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**Via email:** [jacinta.heath@hnehealth.nsw.gov.au](mailto:jacinta.heath@hnehealth.nsw.gov.au)

Dear Ms Heath

**Tackling mental ill-health in doctors and medical students: a national framework for action.**

Thank you for the opportunity to provide feedback of the draft national medical framework for action addressing the mental health and wellbeing of doctors and medical students (the draft framework).

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine, is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, ANZCA is committed to ongoing continuous improvement, promoting best practice, and contributing to a high quality health system.

ANZCA commends Everymind and the working group on the draft framework which represents a comprehensive roadmap that engages all stakeholders involved with the mental health and wellbeing of doctors and medical students. The college takes doctor wellbeing issues very seriously – one of the four main goals outlined in ANZCA's 2018-2022 Strategic Plan is "Supporting workforce and wellbeing" ([www.anzca.edu.au/about-anzca/our-mission,-vision,-and-strategic-plans/goal-4-supporting](http://www.anzca.edu.au/about-anzca/our-mission,-vision,-and-strategic-plans/goal-4-supporting)).

**ANZCA Doctors' Health and Wellbeing initiatives**

ANZCA has put in place several significant measures to support the wellbeing of our fellows, trainees, specialist international medical graduates (SIMGs). These are detailed below.

**Doctors' Health and Wellbeing Framework**

In early 2018, ANZCA developed an interim draft Doctors' Health and Wellbeing Framework based on beyondblue's good practice framework for mental health and wellbeing in first responder organisations.

The draft framework includes three integrated action areas:

- Promotion:
  - Promoting the positive aspects of being in the profession as well as the importance of self-care in the role of doctor. Promoting research.
- Prevention:

"To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine."

- Advocating to reduce profession-related risk factors for health and wellbeing and increasing prevention strategies.
- Support:
  - Providing effective and accessible services and programs to support doctors' health and wellbeing. Encouraging those who need treatment; de-stigmatising mental illness; and promoting inclusion.

For further information, please visit: [www.anzca.edu.au/resources/doctors-welfare/draft-interim-framework](http://www.anzca.edu.au/resources/doctors-welfare/draft-interim-framework)

### **Free Doctors' Support Program**

ANZCA has engaged an independent counselling and coaching service to provide all ANZCA fellows, trainees, SIMGs and immediate family members with free access to qualified professionals, including psychologists, social workers and management coaches. Support is confidential and private, and can be provided face to face, via telephone or online throughout Australia and New Zealand. The program has been widely promoted to our doctors via the *ANZCA Bulletin*, e-newsletters and the Welfare of Anaesthetists Special Interest Group.

For further information, please visit: [www.anzca.edu.au/resources/doctors-welfare/anzca-doctors-support-program](http://www.anzca.edu.au/resources/doctors-welfare/anzca-doctors-support-program)

### **Complaints/concerns process**

In May 2017 ANZCA introduced a new policy and process to allow those who have experienced or observed inappropriate behaviour by a college representative to bring it to ANZCA's attention. All notifications received are treated as confidential unless the permission of the complainant is obtained. Complainants may also voice their concerns directly with ANZCA's CEO.

For further information, please visit: [www.anzca.edu.au/resources/doctors-welfare](http://www.anzca.edu.au/resources/doctors-welfare)

### **Doctors' health and wellbeing resources**

The ANZCA website provides numerous resources related to doctors' health and wellbeing, including:

- A directory of doctors' health advisory services in Australia and New Zealand to help doctors identify local support programs and helplines.
- Resources and advice regarding bullying, discrimination and sexual harassment.
- Early indicator checklists for supervisors of training who need to initiate management to assist struggling trainees. The checklists provide a guide to addressing issues raised about trainees or by the trainees themselves, as well as a directory of available resources.
- A range of resource documents developed by the Welfare of Anaesthetists Special Interest Group that provide brief comment, give references, and identify strategies for use in dealing with the more common professional and personal stresses.
- Guidelines for promoting good practice and managing poor performance. These are designed to provide advice to anaesthesia and pain medicine managers, leaders, mentors and colleagues on promoting an environment that supports excellent professional standards and to assist in identifying and managing practitioners performing below acceptable professional standard.

For further information, please visit: [www.anzca.edu.au/resources/doctors-welfare](http://www.anzca.edu.au/resources/doctors-welfare)

### **Fatigue and anaesthesia**

The nature of the work in anaesthesia is such that there may be a necessity to provide anaesthesia out of hours for surgical and obstetric emergencies. The provision of anaesthesia requires a high level of knowledge, sound judgement, fast and accurate responses to clinical situations, and the capacity for extended periods of vigilance.

Health care professionals who work while fatigued are at risk of accidents to themselves, such as needle stick injuries, and their patients while at work, and while travelling to and from work. Fatigue is associated with disruption to social and family life and in the long term can have a detrimental effect on health. Fatigue has also been demonstrated to impair vigilance and accuracy of response. Decreased performance of motor and cognitive functions in a fatigued health care professional may result in impaired judgement, late and inadequate responses to clinical changes, poor communication, diminished capacity for empathy and increased errors.

ANZCA expects that anaesthetists should understand how to assess fatigue in themselves and others and their responsibilities with respect to working while fatigued. It is ANZCA's view that employers must be aware of fatigue as an occupational health and safety issue and manage this risk to comply with legislation. ANZCA recommends the following measures:

- Hospitals should establish programs to mitigate the risk associated with fatigue. These may include:
  - provision of appropriate rest facilities, such as a quiet, dark, private space with a bed and bathroom facilities that can be used during and after a night shift or on-call duties;
  - an alternative safe commuting program, such as a taxi reimbursement scheme, in case clinicians feel unsafe to drive home.
- Hospitals should establish processes to facilitate the conduct of non-elective procedures during daytime hours. Surgery should not be started between 22:00 and 08:00hrs unless it is an emergency.
- Hospital departments should have a management plan to address the short-term consequences of anaesthetists being unavailable for clinical duties because of fatigue following on-call work. This should not be at the cost of clinical support time within the department.
- Staffing of departments should be planned so that all staff are capable of taking regular recreation leave.
- For shift work, forward-rotating shifts (mornings - evenings - nights) are associated with the least disturbance to normal sleep patterns. In departments where clinicians are working in shifts, rosters should be planned in a forward-rotating pattern with sufficient overlap between shifts to allow for safe handover.
- Hospital departments should recognise that as people age, their capacity to recuperate after long work hours and interrupted sleep diminishes. Consideration should be given to options for older clinicians to modify or reduce their participation in on-call rosters.
- Critical incident reporting systems should develop mechanisms by which data on fatigue can be collected and analysed. Metrics may include the time of day that the incident occurred, the amount of time since waking and amount of sleep in the previous 24 hours.

#### **Discrimination, Bullying and Sexual Harassment – collaboration with the Royal Australasian College of Surgeons**

In 2016, ANZCA and the Royal Australasian College of Surgeons (RACS) signed a letter of agreement confirming a collaborative approach toward building respect in the medical workplace and eliminating discrimination, bullying and sexual harassment (DBSH). Both parties agreed to:

- Mutually support each other in activities that promote respect and counter DBSH.
- Share information and resources regarding the education and training available in relation to DBSH.
- Enable use of educational resources developed by either college on a case-by-case basis.
- Collaborate on the development of programs and processes to deal with DBSH in the health sector.
- Maintain a code of conduct with an associated framework and relevant policies.
- Foster greater diversity within each other's specialty and share relevant information.
- Work together to provide training, assessment, feedback and support to trainees and SIMGs that is free of DBSH.

Under this agreement, RACS has provided ANZCA with access to its eLearning module “Operating with Respect” which aims to help improve knowledge and understanding of unacceptable behaviours, enabling people to recognise when they occur and identify the adverse impact these have on individuals, team performance and patient safety. The module is available on the College’s learning and collaboration management system for trainees, fellows and SIMGs. Participants in the ANZCA and FPM Continuing Professional Development (CPD) Program, are eligible to claim CPD credits upon completion of this module.

ANZCA-accredited anaesthesia departments are expected to have welfare advocates appointed who are independent of the heads of the department and supervisors of training. These individuals require the skills and resources to manage low-level issues within a department and to engage the support of others as appropriate.

ANZCA and RACS also share information on notifications received about alleged unprofessional conduct where fellows or trainees of both colleges are involved.

### **Feedback on the draft framework**

The following details ANZCA’s feedback on the three consultation questions regarding the draft framework.

#### **1. Do the targets adequately describe what actions must be implemented to address mental ill-health and suicidal behaviour amongst doctors and medical students? If not, how could they be improved?**

The targets are comprehensive and ANZCA commends the working group on the draft framework.

It is noted that some of the underlying actions do not reflect the role that medical colleges can and cannot take in terms of their responsibilities. For example, target 1.1 (systems change to prevent job strain, fatigue and burnout across the medical profession) notes that medical colleges can address rostering practices (whereas in practice hospitals and health services determine these). Conversely, medical colleges, rather than hospital and health services, set accreditation standards for training placements.

Where the issue of recruitment is mentioned (e.g. target 1.2), the term ‘selection’ should be included. While some medical colleges are involved in the selection of trainees (although ANZCA is not), it is hospitals and health services that are responsible for recruitment.

Consideration could also be given to providing mentors where possible in addition to implementing effective orientation for new placements (target 1.1).

Changes to mandatory reporting (target 2.1) to bring other jurisdictions in line with Western Australia are overdue. As noted, a key priority is to raise awareness and address issues that may act as barriers to doctors and trainees seeking help.

Under target 3.2 (an effective response system is built to support doctors and medical students following a suicide death), consideration should also be given to the broader impact of non-fatal suicide attempts or severe mental ill-health in colleagues.

#### **2. Please identify any relevant issues that have not been adequately addressed through the priorities or targets.**

One area that does not appear to have been adequately addressed in the draft framework is the transition out of medical careers. The draft framework places emphasis on early career stages, and this is appropriate in the light of the statistics on ill health and wellbeing among medical students and junior doctors. However those issues that may affect practitioners at the latter stages of the career continuum have received less emphasis.

A suggested strategy might be to “promote strategies aimed at career planning, financial independence and retirement readiness to ensure smooth transition out of medical practice and into retirement from medicine” under target 4.1 (strategies to improve the health and wellbeing of the medical profession).

**3. Please note any views you have on how this framework should be implemented and who should lead that implementation.**

It would seem appropriate that the first step in implementation would be the establishment of a national leadership group (Priority 5, target 5.1 of the draft framework).

The draft framework notes that key to its success will be a comprehensive and coordinated approach across all stakeholders and ANZCA concurs with this. Implementing the framework will require a coordinated, national leadership group with appropriate representation from each of the above stakeholders. For specialist colleges, the Council of Presidents of Medical Colleges would be the appropriate national representative body.

The draft frameworks lists the following as stakeholders in doctors' and medical students' health and wellbeing:

- Doctors and medical students
- Commonwealth and state and territory governments and health ministers
- Commonwealth and state and territory health departments
- Hospitals and health services
- Universities
- Regulatory agencies
- Medical colleges and training providers
- Professional associations
- Specialist services for medical professionals
- National mental health and suicide prevention agencies

Other stakeholders that should be considered for inclusion in the implementation of the draft framework include accrediting bodies (in addition to regulatory agencies) and medical indemnity insurers.

Thank you for this opportunity to provide feedback on the draft national framework. As has been detailed in this document, ANZCA takes the issues of doctors' health and wellbeing seriously and has developed an interim framework of three integrated action areas. The college welcomes the opportunity to be part of a comprehensive national approach to ensuring a healthy and well medical profession.

Should you require any further information, please contact the ANZCA Safety and Advocacy unit via [policy@anzca.edu.au](mailto:policy@anzca.edu.au) or telephone +61 3 9093 4953.

Yours sincerely



**JOHN ILOTT**  
**Chief Executive Officer**