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PG49(G)BP Guideline on the health of specialists, specialist international medical graduates and trainees Background Paper 2022

Short title: Practitioner health BP

1. Introduction

The health of doctors has long been recognised as an important factor in clinical performance and patient care. However, it is increasingly clear that in addition this long-standing awareness regarding physical health, mental health and wellbeing are equally important.

The many stresses that doctors face, if left unchecked, can have flow-on effects that adversely impact on their personal wellbeing, influencing their relationships with family, friends and partners, and increasing their risk of burnout, anxiety, depression, substance misuse and tragic outcomes including suicide. Acknowledgement that doctors are not immune to poor health is essential in developing strategies to support doctors at all times. These may include aids to assist in recognising problems in oneself and in others, as well as implementing preventive measures, and expert collegial and therapeutic support during times of crisis.

The accompanying college (ANZCA and FPM) guideline is intended to:

- Assist specialists, specialist international medical graduates (SIMGs), and trainees with issues related to their health and wellbeing.
- Assist healthcare facilities to develop systems that provide the necessary support.
- Guide doctors to access resources targeted towards health and wellbeing.

2. Background

Doctors are usually physically healthier than the general population but may be psychologically vulnerable due to inherent work-related stressors. A Beyond Blue Survey[1] found almost 25% of doctors had experienced suicidal thoughts, compared to 13.3% of the general population. The Beyond Blue survey also reported that doctors seem to have a greater degree of “resilience” to the negative impacts of poor mental health such that they maintain high functioning despite relatively severe illness. However, this may hamper recognition by others, aggravate progression of severe illness and increase the risk of suicide. One positive feature of the survey was that doctors are more likely to seek treatment and manage some of the negative effects.

It is important to note that anxiety is often overlooked and under-recognised and is as common as depression.

Since the previous review of PG49(G), published in 2010, there have been significant advances in understanding the mental stresses, which result from increasing demands on doctors, as well as an acknowledgement of the importance of cultural issues. There has also been an increasing appreciation of wellbeing not only for its contribution to professional performance, reflected in patient outcomes and satisfaction, but also its role in professional fulfilment and engagement.

Barriers to recognising and addressing impairment in wellbeing have been identified and include not only perceived stigma about mental illness, but also anxiety over potential notifications to the regulatory authorities (Australian Health Practitioner Regulation Agency, Medical Board of Australia and Medical Council of New Zealand) with consequent implications for ability to practise.

The accompanying guideline aims to address these issues by acknowledging these barriers to treatment/ support and provides recommendations and resources for doctors who require assistance.

3. Discussion

3.1 Considerations in addressing wellbeing

Anaesthetists have been shown to suffer high rates of psychological distress and burnout.[2] Although it is relatively easy to attend to physical health matters, there are still barriers to attending to mental health issues. For some, the fear of being stigmatised leads to denial; some may lack insight while others may have concerns over mandatory notification requirements of regulatory authorities, which vary between countries and states. Recent surveys of the ANZCA population, revealed that family, friends and a supportive general practitioner (GP) are more likely to be sought when dealing with health related matters, than those holding more formal roles such as clinical director (CD's), supervisor of training (SOT's) or Wellbeing Advocates, and a significant number of people would actively avoid this.[3,4] Other studies of healthcare workers further show that they would prefer the same social support over professional help for mental health issues, thus the ability of colleagues to intervene in a supportive and psychologically safe way is important.[5] It is important that individuals tasked with supporting colleagues in times of difficulty are aware of, and have access to information to ensure their own psychological safety.

Implementing preventive measures such as regular health checks and addressing lifestyle issues are essential in high acuity specialities[6], which can be demanding and stressful on individual practitioners.

They may not however be sufficient alone, to ensure health and wellbeing of the medical workforce. Active engagement between all stakeholders to promote healthy work environments and to minimise barriers to implementation of good wellbeing strategies and help-seeking behaviours is essential as is the provision of resources and structures which support periods of ill health.

Legislation which requires the workplace to provide a psychologically safe environment, has been enacted, which supports a broadened involvement in healthcare facility responsibilities and willingness to engage.[7]

For the period of the COVID-19 pandemic, a medical practitioner's health has never been more intimately linked to the provision of patient care, and the duty of care vs. maintenance of one's own health has been outlined in this respect by the Wellbeing special interest group (SIG) document "Looking after your mental wellbeing".[8]

Newly recognised threats to mental health include moral harm and second victim syndrome, in addition to adverse events, complaints, fatigue, burnout, traumatic exposure, mental ill health and suicide. Further, the specific vulnerabilities experienced during training and at key career transitions, have been explored and resources to provide support developed. Many practitioners come from culturally and linguistically diverse backgrounds and what constitutes wellbeing is influenced by their own world view. In this context, additional vulnerability may exist presenting them with unique challenges when seeking to achieve wellbeing.[9,10]

3.2 Recognising culture

As a bi-national and bi-specialty college with specialist international medical graduates ANZCA/FPM recognises the principles that underpin cultural safety in its inclusive definition of wellbeing that includes indigenous peoples as well as people from other cultures and countries.

The concept of health within First Nations communities is commonly understood as more than the care and management of physical manifestations of illness. Indigenous Health includes the social, spiritual, emotional and ecological wellbeing of the land, individuals and communities.

Practices are diverse, complex and inclusive. They are understood as holistic, cyclical care, and are maintained through intergenerational transmission of knowledge to people, places and objects.

In the New Zealand setting, Te whare tapa whā, is a model that outlines an understanding of health and wellbeing, which is broad and from the Māori perspective of health.[3] The four pillars or components of health include:

1) Taha tinana (physical health)
2) Taha hinengaro (mental health)
3) Taha wairua (spiritual health) and
4) Taha whanau (family health), with

Whenua (land) representing the connection to land (environment) as the foundation.

Each of these interconnects and contributes to the balance and strength of the whole. If one pillar is challenged, the other pillars will continue to support overall wellbeing until that one pillar is strengthened again.

The clinical workforce is diverse, and a number of cultures are represented within the specialties of anaesthesia and pain. Establishing and promoting respect and understanding as well as supporting and providing resources that recognise and allow for cultural differences and specific needs can improve wellbeing and connectedness.

Like the Long Lives, Healthy Workplaces Toolkit,[4] designed for anaesthetists to help create mentally healthy workplaces, these models encourage departments to use a broad range of actions and activities to support the wellbeing of anaesthesia fellows and trainees.

The concept of wellbeing has been broadened beyond the individual components of mental, emotional, spiritual, and physical to include social and community components as well. This has facilitated culturally appropriate framing of the pillars for wellbeing, which can be adapted to suit context and local need within the Toolkit process. One such example is the framing “keep learning, be aware, connect, be active, and help others”.[11]

3.3 Wellbeing Advocate

ANZCA will continue to develop resources to train and support the role of Wellbeing Advocates and maintain wellbeing expertise within the college, to respond to requests for assistance with matters related to health and wellbeing.

Issues applicable to accredited Wellbeing Advocates in training sites were raised including:

- Selection criteria
  - Should not be head of department (HOD), deputy director or SOT to avoid a conflict of interest
  - Ideally would be an anaesthetist/pain medicine specialist within the department
  - If this was not possible, then the options to consider include:
    - Selecting another suitable health professional in the local organisation
    - Access to Wellbeing Advocates at other training sites in the rotation/region
    - Regional wellbeing lead
    - National/Regional committee member
    - The Wellbeing SIG document RD26 outlines the qualities and skills suggested for a Wellbeing Advocate and the importance of skills in cultural safety and character strengths including compassion and self- care, are also recommended.

- How they might be governed or supported in the role including:
  - Formalising the development of a regional network of Wellbeing Advocates.
  - Nominating lead(s) of this network who would ideally become members of their National/Regional Committees, or work closely with them, and have links to other National/Regional committees such as Trainee Committees and SOT networks.
  - The wellbeing network serving as the main resource for regional wellbeing issues; assisting the orientation and training of new Wellbeing Advocates; and providing a supportive network for all Wellbeing Advocates.
  - The network potentially having a wellbeing advocacy role.

3.4 SIMG related issues

The SIMG pathway to fellowship may present challenges to SIMGs including prolonged periods of uncertainty and adjustment. Awareness of the diverse needs of fellows with regard to maintenance of wellbeing and education about avenues of support should be made available to all SIMG's on this pathway, both locally and at the college level of engagement. Development of the SIMG Handbook is designed to accommodate and support such needs.

3.5 Trainee-specific issues

It is recognised that training in anaesthesia and pain medicine exposes trainees to the following sources of stress including:

- Significant investment in time and effort, often at the expense of personal and family time,
- Working patterns that include a range of rostering types, consisting of combinations of long days, un-rostered overtime, shift work and periods spent on-call many of which are unsociable and may make regular involvement in structured self-care activities difficult,
- Negotiating the challenge of assuming increasing responsibility during progression through training, whilst also seeking guidance and accepting experienced wisdom.
- Examinations, and other assessments and other educational activities, preparation for which is often expected outside of working hours, and
- The need to move to different hospitals to complete training, which may involve distance relocation, and commencing work in a new environment, throughout training.
- Training often occurs in tandem with times of great personal and social change and other major life events, including the decision to start a family.

While doctors are encouraged to communicate with the college for support in stressful times it is recognised that alternative sources of support, such as the societies, may be required in circumstances where there might be a perceived conflict. For example, a trainee with training issues may prefer to look for support outside the college.

In summary, wellbeing is an individual, collegial and organisational responsibility. ANZCA supports the development and maintenance of strategies and resources that maintain the functionality of anaesthetists during training and throughout their career in anaesthesia, in order to maintain high quality patient care.

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Further reading

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