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WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

Australian and New Zealand College of Anaesthetists
Australian Society of Anaesthetists
New Zealand Society of Anaesthetists

THE WELFARE ADVOCATE

BACKGROUND

The Welfare of Anaesthetists Special Interest Group (WOA SIG) recommends that anaesthetic departments and private groups of anaesthetists appoint one of their members as a Welfare Advocate.

This person will usually be an anaesthetist who has a special interest in, and knowledge of, welfare matters. Possession of a FANZCA is not essential.

In a hospital or department, the appointed person would be a departmental appointee. **The position is NOT an official appointment of ANZCA.**

Welfare advocates should be mindful that they should not take on a professional duty of care to any doctor or other person in their department – that is, they have no therapeutic role.

However it is entirely appropriate for the Welfare Advocate to refer trainees or colleagues to relevant professional personnel for advice or assistance.

APPOINTMENT OF A SUITABLE PERSON

The Welfare Advocate should be a person who has the ability to perform a guidance role, and offer support to those in need, in a manner that maintains confidentiality and privacy. She/he should be able to give advice to individuals and to departmental heads on available resources and support, as well as appropriate referral or reporting pathways.

Desirable personal qualities:

- Empathy
- The ability to keep confidences
- Approachability
- Good communication and listening skills
- Non-judgmental - an ability to have difficult conversations without being partisan
- Insightful
- An interest in medical education and doctors' health
- A commitment to continuing professional development
- Knowledge of de-stressing techniques

When appointing a Welfare Advocate, departments and groups should consider potential conflicts of interest. A FANZCA is not a requirement.

The Welfare Advocate should not have a formal role in assessment or training (i.e. he or she should not be an Education Officer (EO), Supervisor of Training (SOT), Head of Department (HOD) or deputy HOD).



The Welfare Advocate should not engage in this role (other than mentoring) with any doctor or other person in his/her group or department who is a family member of the Welfare Advocate.

DUTIES OF THE WELFARE ADVOCATE

These may include:

- Responsibility for the promotion of awareness of welfare issues in the group or department.
- Provision of advice on appropriate referral and reporting pathways.
- Awareness of the avenues of help available to doctors and others in distress, or those who require assistance.
- Discussion of difficult issues.
- Supporting colleagues or trainees after a critical incident.
- Setting up and administration of a mentoring program
- Acting as a Mentor.
- Promotion of awareness of the WOA SIG Resource Documents, and of ANZCA Professional Documents.
- Arranging department or group educational meetings on welfare and wellness topics, such as those covered in the WOA SIG Resource Documents and the Professional Role in Practice of the ANZCA Curriculum.
- Promotion of activities that enhance resilience and cope with stress.
- Review of departmental or group policies and practices that may affect trainees' and/or colleagues' welfare.

ASPECTS OF THE ROLE OF THE WELFARE ADVOCATE

- Assisting a colleague or trainee in difficulty usually requires a team approach. Good relationships with other group/department members is essential for the resolution of difficulties. The Welfare Advocate is likely to work closely with the SOT and HOD when assisting trainees in difficulty.
- It may be advisable in large departments or groups to divide the role between more than one person; it may be appropriate to have one Welfare Advocate for trainees, another for consultants, and one for international medical graduates (IMGs). A gender balance may also be desirable.
- All conversations between the Welfare Advocate and trainees or colleagues in difficulty should be documented and kept confidential, unless permission (preferably in writing) has been explicitly given by the trainee or colleague for his or her issue to be discussed with another, e.g. the SOT and HOD (or as required under relevant legislative provisions). The HOD/SOT will usually be kept informed of the situation.
- As under-performance and welfare issues may overlap significantly, where trainees are involved, the HOD/SOT will need to be kept in touch with the situation. Many trainees will understand that informing the HOD/SOT is potentially of benefit to them (but some may require explanation).
- The Welfare Advocate should be aware of ANZCA training regulations, rotational training schemes and other training issues.



- It is desirable for Welfare Advocates to undertake continuing education on welfare topics by attending relevant sessions at international, national, and local meetings, joining the WOA SIG, and meeting with other welfare officers in their region or country to share resources, learning and reflections.
- Welfare Advocate should be aware of resources in their region to assist colleagues/trainees, e.g.
 - Employee Assistance services.
 - Human Resource units.
 - Mental health resources.
 - Communication assessments
 - Courses suitable for development of relevant skills.
 - Alcohol and drugs rehabilitation organisations.
 - Doctors who are prepared to treat colleagues
 - Clinical and educational psychologists.
- The primary responsibility of the Welfare Advocate is to patients. Assisting a trainee or colleague experiencing difficulty must not contravene the laws of the relevant medical board or council, including mandatory reporting, safe anaesthetic practice, or the Mental Health act.
- If the Welfare Advocate becomes aware of situations which may significantly jeopardise patient safety, or involves any criminal activity, then a report must be made to the HOD, the employing authority, as well as to the appropriate medical board or council. The trainee or colleague must be made aware that this is about to happen.
- There may be a significant psycho-social burden sustained in the work of Welfare Advocates, and they should consider having mentors themselves, as well as needing family support, and/or a peer review group, to assist them in dealing with these burdens.
- When assisting a colleague or trainee experiencing difficulty, the Welfare Advocate must work within the policies and procedures of the employer, and seek advice as to what is appropriate within that jurisdiction.
- When assisting a trainee in difficulty, the Welfare Advocate should work within the policies and procedures of ANZCA (see TED & TPR documents), and, if necessary seek advice as to what is appropriate within that jurisdiction. ANZCA regulations regarding training must be complied with (ANZCA Handbook for Training and Accreditation, and Regulation 37).
- When the Welfare Advocate becomes aware of a trainee or colleague who is suicidal, s/he must make every effort to enable that person to access immediate psychiatric help.
- Welfare Advocates in a training region can meet up on a regular basis for mutual support and discussion of matters of interest.
- A welfare advocate may not be able to lawfully schedule or detain someone for assessment - even an intoxicated colleague. This is usually a psychiatrist's or emergency physician's role. Each region has a different mental health act, and the relevant act must be adhered to.
- Welfare advocates should not advise trainees or their colleagues in writing of advice related to their own personally held beliefs, such as "it is cheaper to get relationship counselling than it is to get divorced". They should restrict their written advice to resource documents & available resources in their region



RESOURCES AVAILABLE FOR WELFARE OFFICERS AND COLLEAGUES REQUIRING SUPPORT

- Trusted colleagues and/or peers
- Mentor (s)
- General Practitioners
- Supervisors of Training or College Tutors
- Employee Assistance Programs in each hospital
- Doctors Health Advisory Service (DHAS) Australia and New Zealand
- Departmental/divisional support persons
- Psychologists
- Psychiatrists
- Welfare of Anaesthetists Special Interest Group (WOA SIG) members
- Medical Board/Council
- Lifeline (Samaritans UK)

References

- Australia and New Zealand College of Anaesthetists (ANZCA) Professional Documents (anzca.edu.au)
- Australia and New Zealand College of Anaesthetists Regulation 37
 - 37.13 Trainees Experiencing Difficulty (TED)
 - 37.14 Trainee Performance Review (TPR)
- Welfare of Anaesthetists' Special Interest Group (WOA SIG): secretariat at ANZCA.
- WOA SIG Resource documents:
 - Anaesthesia Continuing Education Coordinating Committee (ACECC) (acecc.org.au)
 - ASA website (asa.org.au)
 - ANZCA website (anzca.edu.au)
 - NZSA website (www.anaesthesiasociety.org.nz)
- Australian Medical Association (AMA): local regional branch. ama.co.au
- Australian Society of Anaesthetists (ASA): asa.org.au
- New Zealand Society of Anaesthetists (NZSA): anaesthesiasociety.org.nz

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