



Dear 

### DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 14 December 2022** which was rescoped on **Wednesday 4 January 2023**.

This application requested access to:

*'All correspondence, briefings and included attachments provided to the Ministers office regarding junior doctors in the ACT. Specifically overtime words, understaffing and holiday/study leave.'*

I am an Information Officer appointed by the Chief Executive Officer of CHS under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Thursday 2 February 2023**.

I have identified three documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

#### Decisions

I have decided to:

- grant full access to one document; and
- grant partial access to two documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

#### Full Access

I have decided to grant full access to one document at reference 1.

### **Partial Access**

I have decided to grant partial access to two documents at references 2-3. Redactions have been made to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the FOI Act as the information contained in these folios are partially comprised of personal information.

### **Public Interest Factors Favouring Disclosure**

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

### **Public Interest Factors Favouring Non-Disclosure**

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

The document at reference 3 mentions 'Attachment A', which has already been published on the ACT Health Directorate's (ACTHD) disclosure log as the information is relevant to an earlier application: [https://www.health.act.gov.au/sites/default/files/2023-01/CHSFOI22-23.23%20CHS%20Response\\_DL.pdf](https://www.health.act.gov.au/sites/default/files/2023-01/CHSFOI22-23.23%20CHS%20Response_DL.pdf).

On balance, the factors favouring disclosure are outweighed by the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. The personal information is of ACT Government employee's mobile numbers and of non-ACT Government employees have not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application and my decision released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### **Ombudsman review**

My decision on your access application is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the FOI Act within 20 working days from the day that my decision is published in ACTHD's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the FOI Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or via email at [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely,



Janet Zagari  
**Deputy Chief Executive Officer**  
Canberra Health Services

20 January 2023

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
<b>[REDACTED]</b>	<i>All correspondence, briefings and included attachments provided to the Ministers office for the last 12 months regarding junior doctors in the ACT. Specifically overtime worked, understaffing and holiday/study leave.</i>	<b>CHSFOI22-23.29</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1	Question Taken on Notice Brief – GBCHS22337 - QToN 13 JMO Shortfalls Response	1 November 2022	Full Release		YES
2.	2 – 4	Email – Health and Wellbeing Cabinet Update - Information as Needed	14 November 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
3.	5 – 8	Email and attachment – MCHS22-906 - FOI Junior Doctor	21 December 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
<b>Total Number of Documents</b>						
<b>3</b>						



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

QToN No. 13

COMMITTEE SUPPORT

Standing Committee on Health and Community Wellbeing

**Inquiry into Annual and Financial Reports 2021-2022**

**ANSWER TO QUESTION TAKEN ON NOTICE**

Asked by **MS LEANNE CASTLEY MLA** on 1 November 2022: **MR DAVE PEFFER** took on notice the following question(s):

Reference: Hansard uncorrected proof transcript 1 November 2022 Page 49

In relation to:

Workforce and junior doctors:

1. Is there a shortfall of junior doctors in the hospital?

**MINISTER STEPHEN-SMITH MLA:** The answer to the Member's question is as follows:–

The Canberra Hospital currently has a shortfall of 11 post graduate year one and two (PGY1/2) junior medical officers (JMO).

Six of these roles are filled and are awaiting the finalisation of processes by Department of Home Affairs and the Australian Health Practitioner Regulation Agency (AHPRA) for commencement. The remaining roles are subject to ongoing recruitment action.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:

Date:

15/11/22

By the Minister for Health, Ms Rachel Stephen-Smith MLA

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**From:** Murray, Ryan (Health) on behalf of CHS DLO  
**Sent:** Monday, 14 November 2022 10:46  
**To:** Bransgrove, Meagen  
**Subject:** Health and Wellbeing Cabinet Update - Information as Needed

## CABINET

Hi Meg,

CHS asked me to shared the below information with you. Unsure if assists at all.

Can you please review and provide any comment on the below points that were made by Policy & Cabinet:

- It would useful to give a brief background of the resolution, and the external review of physician training referenced in the resolution

### Background

The ACT Physician Training Network is responsible for providing an appropriate training environment for Basic Physician Trainees (BPTs) to complete basic training as prescribed by the Royal Australasian College of Physicians (RACP). Despite this ambition, the pass rate for the clinical examination in 2018 and 2019 was significantly below the national pass rate and the Network's pass rate in preceding years.

To understand the reasons for this and provide an evidence-based platform for improvement, an external review was commissioned in late 2019 by the ACT Network Director of Physician Education (NDPE) on behalf of the ACT Physician Training Committee (PTC) to comprehensively assess the Network's physician training program. The review was completed by Associate Professor Anne Powell (Monash Medical Centre / Alfred Hospital, Victoria) and Dr Bethan Richards (Royal Prince Alfred Hospital, NSW). The review was finalised in January 2020 and made 54 recommendations to reform the ACT Network's BPT program.

- Was an annual update provided in 2021? If an update wasn't provided, it would be beneficial to outline why one wasn't provided – I found a Ministerial Brief dated February 2021 which may have been the annual update – please see attached. The above background is based on the information provided in that brief. Otherwise Ashwin may be able to provide further comment on this.
- Under issues and options, more detail on progress to address recommendations in the review that could be included to inform Cabinet of work that has been completed or is underway. A lot of this information is in the Ministerial Statement, so this detail could include information that would be useful for Cabinet but not necessarily for inclusion in the Ministerial Statement –

I have attached a detailed plan of the current status of the recommendations. There are 7 outstanding recommendations which predominantly relate to development of a mentor program; the implementation of which was delayed due to the pandemic. The Director of Physician Education at Calvary Hospital and the Network Director of Physician Education met in October 2022 to discuss the mentor program and intend to implement this by the first half of 2023.

Let me know if you need further detail. The predominant changes have been improved access to annual leave by employing additional BPTs into the relief pool, improved staffing of the physician training unit, restructuring of the after-hours rostering to reduce overtime, structured clinical examination preparation program, and wellbeing initiatives such as weekly free lunch, access to protected teaching time. I can provide further info on these initiatives beyond what is in the excel spreadsheet if desired.

- Has burnout been measured again since 2019. Has there been an improvement, is there a figure that can be used to inform Cabinet and how does this figure compare nationally/internationally (noting burnout nationally is likely to be higher since COVID)? –

The following surveys have been used to measure junior doctor burnout since 2019:

- The 2021 Medical Board of Australia’s (MBA) Medical Training Survey.
- The 2020 Royal Australasian College of Physicians (RACP) Physician Training Survey
- Satisfaction surveys of trainees through the ACT Physician Training Network.
- Clinicians and staff across CHS through our *Workplace Culture Pulse Survey*.

The only one of these surveys that specifically addressed burnout rates is the 2020 RACP Physician Training Survey. At that time, burnout rates amongst basic physician trainees at Canberra Health Services remained higher than the national average (26% reported they were burned out, compared with 14% national average). This is an improvement compared with the BPT Training Program Review, where 79% of junior doctors reported burnout. The 2020 survey was conducted during a period of peak COVID with difficulties accessing annual leave, and prior to an enhancement in both the physician training and BPT workforce. A repeat Physician Training Survey was undertaken in late 2022 with results expected in 2023, which will address this question.

The MBA survey was undertaken more recently, but does not specifically ask about burnout rates. Indicators which correlate well with burnout risk include the ‘workload’ questions. This indicated no physician trainees (0%) at Canberra were working extremely onerous hours, defined as >70 hours per week, in the 2021 Medical Training Survey. This was better than the national average of 5%.

However, 63% of physician trainee respondents rated their overall workload as heavy/very heavy, compared with the national average of 52%, so ongoing work needs to be done.

The number of basic physician trainees in the relief pool was increased by three FTE to support access to leave. This has had a significant positive impact. Over 80% of physician trainees at Canberra Hospital reported no difficulties accessing annual or study leave when surveyed in August 2022.

- It might be useful to specify what the national pass rate for clinical exams in 2021 was as a reference

Year	Divisional Written Exam - National	Divisional Written Exam - Canberra	Divisional Clinical Exam - National	Divisional Clinical Exam - Canberra
2018	86.6	91	70.7	36
2019	71	73	69.7	37
2020	77.8	69	79.5	76
2021	75.9	88	81.9	68
2022	67	66	Not yet released	73
Average	75.7	77.4	75.45	2020 onward: Average 72.3

Full results for the Royal Australasian College of Physicians examinations are above. The average pass rate for the Divisional Clinical Examination for the last three years at Canberra Hospital was 72.3%, which is comparable to the national pass rate which averages between 70-80%, depending on the year.

It should also be noted that the Canberra Hospital pass rate for the Divisional Written Examination, which is sat by the same group of trainees, is often above the national average. See table above for details.

- The 2019 report was on basic physician trainees specifically. A lot of the actions taken to address BPT wellbeing and success would also address wellbeing for other JMOs. Are there any measures of burnout or wellbeing for other cohorts of JMOs that could be included? I suggest reaching out to Janelle / MOSCETU about this, as I only have oversight of the basic physician trainees. The Medical Board of Australia survey is relevant to all junior doctors, though the excerpts I have included above apply to physician trainees only.

Apologies for the tight turnaround we have been asked to get this back by COB tomorrow.

Hope this is okay – I am not in during the day tomorrow as I am helping overnight with cutover.

**Ryan Murray | Directorate Liaison Officer | Canberra Health Services**

Phone: (02) 6205 5030 | Mobile: [REDACTED] | Email: [CHSDLO@act.gov.au](mailto:CHSDLO@act.gov.au)

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government



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**From:** Murray, Ryan (Health) on behalf of CHS DLO  
**Sent:** Wednesday, 21 December 2022 13:13  
**To:** Bransgrove, Meagen  
**Subject:** MCHS22-906 - FOI Junior Doctor

OFFICIAL

Hi Meg,

Another FOI at the link below. I have amended this one and the AMA FOI from Minister Steel signoff to Minister Stephen-Smith. Both are in the Information Brief folder.

[I:\Stephen-Smith\DLO\01. RSS - digital signing\03. Minister documents for signature\6. Information briefs\MCHS22-906 - FOI Junior Doctor](#)

Thanks,

**Ryan Murray | Directorate Liaison Officer | Canberra Health Services**

Phone: (02) 6205 5030 | Mobile: [REDACTED] | Email: [CHSDLO@act.gov.au](mailto:CHSDLO@act.gov.au)

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

**Canberra Health Services Directorate**

**UNCLASSIFIED**

**To:** Minister for Health

Tracking No.: MCHS22/906 (CHSFOI22-23.23)

**From:** Dave Peffer, Chief Executive Officer

**Subject:** Freedom of Information application request received from [REDACTED]  
[REDACTED] regarding all documents prepared in relation to media statement  
regarding junior doctors shortfall

**Critical Date:** 21 December 2022

**Critical Reason:** FOI will be delivered to applicant on this day

- CEO                   .../.../...
- DCEO                .../.../...

**Recommendation**

That you note Canberra Health Services' response at Attachment A.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. On Tuesday 22 November 2022, [REDACTED] submitted an access application under the *Freedom of Information Act 2016* (the Act) to Canberra Health Services (CHS) requesting:

*'All documents prepared in relation to providing a media statement to The Canberra Times on Tuesday, November 22 2022 regarding junior doctors shortfalls. This request includes draft responses and correspondence relating to the request.'*

## Issues

2. After conducting a search for all relevant documents, CHS has identified 31 documents containing the information that meets the scope of the request.
3. The decision letter and the documents released to [REDACTED] is provided at Attachment A.

## Financial Implications

4. Processing fees are not applicable to this request.

## Consultation

### Internal

5. Not applicable.

### Cross Directorate

6. Not applicable.

### External

7. Not applicable.

## Work Health and Safety

8. Not applicable.

## Benefits/Sensitivities

9. Not applicable.

## Communications, media and engagement implications

10. Media talking points have not been prepared and can be prepared by the CHS media team should any media issues arise.
11. The decision letter and the accompanying document in response to [REDACTED] FOI access application will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

