



Short title: Practitioner health

1. Purpose

To assist specialists, specialist international medical graduates (SIMGs), and trainees of the college and its faculties, which includes Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM), with issues related to their health and wellbeing. It is also intended to assist healthcare facilities to develop systems that provide the necessary support.

2. Scope

This guideline is intended to apply to all specialist anaesthetists and specialist pain medicine physicians as well as SIMGs and trainees in Australia, New Zealand and affiliated regions.

It is also intended to apply to all healthcare facilities in which anaesthesia, perioperative and pain medicine services are provided.

3. Background

Medical practitioners have a duty of care to the public. Fulfilling this duty of care requires optimisation of performance and spans the roles of both medical expert and professional. The relationship between performance as a medical expert engaging in professional behaviour and the delivery of high-quality patient care has been articulated in the Declaration of Geneva, adopted by the World Medical Association that "I will attend to my own health, well-being, and abilities in order to provide care of the highest standard".¹

The college and its faculties expect that all medical practitioners within the scope of this guideline engage in professional behaviour demonstrating their commitment to personal health and wellbeing as well as supporting the same in colleagues and teams.

While the previous guideline published in 2010 recognised the importance of health and its impact on professional practice there has since been a significant escalation in appreciation of all facets of wellbeing as well as a proliferation of resources.^{2,3}

4. Principles

4.1 Individual responsibilities

Anaesthesia and pain medicine services across Australia and Aotearoa New Zealand (NZ) are varied and diverse with each setting having its own challenges and resources. Consequently, individual responsibilities form one of the foundations of health and wellbeing.

4.1.1 Personal

¹ <https://jamanetwork.com/journals/jama/fullarticle/2658261>

² <https://www.safeworkaustralia.gov.au/system/files/documents/1911/work-related-psychological-health-and-safety-a-systematic-approach-to-meeting-your-duties.pdf>

³ <https://humanrights.gov.au/our-work/disability-rights/publications/2010-workers-mental-illness-practical-guide-managers>

- Under the NZ Health and Safety at Work Act 2015, all workers are required to take reasonable care of their own health and safety and reasonable care that others are not harmed by something they do or don't do.
- In Australia this is addressed under the Australian Work Health & Safety Act No 137, 2011. Registered 31 July 2018.

4.1.2 Colleagues

- In New Zealand, the Health Practitioners Competence Assurance Act 2003 makes it mandatory for persons in charge of organisations that provide health services, registered doctors, and employers of health practitioners to inform the Medical Council of New Zealand (MCNZ) if they believe a doctor may be unable to perform the functions required to practise because of a mental or physical condition.
- In Australia, the Australian Health Practitioner Regulation Agency (AHPRA) sets the reporting rules in the Medical Board Australia (MBA) - Good medical practice: a code of conduct for doctors in Australia October 2020.

4.2 Departmental/private group responsibilities

- Introduction of systems or mechanisms to promote health and wellbeing, as well as measures aimed at preventing and managing situations that may result in distress and poor wellbeing.
- Implementing processes for recognising those experiencing difficulties and access to support for them.

4.3 Healthcare facility responsibilities

4.3.1 The MCNZ expects every employer to arrange an orientation for doctors new to a workplace and provide support to their employees through good employer practices. Australians should refer to Workplace Health & Safety in their state.

4.3.2 Further, employers have the responsibility to ensure workloads do not compromise quality of care, particularly referring to the impact of excessive fatigue on patient safety⁴.

4.3.3 Healthcare facilities and employers have a responsibility to encourage staff to communicate with the college, or a relevant professional society, for support in stressful times.

5. Recommendations

These can be graded as either “recommended” or “strongly recommended” based on strength of evidence to support them and should be referenced.

The perspectives to be covered should include trainees/SIMGs and specialists as well as a consideration of cultural and Indigenous⁵ factors.

5.1 Individual responsibilities

5.1.1 Personal

- It is strongly recommended and explicitly stated by AHPRA, that all medical practitioners establish a therapeutic relationship with a general practitioner of their own choosing and visit them regularly. A minimum for most reviews would be 5-yearly, although more frequent screening is recommended for some aspects of health.

⁴ Refer PG43(A) Guideline on fatigue risk management in anaesthesia practice

⁵ Refer PS62(G) Position statement on cultural competence and *Indigenous Health Strategy 2018-2022*

Informal corridor conversations should be avoided.⁶ AHPRA recommends that doctors seek independent, objective medical advice.

- It is strongly recommended, that medical practitioners do not self-prescribe nor prescribe for close family and friends. Practitioners in New Zealand should be guided by the MCNZ “Statement of providing care to yourself and those close to you” while Australian practitioners will be guided by the MBA “Good medical practice: a code of conduct for doctors in Australia”.
- Prospective consideration of an individually targeted wellbeing strategy is recommended. Open discussion with family, friends and colleagues about health-related risks and strategies for the profession is also recommended.
- Anaesthetists are encouraged to access advice and tools to manage the stressful impact of fatigue as presented in *PG43(A) Guideline on fatigue risk management in anaesthesia practice*.
- Awareness of various doctors’ health programs and advisory services is recommended.

5.1.2 Colleagues

Where the observed behaviour of a colleague raises concern that has implications for the safe practice of anaesthesia or pain medicine, it is the responsibility of the individual who is concerned to disclose this to someone in a position of responsibility in the department/healthcare facility. To protect the public from the risk of harm, registered health practitioners and their employers must make mandatory notifications in some limited circumstances.

- This is a legal requirement under the National Law in Australia.
- In Aotearoa New Zealand, it is a requirement by law under the Health Practitioners Competence Assurance Act 2003 to inform the MCNZ if it is believed that a doctor may be unable to perform the functions required to practice because of a mental or physical condition.
- Advice regarding mandatory notification can be obtained on a case-by-case basis from the regulator or practitioner’s indemnity insurer.

5.2 Departmental/Private group

5.2.1 Wellbeing Advocate

- It is strongly recommended that all ANZCA and FPM accredited hospitals appoint a Wellbeing Advocate. This role is separate from and additional to, those in supervisor of training (SOT) or department management roles.⁷
- It is strongly recommended that all ANZCA and FPM trainees have access to Wellbeing Advocates.
- It is strongly recommended that a Wellbeing Advocate is appointed by private groups and in private hospitals.
- It is strongly recommended that local welfare advocates, be visible and introduced to all new department members.
- It is strongly recommended that department leaders clearly demonstrate their commitment to staff wellbeing in supporting Wellbeing Advocates, and encouraging the

⁶ Medical Council of New Zealand. <https://www.mcnz.org.nz/assets/standards/1ea7db06d0/Statement-on-providing-care-to-yourself-and-those-close-to-you.pdf>

⁷ Guidance for the role of Wellbeing Advocate, is found in Wellbeing SIG document RD26 and on the ANZCA website at: https://libguides.anzca.edu.au/ld.php?content_id=48309018

development of a departmental mental health and wellbeing policy and strategy, based on best available evidence.⁸

- 5.2.2 Informal mentoring, buddy systems and peer groups, are recommended. These should be cognisant of local context with particular consideration to remote support to maintain collegial relationships in remote regions, as well as to doctors in solo private practice who may be “isolated” in their practice.
- 5.2.3 It is strongly recommended that information about access to Doctors’ Health and Wellbeing resources on ANZCA and professional society websites is clearly visible on department notice boards and in orientation packs to new members in departments.
- 5.2.4 It is strongly recommended that locally available resources are made known to all members of departments. Examples include: [Converge](#), [EAP App](#) and [ANZCA Doctors’ Support Program](#).
- 5.2.5 It is recommended that departmental leaders promote the development of a supportive environment within their team, in which all members feel valued, have their needs equitably catered for, and feel safe disclosing their mental health status.
- 5.2.6 It is recommended that departmental leaders act with compassion and an understanding of the physiology of ageing when rostering anaesthetists to after-hours duties. Anaesthetists close to the age of retirement are more susceptible to fatigue and should be considered for exemption from participating on after-hours rosters.
- 5.3 Healthcare facilities
- 5.3.1 Where it is necessary to intervene on behalf of the health or wellbeing of a colleague, this should be done confidentially and in conjunction with a team including wellbeing and clinical managers and be in compliance with the policies and procedures of the registration body and employer.
- 5.3.2 Healthcare organisations should work to develop processes aimed at maintaining a mentally healthy workplace. This should include creating a positive workplace culture that keeps mental health and wellbeing central to the process of managing their staff, promotes engagement and participation, provides staff with meaningful work and opportunities for personal growth and development, and engages the strengths of a diverse workforce.
- 5.3.3 Employers need to make every effort to overcome mental illness stigma at work. Organisational policy should be designed to ensure that at any one time all employees and potential employees are supported to attain optimal mental health, and to develop a workplace environment in which employees and potential employees feel safe disclosing their mental health status.

6. Related documents and resources

- PS62(G) Position statement on cultural competence
- Indigenous Health Strategy 2018-2020 [https://www.anzca.edu.au/resources/indigenous-health-\(1\)/indigenous_health_strategy.aspx](https://www.anzca.edu.au/resources/indigenous-health-(1)/indigenous_health_strategy.aspx)

⁸ [Long Lives, Healthy Workplaces Toolkit](#).

- PG43(A) Guideline on fatigue risk management in anaesthesia practice
- Wellbeing Special Interest Group (SIG)
- Fellowship Affairs
- PS42(A) Position statement on staffing of accredited departments of anaesthesia
- Policy on bullying, discrimination and harassment for fellows, trainees and specialist international medical graduates acting on behalf of the college policy

7. Stakeholders

- ANZCA/FPM
- Regional committees
- Safety and Quality Committee
- Professional Affairs Executive Committee (ANZCA and FPM)
- Training Accreditation Committee
- Trainee committee
- Australian Society of Anaesthetists (ASA)
- New Zealand Society of Anaesthetists (NZSA)
- Wellbeing SIG
- Fellowship affairs

This document is accompanied by a background paper (PG49(G)BP) which provides more detailed information regarding the rationale and interpretation of the Guideline.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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