

21 July 2015

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Professor Dorothy Keefe PSM
Clinical Ambassador
Transforming Health
CitiCentre Building
11 Hindmarsh Square
ADELAIDE SA 5000



Dear Professor Keefe

Thank you for agreeing to meet with the South Australian Medical Education and Training (SA MET) Health Advisory Council Doctors in Training Committee (DiT Committee) and the SA Junior Medical Officer (JMO) Forum on 20 August 2015 to discuss the potential impacts of Transforming Health on junior doctor education and training.

The DiT Committee has developed some questions which focus on how Transforming Health could impact junior doctor education and training, supervision and welfare. I have summarised these questions in an appendix for your convenience. I understand that it may not be feasible to discuss all questions at the meeting for various reasons; therefore a written response on those questions would be greatly appreciated.

After discussion at its recent meeting, the DiT Committee has formulated four 'key points' which we strongly feel should be incorporated into the ongoing development and implementation of Transforming Health. These are summarised below. We would be very grateful for any comment you can make on these four key points at the forthcoming meeting.

1. The detailed impacts of Transforming Health on medical education and training should be made explicitly clear as soon as possible to allow medical students, trainees, supervisors and Colleges to adjust to these changes;
2. Trainee medical officers are vulnerable in the context of such extensive change; for the safety and wellbeing of patients and SA Health junior doctor staff, it is critical that any negative impacts of Transforming Health on welfare are identified and mitigated promptly;
3. It is incumbent upon SA Health to conduct robust evaluations of the impacts of Transforming Health for (a) ongoing quality improvement purposes and (b) public accountability; the plans to conduct and report such quality assurance / evaluation work should be available for public and professional scrutiny;
4. Increased engagement of junior doctors in the development and implementation of the Transforming Health proposals, as relevant to their education and training and welfare, will help alleviate concerns which currently exist.

Thank you once again for your time in considering this letter and presenting to the SA MET DiT Committee and JMO Forum. We understand your time is valuable and we hope the questions posed are appropriate and can generate productive discussion. If you have any queries, please feel free to contact me.

Kind regards

A handwritten signature in black ink, appearing to read 'Tom Crowhurst', written over a white background.

Dr Tom Crowhurst
Chair, Doctors in Training Committee

Education and supervision –

1. How / when will information be provided to Colleges on any junior doctor position re-configurations associated with Transforming Health so that the Colleges can adjust their training programs accordingly?
2. Can guarantees be made that the intern, prevocational and vocational training capacity (both with respect to the number of jobs and necessary diversity of accredited positions) of each Local Health Network will be maintained? If not, when will the nature of any changes be announced?
3. Consultants provide invaluable teaching and training to all junior staff from medical students through to advanced trainees; will the overall number of full-time equivalent consultant positions be changed through Transforming Health and, if so, what impact will this have on medical education and training?
4. Teaching and training are particularly vulnerable in periods of service delivery change when the focus of senior staff and administrators may be elsewhere; what measures will be put in place to monitor and protect the supervision of trainee medical officers, in order to ensure both patient safety and ongoing high-quality medical training?
5. Nurse-led restorative care facilities could potentially place junior doctors in stressful and risky situations if they are required to consult or cover on patients in these facilities, particularly if there is no senior support available on-site. Can you please clarify how these nurse-led restorative care facilities will work, how patients will be monitored and what will happen if problems / deterioration arise?

Welfare –

6. There are many elements of Transforming Health that could jeopardise the welfare of trainee medical officers, as outlined in further detail below; in general, how will the welfare of trainee medical officers be monitored and protected as the changes within Transforming Health are introduced?
7. If the overall state high-dependency / intensive care capacity is decreased, sicker patients will require management on wards and in less well-equipped peripheral hospitals, generating stress for the junior staff involved; can any overall change in state high-dependency / intensive care capacity be clarified?
8. The closure of some hospitals (e.g. Repatriation General Hospital) and the downgrade of others (e.g. The Queen Elizabeth Hospital) will necessarily increase the caseload on other sites (e.g. Flinders Medical Centre and the new Royal Adelaide Hospital respectively), however some units within these hospitals are already intolerably busy for trainee medical officers; how will this increased pressure be managed?
9. The ongoing introduction of the Enterprise Patient Administration System (EPAS) at the same time as major service re-configurations will generate significant risks for trainee medical officers with respect to learning burden, temporary inefficiencies and higher error rates as new systems are mastered, overcoming incompatibility of the old and new hospital record systems at different sites, possible inaccessibility of old Royal Adelaide Hospital records, and other potential unknowns; how will this increased pressure and medico-legal risk be mitigated?
10. Centralisation of services may necessitate increased patient transfers which are inherently stressful for trainee medical officers; how will junior staff be supported to meet a likely increased patient transfer burden?

11. The culture among trainee medical officers at each hospital is vitally important in providing support and pastoral care for junior doctors and each hospital has a unique culture that is propelled by different structures / institutions. Transforming Health will merge various medical / surgical teams from different hospitals, potentially resulting in the loss of junior doctor culture and / or clash between different cultures; how will trainee medical officer culture and a sense of community be protected and supported in the change process?

Retention of staff –

12. The downgrading of some peripheral sites may render these locations less attractive and any loss of accreditation of key sites for training (e.g. possible risks to the Noarlunga Hospital and The Queen Elizabeth Hospital emergency departments) will exacerbate this problem. Senior staff have a major impact on the supervision and support available to trainee medical officers; are there any risks to the retention of high-quality staff at peripheral sites and, if so, what measures will be put in place to mitigate the potential impact on trainee medical officers?
13. The Fiona Stanley Hospital in Western Australia has apparently been impacted by mass resignations of junior doctors due to intolerable stress arising from excessive workloads, inadequate planning causing chaotic workplaces and unsatisfactory support / supervision; how will the implementation of Transforming Health, the new Royal Adelaide Hospital and EPAS avoid this scenario playing out in South Australia?

General –

14. Essential in any change, especially in the evidence-based field of health, is robust evaluation to ensure that the desired outcomes are being achieved; how will the impacts Transforming Health be measured to ensure that the changes are delivering the 'best care, first time, every time'? How will the outcome measures be reported to staff and to the public?
15. Does Transforming Health generate opportunities for medical education and training in private settings?
16. There are many elements of Transforming Health that could impact on junior doctors. How will junior doctors be engaged in the ongoing development and implementation of Transforming Health?