



## Guideline on the health of specialists, specialist international medical graduates and trainees

### 1. Introduction

This statement is intended to assist Fellows, trainees and specialist international medical graduates (SIMG) of the College and the Faculty of Pain Medicine with issues related to their own and their colleagues' health.

Doctors are usually physically healthier than the general population but are more psychologically vulnerable, and more likely to suffer from “the three D’s” – drugs, drink and depression.<sup>1</sup>

Performance, and ultimately patient safety, is dependent on physician well-being as well as skills and knowledge, therefore maintenance of good health is an important individual responsibility, both personally and professionally. Good health encompasses both physical and mental well-being. Proper health care includes preventative measures such as appropriate lifestyle activities, health checks, vaccinations and screening, as well as the assessment and management of specific illnesses.

Numerous authorities<sup>2</sup> stress the importance of medical practitioners not self-prescribing or treating themselves or their families.

Specialists, trainees or SIMG should not act in an informal therapeutic role in relation to health issues affecting colleagues. While it is important to support colleagues who have significant personal health issues, it is essential that they be encouraged to seek appropriate skilled professional help.

Medical practitioners have a duty of care to the public to ensure that their own health, or that of a colleague, does not place patients at risk.

### 2. Personal

- 2.1 Specialists, trainees and SIMG should have an identified general practitioner and consult them regularly.
- 2.2 Specialists, trainees and SIMG should not self-prescribe medication (except for simple over-the-counter treatments).
- 2.3 Specialists, trainees and SIMG should seek arranged, formal consultations with colleagues about personal health issues, rather than informal or “corridor” consultations. This allows the attending doctor to devote adequate time and attention, objectively, in a private setting.
- 2.4 Principles 2.1 – 2.3 should be applied to the care of close family members.

### 3. Professional

Departments, practice groups and individual anaesthetists and pain medicine practitioners should consider the following strategies to assist with health maintenance:

- 3.1 The promotion of attitudes and practices that facilitate access to general medical practitioners and other health professionals.
- 3.2 The compilation and maintenance of a readily available list of resources that may assist specialists, trainees and SIMG with any health issues.
- 3.3 The adoption of orientation programs for new members to reduce the stress of an unfamiliar environment, an important factor for patient safety, and engender a culture of support.
- 3.4 Regular presentation and discussion of personal health related topics at training and continuing medical education meetings.
- 3.5 The establishment of systems for professional support, for example mentor or buddy systems. Such systems require appropriate resources, training and evaluation.
- 3.6 The development and ongoing review of rostering and work practices, including after hours call, in order to minimise the potential for error, fatigue and ill-health.
- 3.7 The promotion of guidelines for debriefing and support of staff following workplace and personal crises.
- 3.8 The establishment of a “welfare advocate”<sup>3</sup> (formerly “welfare officer”) is recommended for all ANZCA and FPM accredited hospital departments. The welfare advocate will:
  - 3.8.1 work with key supervisory clinicians to resolve identified trainee, SIMG or Fellow issues;
  - 3.8.2 respond to issues at the earliest opportunity and keep records as required;
  - 3.8.3 promote resources and supports available to trainees and Fellows;
  - 3.8.4 assist the head of department and the hospital, to intervene in any instance where patient safety is at risk;
  - 3.8.5 work within the policies and procedures of the employer and the relevant jurisdiction.

For departments with fewer than five members, this role could be a regional role.

- 3.9 Specialists, trainees and SIMG should advise those in positions of responsibility, such as Directors of Departments or Supervisors of Training, of any health problems they have that impact upon their work. It is then the duty of those in positions of responsibility, together with the specialist, trainee or SIMG, to take

appropriate action. All other health issues are a private matter for the specialist, trainee or SIMG concerned.

### **Related ANZCA documents**

This document should be read in conjunction with:

PS43 Statement on Fatigue and the Anaesthetist

### **References**

1. Schattner P, Davidson S, Serry N. Doctors' health and wellbeing: taking up the challenge in Australia. *Med J Aust.* 2004 Oct;181(7):348-9.
2. NSW Medical Board, Medical Practitioners' Board of Victoria, General Medical Council (UK), Medical Council of New Zealand.
3. Welfare of Anaesthetists Special Interest Group. The Welfare Advocate. Resource Document 26. 2015. Available from: <http://www.anzca.edu.au/documents/rd26-the-welfare-advocate-2015.pdf>  
Accessed: 10 September 2018.

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