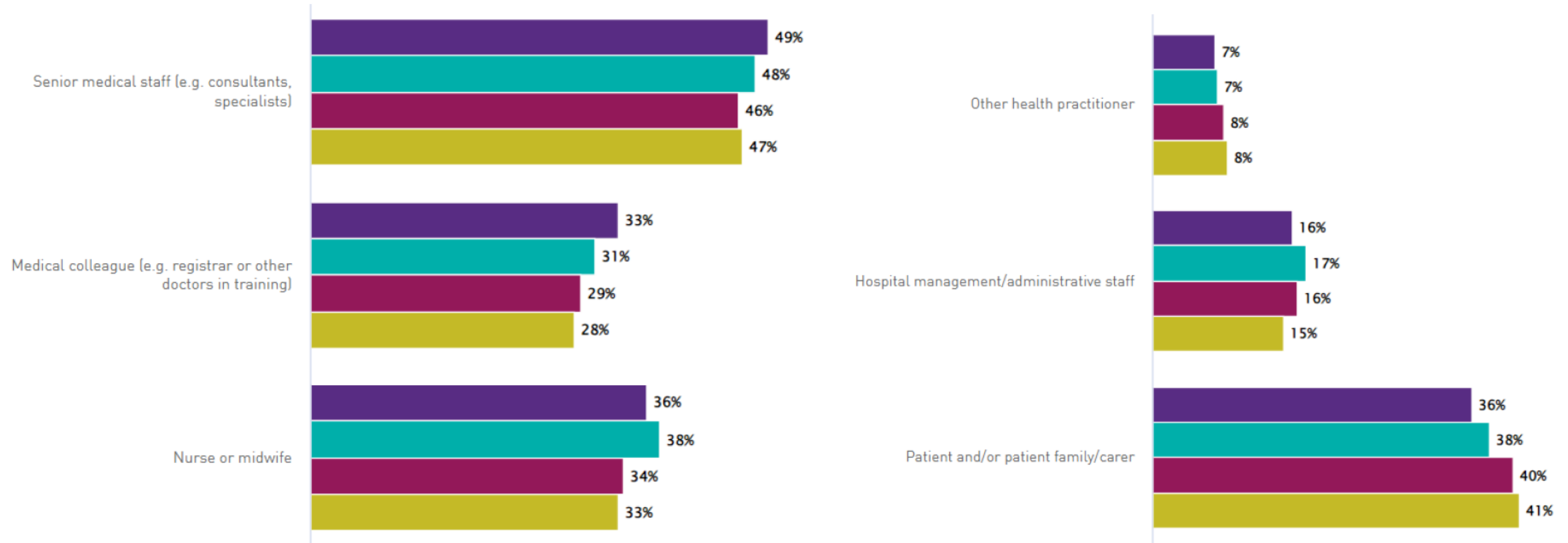
Experience of Bullying, Harassment, Discrimination and Racism

NSW Total





NSW Total – Who was responsible?



Site A



*Care should be taken in interpreting the data across groups where sample sizes are less than 30.



Site B



*Care should be taken in interpreting the data across groups where sample sizes are less than 30.
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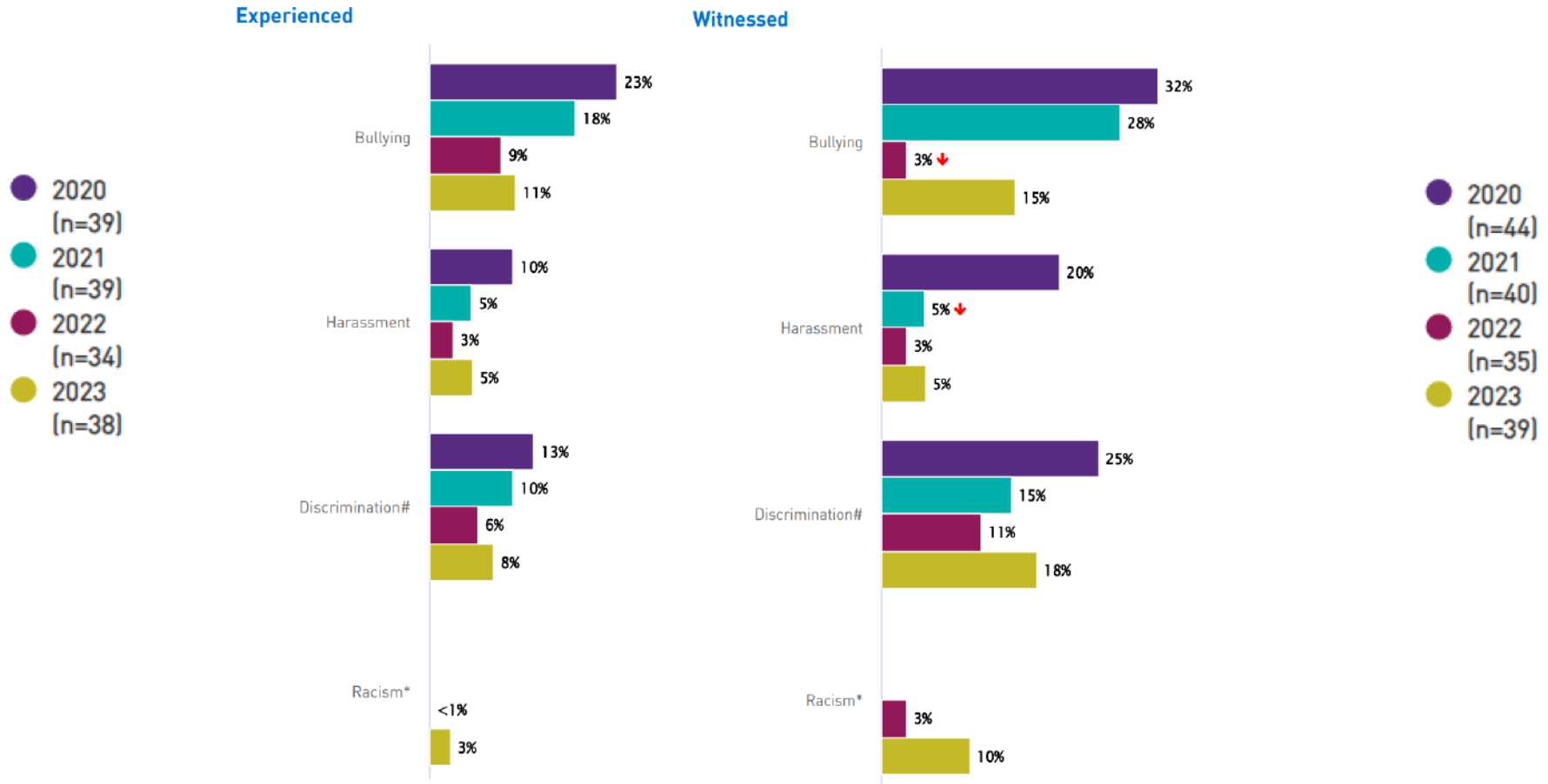
Experienced

Witnessed



- 2020 (n=11)*
- 2021 (n=10)*
- 2022 (n<10)**
- 2023 (n<10)**

Site C

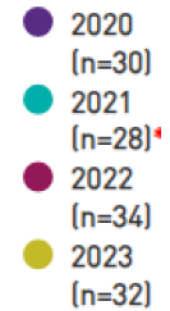
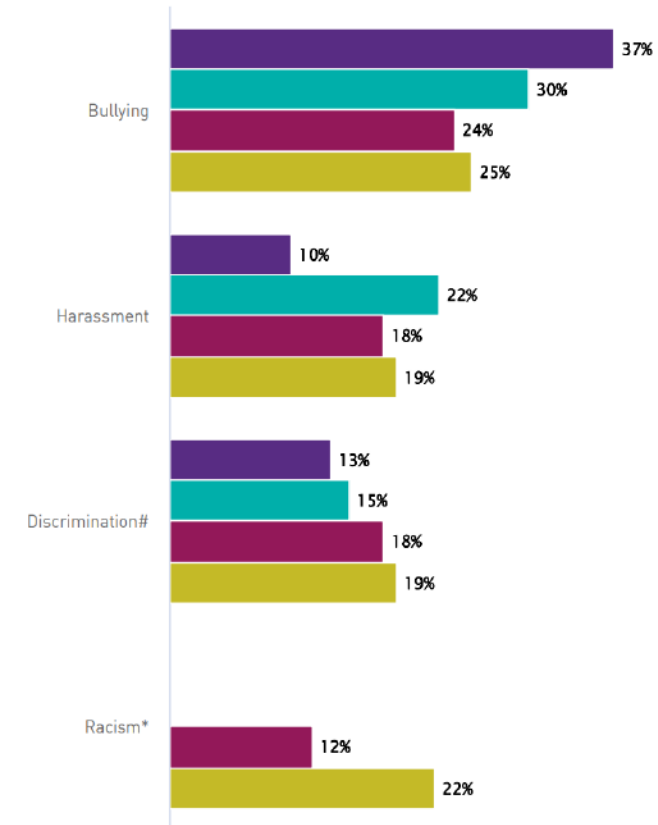
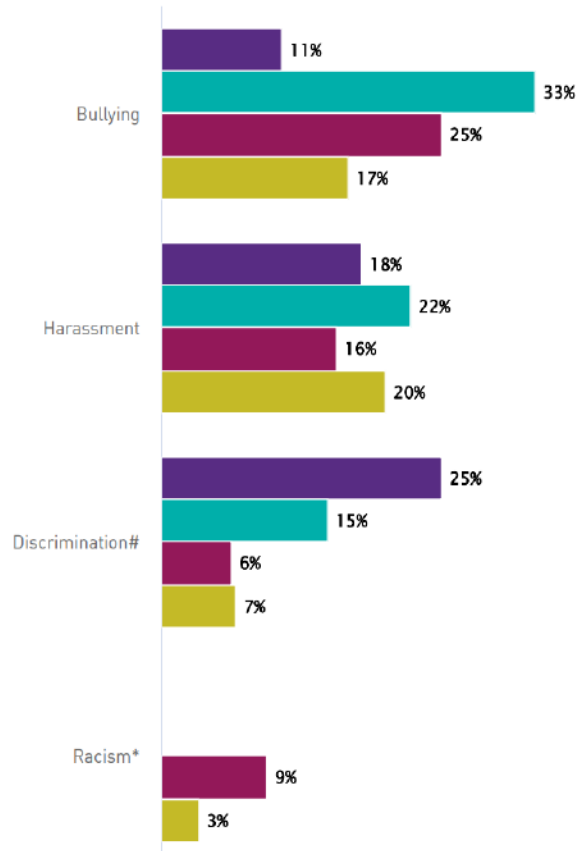


Site D



Experienced

Witnessed



Site E



Site F



*Care should be taken in interpreting the data across groups where sample sizes are less than 30.
**Results not displayed for series with base sizes of less than 10.



Site G



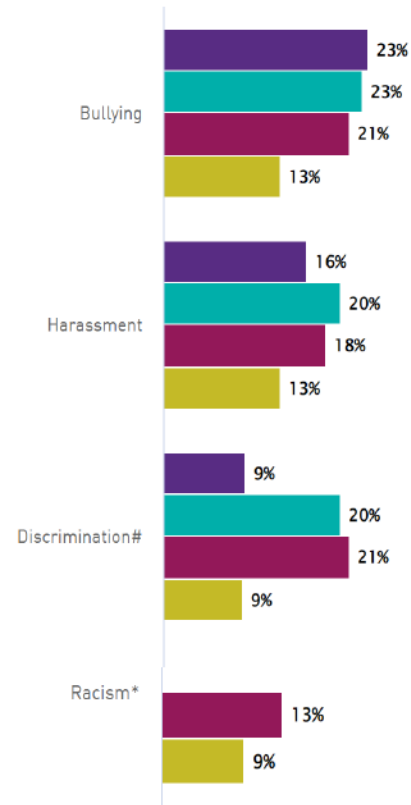
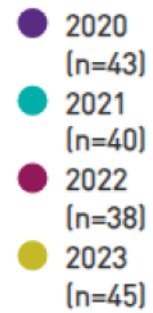
Site H



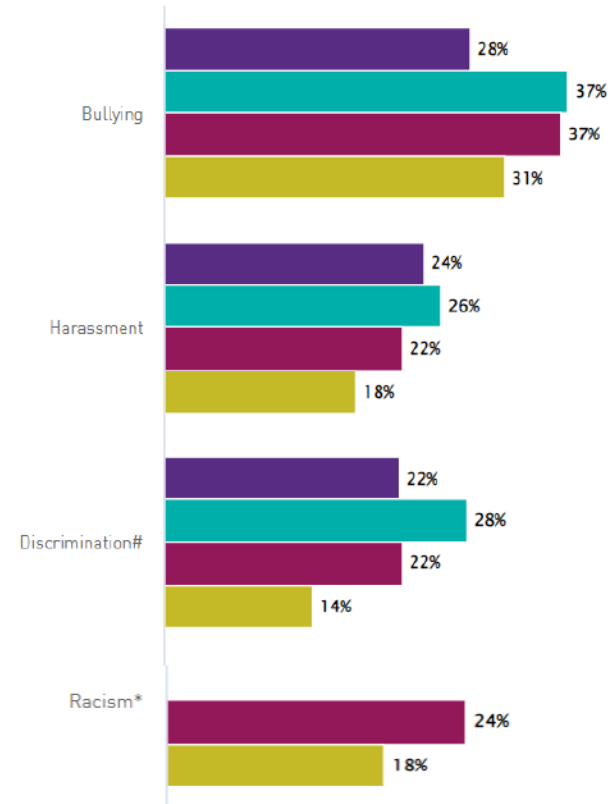
Site I



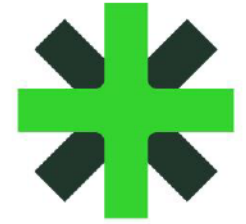
Experienced



Witnessed

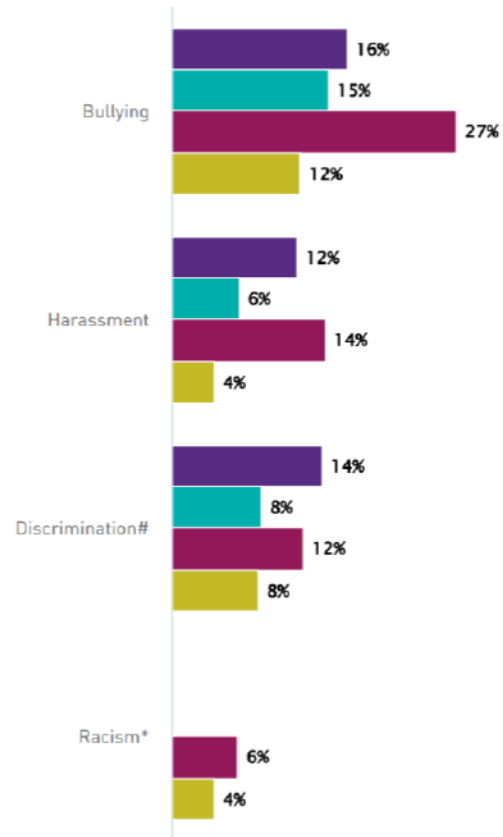


Site J

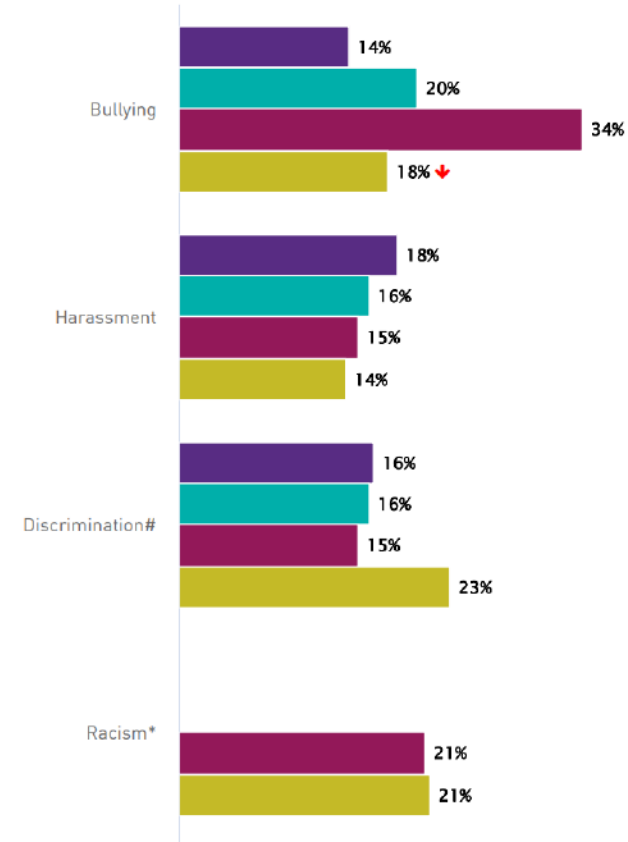


- 2020 (n=43)
- 2021 (n=48)
- 2022 (n=49)
- 2023 (n=50)

Experienced



Witnessed



- 2020 (n=49)
- 2021 (n=50)
- 2022 (n=53)
- 2023 (n=57)