

Doctors' Health in Queensland is very proud to be hosting:



THE NEW HORIZON

LEADING DOCTORS' HEALTH INTO THE FUTURE

Friday 4 June 2021
8AM – 5PM
The Calile Hotel, Brisbane

Doctors' Health in Queensland Forum:

The New Horizon - Leading doctors' health into the future

On 4th June 2021, Doctors' Health in Queensland hosted "The New Horizon" Forum at The Calile Hotel in Brisbane. Working together with a clear focus on leadership, the participants at the Forum reflected on key issues related to health and wellness of the medical profession. This was an interactive forum with a series of presentations from experts in doctors' health integrated with focused working groups for participants at the event and online.

This document provides a Summary of the Forum, including insights shared by the presenters and ideas that emerged from the working groups.

Physician health and wellness has always been an important issue; however, these issues have become more visible during the Covid-19 pandemic. Doctors' Health in Queensland has been working in this field supporting doctors and medical students for over thirty years, responding to those in difficulty and enhancing awareness about doctors' health and wellbeing through education and advocacy.

Doctors' health is vital for the delivery of high quality, safe health care for our community. Supporting the health of doctors benefits the individual doctor, their health care team and the patients they care for. Doctors work in a complex health system.

Leading change to enhance doctors' health and wellness requires a collaborative approach. Building on previous doctors' health forums that had focused on "Reducing physician suicide" in 2017, and "Doctors' wellness" in 2019, this Forum, focused on "Leading doctors' health into the future". It enabled the sharing of ideas across the health services and across health sectors, including public and private setting and specialist and primary care services.

Leadership is key to enabling positive change. Leadership enables the individual to be proactive in their personal self-care. Leadership reduces both perceived and real stigma. Leadership provides health care teams with interventions that suit a breadth of workplace needs. Leadership ensures that robust policies are in place and implemented so that grassroots desire for cultural change is embedded into routine practices.

Building on a foundation of research evidence and experience in caring for doctors, together we can establish the compassionate leadership that our doctors need - now and into the future.

Dr Anne Ulcoq

President, Doctors' Health in Queensland



DHQ wishes to thank our sponsors

SPONSORED BY



Program: The New Horizon - Leading doctors' health into the future.

08:00 Registration

08:30 **Welcome and Acknowledgement of Country** – Prof Chris Perry, President, AMA Queensland

Introduction – Dr Anne Ulcoq, President, Doctors' Health in Queensland

Welcome – Dr Karen Price – RACGP President

08:45 **Medicolegal impact on doctors' health** – Tracy Pickett, Avant Ltd

09:00 **Leadership in doctors' health in Qld** - Dr Jillann Farmer, DDG Qld Health

09:50 **Doctors' Wellbeing Charter** – Ms Ruth Bollard, RACS

10:00 Morning Tea

10:30 **Insights from the Chief Wellness Officer** - Assoc Prof Bethan Richards

11:20 **Leading Doctors' Health – what really works** - Interactive group work

11:40 **Key feedback - with integrated panel response**

12:00 Lunch

13:00 **Jan Rodwell** – a family's story

13:15 **Use of the Process Communication Model; a personal experience**
– Dr Peta Fairweather, Sullivan and Nicolaides Pathology

13:30 **Introducing the Mayo WBI and supporting wellbeing** – Dr Una Harrington

13:45 **Leading Positive Change. Translation into practice** - Interactive group work

14.20 **Key feedback and Reflections** – a collaborative response

14:40 **Stepping up to support our colleagues** – Part A

a) **Being a "GP On Call" for DHQ** - Dr. Maree Patane, Doctors' Health in Queensland

15:00 Afternoon Tea

15:30 **Moving forward after COVID** - Dr Caroline Walker, The Joyful Doctor

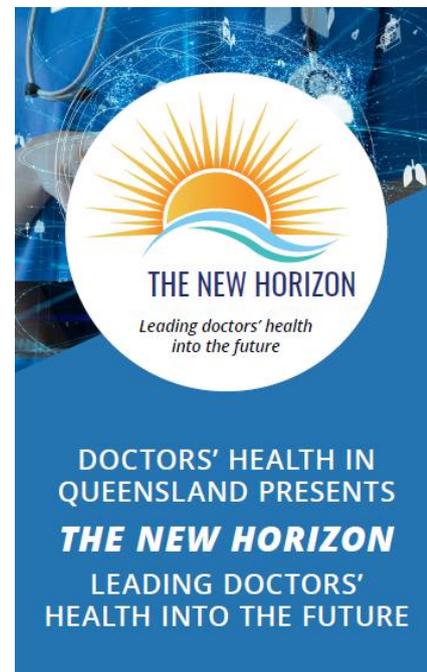
16:15 **Stepping up to support our colleagues** - Part B

b) **Delivering mental health support with compassion** - Mary Williams AM, CEO/DCS HealtheCare

16.30 **Summary of the day and Next Steps**

16.45 **Concluding Remarks**

17.00 End of Forum



DHQ wishes to thank our sponsors



Thank You to our Sponsors:

Doctors' Health in Queensland is a registered charity that provides support for doctors and medical students. Our service is independent of other organisations and relies on our volunteers to answer the helpline and support the organisation's many activities.

DHQ is incredibly grateful for the platinum sponsorship of Avant Mutual. Avant provides medicolegal support for their doctor members and holds, as a priority, the health and well-being of their members. We thank them for their ongoing generous support of DHQ. Tracy Pickett, a medicolegal expert from Avant and champion of Doctors' Health, contributed to our Forum as a speaker.

DHQ are grateful for the generosity of Sullivan and Nicolaides, Belmont Private Hospital, RACGP Qld, AMA Queensland and QDHP who also have provided support or sponsorship of this important event. Each of our sponsors were represented at the event by leaders of their organisations who presented, facilitated, assisted with the technology and supported the event in many ways.

This forum was also held in memory of Dr Kate Rodwell. Kate's family, her work community, colleagues and friends were present at the Forum. Donations made in Kate's memory were used to host the event and her Mother, Jan Rodwell, spoke in the afternoon.

Thank you to those who contributed to the smooth running of the event by introducing and thanking our presenters:

Dr Frank New – previous President DHASQ and Chair QDHP

Dr Ross Phillipson – Chair QDHP

Dr Jenny Schafer – Medical Director QDHP

Dr Peter Norris – Member of DHQ On Call Panel

Michael Kennedy (retired GP) – Vice-President DHQ

and Dr Ira van der Steenstraten (Life Coach, Breeze Life Coaching) – Management Committee DHQ

The interactive sessions were led by Vicky Dawes, an experienced counsellor to doctors and medical students, and is herself a former doctor. Her expertise enabled the sessions to be lively, productive and enjoyable.

Doctors' Health in Queensland is very appreciative of the work of the ten facilitators who supported our interactive sessions: Ms Mary Williams, Dr Di Khursandi, Dr Bruce Willett, Dr Naseera Naeem, Dr Jenny Schafer, Dr Maree Patane, Dr Ira van der Steenstraten, Dr Kathryn Hutt, Dr Sue Gardiner and Dr Lydia Pitcher.

Together, with their scribes for the day, they enabled DHQ to capture the many ideas presented here.

Thank you to the Convening Committee from DHQ whose hard work enabled this event to take place: especially Dr Margaret Kay, Dr Anne Ulcoq, Dr Di Khursandi, Dr Ira van der Steenstraten, Mr Michael Kennedy supported by Ms Lisa O'Donnell.

This Forum was approved for RACGP 13 CPD Activity Points.

DHQ wishes to thank our sponsors



Program Details:

Prof Chris Perry, as President of AMA Queensland, opened the Forum highlighting the benefits for a doctor to have their own GP.

Dr Anne Ulcoq, President of Doctors' Health in Queensland, set the scene for the day with a focus on leadership.

Dr Karen Price, President of Royal Australian College of General Practitioners highlighted the importance of champion doctors' health.

Medicolegal impact on doctors' health – Tracy Pickett

Facing a complaint, litigation or a disciplinary hearing can be one of the most stressful events a medical practitioner may encounter during their career. And despite the personal and professional impact of a claim or complaint, some practitioners pretend that it does not affect them at all. In this opening discussion was a discussion about how to recognise the impacts of a claim or complaint and to manage them.



yet,
there
how

The impact of a medicolegal complaint can be profound. There has been a steady increase in professional claims, the claimant does not need to provide any evidence to make these claims. Combined with an increase in Medicare complaints, doctors are feeling vulnerable. The sickening feeling of making a mistake, being investigated and the investigation extending over many years, is death by a thousand cuts, having to repeat events that are deeply regretted. These complaints and investigations are stressful, have a negative impact on finances and professional reputation. Frequently doctors do not confide in anyone. They do not want to involve their family, they say nothing at home or work, they become withdrawn and irritable, and this puts stress on the family and their workplace. Some doctors cease practicing medicine and there is an increased suicide risk with claims. If you do find that you are subject to a medicolegal complaint, then you are not alone. Reach out for help, do not go it alone, even when mistakes are made, if disclosed and steps are made to address it is likely to have a better outcome. Talk to your peers, most will have had a claim, do not hide it. If an event occurs, write down all your recollections, ask your lawyer to explain the situation. Control the claim, participate, work with your lawyer. Do not be at the mercy of the system. Ideally, there should be more education, at all levels of training and practice, about what to do if there is a complaint against you. One of the dehumanising aspects of medicine is that the doctors' personal identity gets bound up with their role. This needs to change. Medicine is what you do, not who you are.

BIO: *Tracy Pickett is a Medico-Legal Advisor and in that role is responsible for responding to member calls to Avant's Medico-legal Advisory Service. Tracy provides members with prompt practical responses to their medico-legal questions. As a member of this advisory team, Tracy is kept abreast of significant developments in the Australian medico-legal environment.*

Tracy has gained extensive experience in relation to medico-legal complaint management and litigation over more than 20 years. In 2020 she was voted by her peers in the category of Leading Queensland Defendant Medical Negligence Lawyers as one of two pre-eminent practitioners in Queensland.

Tracy has acted for the health professionals indemnified by most of the major Australian medical defence organisations, as well as Queensland Health. As a result, she has a keen awareness of the needs of Avant's members and seeks to provide prompt, effective and pro-active solutions to their widely varied medico-legal concerns.

Tracy is actively involved in Brisbane's medico-legal community. She is the immediate past president of the Medico-Legal Society of Queensland and she is a committee member for the Uniting Care Health Human Research Ethics Committee. Tracy is also a member for the steering committee for HEAL, the Queensland Chapter of the Australasian Association of Bioethics and Health Law.

Tracy is a former director of the Queensland Doctors' Health Programme, and remains committed to supporting the wellbeing of health professionals in Queensland.

DHQ wishes to thank our sponsors



The challenge of leading doctors to health and healthcare – lessons and opportunities - Dr Jillann Farmer

Dr Farmer provided reflections on a career spanning 30 years where clinician health and wellbeing has been a central theme. In work ranging from student advocacy to the corridors of the United Nations, Jillann reflected on what has evolved in this space, and what appears to be the intractable problems, with little movement towards resolution in that time.

Dr Farmer provided an in-depth understanding of doctors' health, noting the many times in her medical career when these issues intersected with her path. An early lesson learned from medical school was that medical students were managed differently from other students, often with less opportunities to seek support. We need to hold universities to account for this culture. It was through this revelation that she learnt not to trust authority, and to claim her space. There is heartbreak and there is joy in medicine. Compassion, humanity, lived experience, empathy and the cadre of senior colleagues who helped and supported her, were key to her career. Moving the focus from impairment to health. If someone is suddenly not performing, then maybe they are sick, unwell, and not 'bad'. Have assessments done through the health services such as occupational medicine should be a model in a high hazard employment that is medicine. Covid-19 has brought the need for occupational health to be more closely involved with all health professionals. Holistic approach to the health and safety of the entire healthcare system. What are the occupational drivers of the problems for doctors? Award conditions, supportive of fatigue management, less stigma, being more aware of not putting inexperienced doctors in unsupported roles, more open discussions about doctors' health, more doctors prepared to come out and speak openly. The workplaces of today were created by the current senior generation of doctors. Long hours, workplace health and safety rules exist. However, the dichotomy remains; there are workers and then there are doctors! How do we stop this cycle? Next generation leaders need to emerge. What are the junior doctors modelling themselves on? Trainees should not be forced to protect themselves. For some a career in medicine may not be for them, studying medicine and then choosing to do something else should be supported, encouraged, and normalised. Entrust yourself to the care of your own GP, support doctors to have time off for appointments, normalise this behaviour. We did not sign up to be afraid to seek healthcare and have our health issues made public. Legislation reflects the will of the public, hence mandatory reporting. We need change and if we make it right for the doctors, then it will be right for everybody: Medical#MeToo



BIO: Dr Jillann Farmer commenced as the Deputy Director-General of Clinical Excellence Queensland in June 2020, returning to Queensland Health after employment as the Medical Director of the United Nations, based at the headquarters in New York for 8 years. During tenure in this role, she was responsible for the health, safety and wellbeing of all UN personnel deployed throughout the world and was also responsible for the standards in healthcare facilities operating under UN the UN flag.

Prior to serving in the UN, she was the Medical Director of the Patient Safety Centre in Queensland Health, and the inaugural Director of the Clinician Performance Support Service.

In her earlier career, Jillann worked as a GP, and also for the Medical Board of Queensland, building the Health Assessment and Monitoring Program for management of registrants with illnesses that impact on their ability to practice. She has been a Director of Medical Services at a mid-size acute Hospital, and a Senior Medical Officer Emergency Medicine. She holds fellowships of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators.

During 2014, she led the UN's internal response to Ebola, allowing the safe deployment of UN personnel into the Ebola Outbreak area, and ensuring delivery of healthcare services to them throughout the crisis. In 2020, she led the UN's New York response to the first wave of COVID-19 in the USA, advising the Secretary General and the then President of the General Assembly.

During her tenure as UN Medical Director, she developed and launched the UN system workplace mental health strategy, developed the UN Safety and Quality Standards and implemented reforms of the UN Trauma care system. AS DDG Clinical Excellence Queensland, Jillann has the lead for safety and quality across the healthcare system of Queensland. Outside of work, Jillann has been a martial arts practitioner for over 30 years, and is a keen hiker, kayaker, cyclist and cross-country skier.

DHQ wishes to thank our sponsors



Doctors' Wellbeing Charter – Ms Ruth Bollard

As Chair of RACS wellbeing working group, Ruth Bollard has been leading the development of The Doctors' Wellbeing Charter as a collaborative document with many people from many colleges working together with the intention of enabling doctors as individuals and collegiate organisations to voice their commitment to doctors' wellbeing.



The Doctors' Wellbeing Charter, developed by RACS, ANZCA ACEM, RANZCOG gives one voice to advocate and seek opportunities for collaboration for doctors' wellbeing; physical, mental, emotional and cultural health, based on appreciation, kindness, gratitude and compassion. A survey of surgical specialists found although job satisfaction was high, fifty percent would not recommend entering this specialty. Maintaining wellbeing leads to the performance of high quality and effective health care delivery and optimises patient care. Doctors who maintain and maximise their health and wellbeing are able to manage the physical and emotional demands of medicine. Wellbeing is essential to achieving the competencies required for good medical practice. Wellbeing is beneficial to the individual and to the medical community in which doctors work. Jurisdiction, hospitals and medical colleges must support the wellbeing of doctors and provide an environment that is safe, accessible and inclusive to all. Mindfulness training delivered to surgeons as a leaders' course, taught them to stay focused whilst operating. Shared responsibility and institutional support are needed, and every college, hospital and medical workplace should support The Doctor Wellbeing Charter and promote it to their institutions. It is not enough to simply have a charter. The charter needs to be implemented and behavioural change seen as an outcome.

BIO: *Ruth graduated from Liverpool University Medical School in 1988. Trained as a General Surgeon in the UK, she continues to publish and has a M.Sc. from Hull University. She qualified as a General Surgical Specialist in 2000 and moved to work in Ballarat in 2006, appointed as Specialist General Surgeon.*

With more 30 years of experience in general surgery and more than 15 years of experience in the field of oncoplastic breast surgery, Ruth has had the fortune to be in lead roles within health and is passionate about striving for best quality of care for regional and rural patients.

Ruth is a Graduate of Australian Institute of Company Directors; was Director of Surgery at Ballarat Health Services 2010-2012; a Clinical Director for Grampians Integrated Cancer Services 2012-2016; from 2011-2017 a member of Executive Women in Surgery Section Committee RACS; and Chair of Women in Surgery from 2014-2017. Whilst Chair of Women in Surgery Section, she was instrumental in leading the Australasian College of Surgeons through its cultural behavioural crisis.

Re-elected in 2018 for a second term to the board of the Royal Australasian College of Surgeons, her portfolio includes Chair of RACS wellbeing working group, an intercollegiate group across medical colleges. She also chaired the 2020 RACS alcohol policy working group.

Ruth is passionate about striving for access to best quality of care, for all. She has an ongoing interest and insights into her own health and the wellbeing and health of all doctors.

DHQ wishes to thank our sponsors



Insights from a Chief Wellness Officer - Assoc Prof Bethan Richards

As a complex, high stakes, emotionally charged issue with so many siloed stakeholders, addressing the issue of burnout in the medical profession can be overwhelming. For many organisations, there has not seemed to be a clear or cost-effective way forward. The evidence base regarding the negative impact of doctor burnout on patient care and the health care budget is strong. There is now growing evidence for investing in the Chief Medical Wellness Officer (CMWO) position - provided it is resourced and supported by the highest levels of governance in an organisation. In this session Dr Richards will share her CMWO journey and provide some insights and tips about addressing the issue of medical officer burnout and wellbeing in a large healthcare organisation.



Leadership at every level is key to cultural change. The CMWO is a connector, structure them into the organisation so they can make change otherwise it is just a tick box. CMWO needs to be incorporated at the highest level of the organisation. What to address, what are the key levers in these big organisations? Local data is powerful, understand the magnitude, impact and drivers of burnout. Rates of burnout, depression and anxiety are currently high in junior doctors. A high proportion of doctors have low levels of self-compassion and if you feel your organisation does not value you, this adds to the high rates of burnout. Burnout has a negative impact on patient care, there is a high correlation with doctors reporting a medical error and burnout. Measurement of burnout enables you to address and authority to address. Senior executive engagement is vital to effect, meaningful and sustainable change, about finding the why and impact on individual/ organisation/ patient care. Choose language to connect and bring them on this journey. Have a business case. Have a strategic plan, think big but start small, limit scope, structure initial interviews. Leverage on what is already there, seek ideas and feedback from stakeholders not just surveys. Increase the proportion of doctors who have a GP, increase sense of connection, physical wellbeing and fatigue management, facilitate flexible training and permanent positions. Most strategies help 5-10% of people. It is best to build a portfolio, simple low-cost things, meet basic needs. Examples: get help resources together, lists of GPs, psychologists, bring in protective lunch breaks, build in protected teaching time, start a conversation about doctors' health. Accepting you cannot keep everyone happy. Use the 'chronic care model' and integrate wellness.

BIO: Dr Bethan Richards is Head of the Department of Rheumatology at Royal Prince Alfred Hospital, Sydney, Deputy Director of the Institute for Musculoskeletal Health, and Senior Clinical Lecturer with the School of Medicine, University of Sydney. In 2019, following her return from Stanford, Bethan had the honour of being appointed as Australia's first Chief Medical Wellness Officer as well as Sydney Local Health District's inaugural MDOK Centre Director.

Throughout her career, Bethan has had extensive experience and a passion for designing and implementing mentoring, teaching and medical wellbeing programs. In 2017 she led a team that conceptualised and implemented the "BPT OK program" which is now being rolled out to over 3000 doctors in Sydney Local Health District as "MDOK".

Email: Bethan.richards@health.nsw.gov.au



@bethanrichards3

DHQ wishes to thank our sponsors



Interactive group work 1 – Leading Doctors’ Health – what really works. Coordinated by Ms Vicky Dawes

The session was led by the facilitator at each table.

Session 1

For 20 minutes, participants briefly shared *some examples of what they felt was working in their workplace*. Followed by feedback of key ideas with our panel sharing their reflections/insights.

A Mother's story of losing a doctor daughter - Jan Rodwell

Jan spoke to create a greater understanding around suicide and that doctors are people first. She highlighted the importance of balance in life, the need to promote systems to support doctors to seek help early without fear of reprisal. Doctors are more likely to end their own life than the general population. There are unique and complex issues that surround losing a loved one to suicide; there is a culture of blame and shame. When Jan's daughter became unwell, her friends and family were unaware of how unwell she was and were blindsided by her death. Privacy can get in the way of seeking the help a doctor needs, as can concerns about AHPRA and the impact of being reported on a doctor's career. It is vital to show kindness, compassion and support of colleagues. When colleagues make mistakes, be supportive and give assistance. Understand the need for self-care. Doctors are people to. Doctors have Mothers.

Use of the Process Communication Model; a personal experience – Dr Peta Fairweather

‘Process Communication Management’ is a communication tool taught and used throughout Sonic Healthcare Australia. This model was initially introduced locally at Sullivan Nicolaides Pathology at Dr Fairweather’s instigation some years ago. This talk outlined how and why this program is useful from both a personal and professional point of view.

The Process Communication Management (PCM) enables you to be more self-aware of your personality traits, both positive and negative ones. PCM also heightens your awareness of other people’s personality traits, and how these might impact upon your interactions with each other. This understanding provides you with the skills and knowledge to enhance your communication with work colleagues and with family members; to avoid conflict and to resolve conflict. It enables you to speak the language of other people whom you may have perceived as a problem person, to be aware of how miscommunication can arise, and to find appropriate channels for effective communication.



BIO: *Dr Peta Fairweather MBBS(Hons) FRCPA graduated in Medicine with First Class Honours from The University of Queensland in 1998. She commenced training in anatomical pathology in 2001 at a number of locations across Southeast Queensland with areas including forensic pathology, perinatal pathology, cytology and general anatomical pathology.*

Dr Fairweather splits her time between the Sullivan Nicolaides Pathology Greenslopes Laboratory where she is the Pathologist-in-Charge and the central laboratory in Bowen Hills. She has a special interest in breast pathology, gynaecological pathology and cytology. She works closely with her clinicians and performs a large number of intraoperative assessments (frozen sections).

She is proud to have completed her training in Process Communication Management (PCM) under Werner Naef and Kris Kerr and strives to utilise this highly effective communication tool to improve her interactions at work and in her personal life.

In her 'spare time' she spends quality time with her family and enjoys cooking, pilates and yoga.

DHQ wishes to thank our sponsors



Introducing the Mayo WBI and supporting wellbeing – Dr Una Harrington

Dr Harrington's talk will encompass what it could look like to mould meaningful wellbeing strategies for your workplace, how the Mayo Wellbeing Index could fit into that strategy. She will also share some of what she has learned on her slightly atypical path in wellbeing advocacy over the last few years.

Wellbeing and performance are linked across all aspects of life. Wellness, Resilience and Performance in Emergency Medicine (WRaP-EM) is a global wellbeing curriculum, cofounded by Dr Harrington that has free modules anyone can complete. Wellbeing strategies need to start with a slow burn. You can do things at every level, as an individual by having a GP and providing yourself with food, as a department by having wellbeing on the agenda, as an executive by connecting with your staff, come to the coalface on busy days. The Mayo Wellbeing Index can be introduced for measuring the mean distress score across a group and be used to track a trajectory of an intervention. It is an online assessment tool, with nine questions across six dimensions of distress and wellbeing. Using this tool has implications for the individual and the organisation and you need to know what you are going to do with this information.



BIO: Dr Una Harrington is an Emergency Physician at the QEII Hospital in Brisbane. She is the medical lead of the QEII ED multi-disciplinary ED Wellness Interest Group, which recently won the 2021 ACEM Wellbeing award. She sits on both Q health and ACEM committees for Staff Wellbeing related issues. She is also the co-founder and lead of Wellness, Resilience and Performance in Emergency Medicine (wrapem.org). She is a proud Irish expat, wife to an affable surgeon and mum to a voracious toddler.

It is her strong belief, that staff wellbeing is inextricably linked to performance. And that this concept of 'optimal performance' applies not only to the quality of our patient care, but also to the quality of our lives outside of the workplace too.

Interactive group work 2 – Leading Positive Change. Translation into practice.

Coordinated by Ms Vicky Dawes

The session was led by the facilitator at each table.

For 35 minutes, participants shared *some examples of what they thought needed to happen, in the near future, to make practical changes in the workplace.* Followed by feedback of key ideas with our panel sharing their reflections/insights.

For 20 minutes, participants briefly shared *some examples of what they felt was working in their workplace.*

Stepping up to support our colleagues – Part A

a) Being a “GP On Call” for DHQ – Dr. Maree Patane

Being an on-call doctor for the Doctors' Health in Queensland helpline is an important part of supporting our medical colleagues and medical students. The role of peer-to-peer support, being available to provide this timely, confidential and compassionate assistance will be illustrated.

The flow of calls to the DHQ helpline reflects what is happening in the wider community. When there was publicity about changes to mandatory reporting, there was an ebb in doctors seeking help, as they were concerned about seeking help. During the start of Covid-19, calls increased along with the stress and uncertainty around PPE, and everyone rang. Family members ring if they are concerned about their doctor



DHQ wishes to thank our sponsors



family member. An interstate doctor rang as they wanted an extra layer of anonymity. While it is not a crisis line, colleagues call in times of crisis, often on the worse day of their working life e.g., when they have had a patient with an unexpected, poor outcome and they need to debrief with a colleague. The value of peer-to-peer support, to listen, support and encourage the doctor to connect with their GP is invaluable. Our role is to enable the doctor-patient to accept for themselves the assistance they would give to their own patients.

BIO: *Dr Maree Patane has been a General Practitioner working in Brisbane for 30 years. She is currently a GP working at Kedron Wavell Medical Centre. In her work as a senior GP, she supports many medical students and doctors with their health journey. Maree has been a member of Doctors' Health in Qld for 10 years and in this role provides support as an on-call GP for the 24-hour helpline.*

Moving forward after COVID - Dr Caroline Walker, The Joyful Doctor

Dr Caroline Walker tailored this presentation for Doctors' Health in Queensland designed to reflect on our experiences as the global pandemic of Covid-19 impacted our lives in different ways with a key focus on how we can focus forwards and maintain our wellbeing into the future. Themes of hope, gratitude and power of the human spirit were examined.

Through a personal narrative of depression and impostor syndrome as a junior doctor, the power of reaching out to a colleague who was not okay was highlighted. At any one time, approximately one quarter of doctors in the world, are experiencing mental health problems, yet we struggle to come forward to seek help. We need to normalise mental health problems, allowing us to be compassionate human beings, to reach out to others, simple interventions can be powerful. Doctors need to feel they are not alone. The medical profession is a family, we have a shared experience with Covid-19. We have all experienced emotions in response to this pandemic. Stress from trauma is normal and settles, grief and loss are a consequence of love and can be a roller coaster. Grief takes time to settle, months to years and this can be normal. Anger is a stigmatised but normal emotion and needs to be vented in a healthy way. Guilt also should be embraced; we feel guilty because we care and are good people. Gratitude is powerful; always take the opportunity to see what we are grateful for. It is a powerful tool for human beings. Connecting with what is important as doctors. We need to sit with difficult experiences but also sit with what is important and what we are grateful for. Covid has provided a chance to stop and reflect on what is important in our lives. Deep self-reflection, opening up possibility of change and seeing possibility, energising connection to our deep resilience, permission to talk about our own mental health, the wellbeing of all health care professionals and share the shared experiences. Think about your role modelling, permission and empower the doctors to have human emotions. We all have good and bad days, check-in, how are you doing today. Be honest. Stay connected, listen, allow yourself to be human and compassionate, keep advice simple. Doctors' health is changing, and we are making strides and there is a theme of hope: The power of the human spirit.



BIO: *Dr Caroline Walker - Doctors' Wellbeing Specialist and Founder of The Joyful Doctor.*

Caroline is a UK-based psychiatrist and psychotherapist, who became interested in the wellbeing of doctors after she struggled with her own mental health as a junior doctor.

Caroline is now an international role model for doctors with mental health conditions. She cares for an active caseload of doctors for NHS Practitioner Health and in 2017 she founded The Joyful Doctor – a not-for-profit organisation dedicated to improving the wellbeing of doctors through coaching, webinars and workshops, online courses, events, and anti-stigma campaigning across social media. Throughout the COVID pandemic Caroline's videos on the mental health challenges facing healthcare professionals have reached tens of thousands of doctors across the globe.

You can follow Caroline and the work of The Joyful Doctor here: www.joyfuldoctor.com

DHQ wishes to thank our sponsors



Stepping up to support our colleagues - Part B.

b) Delivering mental health support with compassion - Mary Williams AM, CEO/DCS HealthCare

As the CEO/Director of Clinical Services at Belmont Private Hospital (the largest provider of private acute Mental Health care in Queensland), Mary has a keen interest in ensuring that members of the medical profession are able to access care in a private, confidential, compassionate and dignified manner. Acknowledging the extremely difficult position that doctors find themselves in when experiencing any level of mental health concerns or serious life stressors is important, and hopefully validating. The doctor-patients who are admitted to hospital provide a snapshot about how help is sought for mental health conditions. Sometimes admission is at the instigation of relational or legislative interactions. People who present less acutely often have a solid GP engagement or are transferring from elsewhere with a solid prior team. There might be a recognition of benefit from engagement in the past or a recognition of a need to seek further assistance resulting in a psychology or psychiatry referral. Acute admissions through the hospital network often, but not always, indicate a prior lost opportunity to arrange, engage or sustain the primary care and/or psychiatric/psychological engagement adequately. Sometimes those losses have occurred through disappointment in the initial engagement, fear of consequences on self-esteem, risk, relationships, professional status, professional training and registration, a fundamental miscommunication between the person seeking assistance, the person encouraging assistance and the person providing assistance. The benefit of an authentic relationship in primary care is essential but with the proviso that the primary carer will refer on in a timely manner if required. Even when colleagues and bosses are sympathetic to someone managing mental illness, the onus often remains on the individual to find a solution and make themselves well enough to work. This institutional abdication of responsibility needs to change. There is still a high level of stigma with healthcare institutions and employers surrounding mental illness which deters access to early mental health treatment and contributes to a rise in suicide. Surely the medical and health professions have a responsibility to dispel the stigma rather than perpetuate it. As much as possible we must reduce the barriers to engagement. The New Horizon that will lead Doctors' Health into the future needs to involve authentic conversations about the "how and why" doctors struggle, and will provide genuine, realistic and hopeful answers and strategies to the response: "I'm really not OK".



BIO: *Mary Williams is the Chief Executive Officer and Director of Clinical Services of Belmont Private Hospital. Since joining HealthCare over 30 years ago, Mary has held numerous management and clinical roles within the group. Until recently, Mary was the Director of Clinical Services and Deputy Chief Executive Officer at Belmont Private Hospital in which she was responsible for overseeing clinical care the hospital provides, whilst managing its Nursing and Allied Health workforce.*

As Hospital CEO and Director of Clinical Services, Mary is responsible for doctor engagement, managing day-to-day operations and overseeing clinical governance, while leading strategic initiatives for continued growth and quality patient care.

During her time at Belmont Private Hospital, Mary has been instrumental in assisting in the establishment of the Brisbane Centre for Postnatal Disorders; Queensland's only private mental health facility with a dedicated 10 bed mother and baby unit. During this time, she worked as the Program Manager before commencing her position as the Unit Manager, a position in which she occupied for 11 years.

In 2015, Mary was awarded an AM in 2015 for her services to perinatal mental health.

DHQ wishes to thank our sponsors



CONCLUDING REMARKS by Dr Anne Ulcoq

At The New Horizon Forum, Doctors' Health in Qld brought together speakers who are leaders in doctors' health together with leaders in the medical community. We came together, as we have a collective desire for change, we know the need to show leadership in doctors' health and wellbeing. We can no longer ignore the loss of doctors' lives, the exodus of doctors from clinical practice, early retirement, the distress and discontent of doctors in training, GPs, specialists, and international medical graduates. We need a powerful, positive response. Together we have a voice.

Doctors are individuals. They come to their role with their own personality, life experiences, cultural and family lessons, their own physical and mental health and practices of self-care. For the most part, doctors are healthy and resilient. The role of being a doctor, the expectations of the medical profession as a whole, society and the organisations we work in, forge how we then move forward. These expectations can rise us up to be brilliant doctors and make great achievements, but the downside can be the great personal cost. Sometimes we only see the current horizon and that horizon can look bleak.

Cultural change, organisational change, systemic change, individual change, societal change is required to improve the health and wellbeing of our doctors. New habits make new horizons. Doctors need to be enabled to be proactive in their health care habits and leadership is a choice, not a position, and the quality of a leader is reflected in the standards we set for ourselves. By showing leadership in your workplace by practicing your own self-care and wellness and demonstrating this to your colleagues, you are being a leader and moving towards a new horizon. A leader is one who knows the way, goes the way and shows the way.

This summary document captures so many ideas and themes that have emerged from this forum.

This list captures a few highlights:

- Education of medical students and doctors about how to respond and cope when a medicolegal complaint is made is essential. The need to share this experience with our peers and our family is important as the impact of a medicolegal complaint can be profound. Stigma often prevents this sharing and burden can be intolerable.
- There is heartbreak and there is joy in medicine. We need to make safety for our doctors a priority. Safety is about meeting basic needs, PPE, meal breaks, safe working hours, correct remuneration for hours worked, peer support after critical incidents, sick leave, holiday leave, support doctors to work in their skill set, protected education.
- Using an occupational health model to keep doctors' safe in our high-risk industry is one model that should be explored. Doctors who are not performing should be assessed holistically, maybe they are not well rather than bad.
- Connectedness, loss of connection leads to a greater risk of burnout especially with our younger doctors. How do we support connectedness? - intimate communal eating areas, peer to peer support groups, e.g., Balint groups. Everyone has different needs. There are unique ecosystems and cultures within every organisation, identify and build on what is there to encourage connectedness. We need to feel part of a family, so having conversations with your colleagues, celebrating birthdays, if you feed them, they will come!
- Self-compassion and self-reflection are important skills to have for doctors' health and wellbeing. This should be taught to medical students and doctors. Education around doctors' health and leadership around this is important.
- Flexible workplaces that allow flexible work hours and training and take into account the need for doctors to balance work, training, social and family life. We need the trickledown effect of cultural change for all, cultural safety is for all.
- Doctors need to have a GP, and this is something that we need to prioritise. Encouraging doctors to have a GP, to normalise time off to attend appointments and noting that COVID-19d has enabled telehealth as an option.
- The Doctors' Health Charter is an important document whose development has been championed by the Royal Australasian College of Surgeons. This document should be adopted by all medical colleges. Any document needs to be translated into behavioural change and this is an important step in having a charter.

DHQ wishes to thank our sponsors



- Having a Chief Medical Wellness Officer and having this embedded in your workplace is something that every workplace should aspire to. Assoc Prof Bethan Richards has shared her framework and how this would look. Your local workplace data can be a powerful lever to enable this to happen. Be prepared to start small, be strategic and build on what is already there. This approach was reinforced by Dr Harrington’s talk about the Mayo Wellbeing Index. You do not need to reinvent the wheel.
- The loss of a doctor to the profession comes at a great cost to society that can be measured in financial terms. The loss of a doctor from suicide is devastating to the community and the family. Doctor suicide needs to be examined and addressed no matter how painful.
- Kindness and compassion need to be front and centre in all our interactions with each other. Stigma around mental health needs to be acknowledged. We need to know how to show compassion for colleagues when they are unwell.
- Words of wisdom from today, “medicine is what you do, not who you are”. “Doctors are people too”
- Recurring themes are gratitude, connectedness, compassion, self-compassion, joy, fun, communication.
- Take home messages: have a GP, see your GP.
- Often the doctors’ health leader in the organisation is not necessarily the person who has the title of lead in that department. Clinical champions in the workplace make a huge difference. The doctors' health space is moving, forward. The next generation will bring a fresh approach, energy and hope to doctors' health, claim your space! Senior doctors need to support the new generation in this endeavour.

Leadership that prioritises wellness and doctors’ health is more than "Knowing" about doctors’ health. Leadership in education around doctors' health, and the need to deliver education to medical students and doctors about this arose many times . Leadership includes having overt statements about doctors’ health like the Charter. The challenge is to translate these documents into real change in behaviour in the workplace.

Each step will reveal a New Horizon. We have taken the first steps at this Forum. The challenge for us all is to have the courage to take the next one.

Doctors’ Health in Queensland would like to thank you all for being part of our Forum – for your thoughts, your contributions and for your time.

Our Forum focused on how we can craft *positive and meaningful* leadership in doctors’ health. We look forward to working together into the future.



DHQ wishes to thank our sponsors



A WELLBEING CHARTER FOR DOCTORS

AIM

The Wellbeing Charter for Doctors aims to define wellbeing and describe the principles that guide the wellbeing of doctors in Australia and New Zealand. The Charter also describes the shared responsibility of wellbeing for the medical profession. The Charter demonstrates a unified approach to doctors' wellbeing so that we can advocate with one voice to institutions, governments and policy makers.

DEFINITION

Wellbeing encompasses physical, mental, emotional and cultural health. It also includes the cultivation of healthy relationships at personal and professional levels based on appreciation, kindness, gratitude and compassion. At a professional level, these attributes are reflected in interactions with patients and the teams we work with and are at the heart of the competencies required for good medical practice.

FUNDAMENTAL PRINCIPLES

- Maintaining wellbeing leads to the performance of high quality and effective health care delivery and optimises patient care.
- Doctors who maintain and maximise their health and wellbeing are able to manage the physical and emotional demands of medicine.
- Wellbeing is essential to achieving the competencies required for good medical practice.
- Wellbeing is beneficial to the individual and to the medical community in which doctors work.
- Jurisdictions, hospitals and medical colleges must support the wellbeing of doctors and provide an environment that is safe, accessible and inclusive for all.

RESPONSIBILITY FOR WELLBEING

Almost all medical practitioners will face health and wellbeing challenges at different points in our career. Doctors' wellbeing is a priority for doctors, the patients that we serve and the teams that we work with. It is therefore a shared responsibility between individuals and system partners: workplaces, medical colleges, medical schools, regulators and quality improvement bodies.

DOCTORS

1. Practice self-care and continually evaluate what works best to thrive. This includes basics needs – adequate sleep, exercise, nutrition, hydration, regular breaks/ leave, setting boundaries and engaging in enriching activities that bring joy and purpose: e.g., learning, giving, hobbies, spiritual practice, mindfulness and social connection.
2. Have a General Practitioner and have regular check-ups.
3. Foster a personal network of support that may include colleagues, family and friends to share with in good and difficult times.
4. Are aware of and access professional support services that provide doctors with advice, a safe space to share concerns and assist with acute issues.
5. Acknowledge the benefits of kindness and compassion towards self, colleagues and patients.
6. Show compassion and encourage colleagues to seek help in difficult times.
7. Prepare in advance for the changes that punctuate a career in medicine.
8. Are aware that we are a role model to colleagues and the community.

DHQ wishes to thank our sponsors



COLLEAGUES

1. Are aware of and sensitive to the needs of colleagues' lives – professional and non-professional.
2. Are prepared to support each other in times of need.

MANAGERS AND LEADERS

1. Have an obligation to foster wellbeing.
2. Proactively discuss wellbeing at departmental or team meetings.
3. Ensure that there is a safe and supportive environment to confidentially discuss concerns with colleagues.
4. Have fluent processes to support and assist colleagues.

HOSPITALS AND JURISDICTIONS

1. Have a role to support a work environment that is open, inclusive and accessible for all, including those with disabilities and chronic illness.
2. Have an obligation to provide a safe and healthy working environment including cover for sick leave, reasonable working hours and flexible work options.
3. Support doctors' wellbeing by creating a culture of care and compassion.
4. Have doctors' wellbeing at the core of healthcare strategy and leadership accountability, enabling compassionate leaders, measuring staff wellbeing regularly and confidentially, identifying and acting on risks including organisational factors, team factors and job design.
5. Provide practical and emotional support to teams and individuals.
6. Offer and promote targeted initiatives to enhance protective factors that affect overall wellbeing.

MEDICAL COLLEGES

1. Provide doctors in training and specialist doctors with the knowledge and skills to support, encourage and sustain a safe working environment for all doctors through specialist training programs and continuing professional development.
2. Have an important role to advance doctors' wellbeing through advocacy, research, education, policy, support and evidenced based initiatives.
3. Have wellbeing initiatives that are aligned and that actively support doctors throughout their careers.

DHQ wishes to thank our sponsors





CONCEPTS AND THEMES THAT EMERGED FROM THE DHQ FORUM

Throughout the DHQ Forum, a number of key concepts emerged from the many presentations and subsequent discussions between the many key experts in doctors' health who were present.

- Doctors in all stages of their careers need a safe space to grow.
- Senior doctors may have fewer opportunities to respond to individual workplace problems as their career pathway options may be limited.
- Positive change will not occur simply because people want it, it needs to be championed. Rewards for positive change and recognising the consequences of not changing matter. Political mechanisms and management of power are integral to success.
- Financial support for doctors' health initiatives needs to be available from the larger organization and NOT taken from tight departmental budgets.
- There is a need to consider all stages of career progression with a doctors' health lens and enhancing flexibility would be positive.
- Well-being = 'feeling in control'. More skills = more control and less stress. Support and education are fundamental.
- AHPRA stresses can have a significant impact on a doctor's health so changing the way in which AHPRA operates with a focus of improving an understanding of doctors' health.
- In particular, when AHPRA allows scurrilous complaints, this can cause a significant amount of distress to practitioners. The time lag before the claim is dismissed or investigated magnifies that distress.
- Transformational change to enhance doctors' wellness requires both bottom up and top-down change.
- Doctors' health and wellness is everyone's responsibility and starts with supporting medical students – not just in a token way.
- Foster curiosity about other fields has a positive impact on doctors' health. A better understanding about other's roles and barriers they are experiencing is also important.
- Social connectedness enables career longevity, so we need to prioritise and enable connectedness.
- Women's fertility is everyone's issue not just a female issue.
- If we want to change the culture, then highlighting the economic argument, enables planners and funders to better engage – they love saving money.
- Young doctors often feel they do not have a voice and they can be badly treated by other staff including nursing staff. Young doctors need a safe way to access support in these situations that will not be perceived as impacting their career.
- Younger doctors who become consultants (new Fellows) need support, especially during their first five years of practice.
- We have to start somewhere, waiting while we collect data should not stop us from doing some things that will support doctors' wellness.
- As health is a complex system, there will always be "Layers of Care" required, but every layer should come from a place of love.

DHQ wishes to thank our sponsors



- Passionate advocates will present themselves if they feel supported, they do not need 'to be found'. They are already there!
- Fatigue remains a significant issue for doctors and needs to be effectively addressed (not just measured) for all stages of the medical career.
- Civility, connectedness, gratitude, and kindness cannot be underestimated in their importance in supporting the health and wellbeing of doctors.
- Principal House Officers (PHOs) often do not have direct mentorship as they are not situated within the college training support and therefore, they are a vulnerable group. It is difficult for them to speak up as they often want to get onto a training programme.
- Sharing a time for lunch and team meetings weekly will build better team dynamics.
- Enabling support for diversity, inclusiveness and team building through education will support the well-being of health teams.
- Suicide of doctors needs to be examined in more detail and we need to develop compassion around mental health.
- Think BIG – but tailor it in so you can start. Ask: What will make a difference? Even changing one thing enables organic change.
- Wellbeing and quality improvement projects need to be 'owned by the people' with commitment and support from above. Not pushed onto a group from the hierarchy with no ownership at the level it is being rolled out.
- Doing something – anything! - is better than doing nothing. Staff notice and appreciate that 'someone is doing something'.

WHAT IS ALREADY HAPPENING

During the DHQ Forum, working groups discussed interventions that they knew were already happening at the coalface across different work environments. These ideas are captured here to inspire others to consider what they could do to enable doctors' health and wellbeing.

- Use of social media enables connectedness e.g., Facebook groups (junior doctors, mothers, GPs etc) serve as important sources of communication and information sharing, particularly for young doctors and medical students.
- Team feedback and problem-solving sessions enhance connectedness and enable the voice of all members of the team.
- Mentoring of medical students, junior staff and specialists by senior members of the profession can be an important support e.g., SWIM- Supporting Women in Medicine group
- GP training programs: During training, both trainee and mentors are surveyed, problems are identified and there is an opportunity to have the difficult conversations that need to be had at times. GP training programs employ two pastoral care officers, who contact the GP registrars, especially when they are working away from home and provide family and practical support.
- Being a kind and compassionate professional, including self-care and wellbeing, is being included as a specific domain within the new University of Qld MD course. Teaching how to negotiate and develop a framework for self-assertiveness will be included in the medical school curriculum.
- Chief Medical Wellness Officer is a specific position for a medical practitioner that currently exists in one NSW hospital district. It is a position that is funded as a half-time specialist position and it is supported by a funded team to enable the implementation of a range of initiatives.
- Measurement tools for wellbeing exist e.g., Mayo Wellbeing Index. The MWI is an evidence-based tool that has been used effectively in some organisations to support the implementation of wellness initiatives.
- The tearoom/break room/safe space away from the emergency department exists in some organisations. The benefits of this space are that everyone gathers there because it is pleasant. It is easier to facilitate interdepartmental referrals through informal networking. It fosters better cooperation between teams

DHQ wishes to thank our sponsors



because of the greater social connection created by the communal space. It makes for a more collaborative workplace.

- Regular social gatherings dinners/sporting activities are promoted in some workplaces. These can be started by small groups. With each successive social gathering each person must invite another member of staff. These activities can lead to better social connection and cooperation in the workplace and improve staff satisfaction.
- Morning teas across disciplines: this has been done by the emergency department at QE2 and the QCH
- The “Qantas Club” tearoom was built at RBWH, and provides a safe space for junior doctors, and promotes a collegial atmosphere across the ranks from juniors to SMOs. It has a coffee machine, designated quiet pods and workspaces.
- “Mid- winter madness” (ED at QCH aims to invite other specialties)
- Paediatric Surgery template at QCH has a weekly education and Multidisciplinary Team (MDT) meeting to question/discuss any issues of concern that have arisen over the week.
- Additional informal time made on a team’s weekly meeting enables further discussion of selected clinical conundrums chosen by the registrars.
- RBWH has a Wellbeing Committee with executive buy in.
- College of pathologists oversees 700 trainees, with 2 dedicated staff for pastoral care and if needed, 3 College funded sessions with a psychiatrist available for any trainee.
- JMO Medical Education Units tend to provide some pastoral care to interns and residents and training boards/supervisors of training. Acknowledgement that PHOs sometimes fall between the cracks.
- Support group at QCH after the loss of a colleague to suicide. This is an intimate group, people keep coming, supporting our colleagues, courage to step into the space, peer to peer support.
- Balint group, a GP-facilitated, safe space, structured group, regularly run within a general practice enables GP wellbeing – noted that the attendance goes up and down depending on what is happening, but people know that it is there for them, and the connectedness is important.

WHAT DO YOU WANT IN YOUR WORKPLACE

Later in the DHQ Forum, working groups discussed interventions that they felt should be incorporated into the medical work environment to enhance the health and wellbeing of doctors. These ideas address the needs that the experts had identified and considered as important to enabling doctors’ health and wellbeing. Some of these ideas reflect interventions that others had already instituted in other spaces, as described above.

- Mindfulness training for all medical students
- Education about normalising conversations about doctors’ health - informal and formal.
- Socialising in a variety of ways and a variety of spaces e.g., exercise in groups, shared morning tea, cross discipline social gatherings, regular celebrations, conversations on WhatsApp.
- FOOD, staff need access to food whenever they are at work (all hours). There is a need for hospital employees to have access to healthy hot food and beverages especially after hours when cafeteria is closed e.g., healthy vending machines. Provide food at education and departmental meetings. These are often held during lunch time, and it is an ideal time to promote healthy habits/healthy eating.
- Review how buildings are constructed – at the planning phase - We want our tearoom back, and space to store personal stuff, and somewhere to have some timeout.
- Education is a vital aspect of a doctors’ wellbeing. Build fun into education, education for everyone, education about what to do if there is a complaint against you.
- Enable the establishment of peer support groups, Schwartz rounds, Balint groups - anything that creates a sense of connection and a safe space to openly discuss sensitive issues.
- Provide more protected time for doctors including lunch breaks, team time, time for health and wellbeing, time to attend medical appointments, parental leave, recreation leave -without guilt about burdening colleagues. Backfill is essential – it needs to be available and provided, not contested.

DHQ wishes to thank our sponsors



- Flexible training, flexible workforce and flexible hours that address the needs of parents to enable timeout for child rearing - for both male and female doctors.
- Enable every doctor to have a GP e.g., including a private (independent) General Practice available at hospitals for staff and reducing work constraints so that doctors can access medical care and preventive health.
- Promoting the option of telehealth for doctors to enable connection with their personal GP.
- Staff psychiatrists, staff psychologists, pastoral care and wellbeing officer provided for doctors at all levels of their career.
- Increased availability of professional mentoring to doctors.
- Increased availability of coaching programs e.g., to support doctors sitting exams, tips on dealing with their training organisation, managing communication with other medical team members e.g., registrars and consultants.
- Career counselling enabling better career choice and the consideration of creative career change.
- Instigate an annual Doctors' Day to increase passion from people on the floor.
- Encourage Colleges and Hospital Services to engage with the Doctors' Wellbeing Charter, considering how this can enable/leverage change.
- Educate Junior doctors about how to influence organisational change, understanding where their power lies and how to use this e.g., through DIT organisations, AMA, colleges.
- Increase the length of Junior doctor contracts for 2-3yrs to provide more certainty and stability so they can plan their careers and lives.
- Develop a national work plan for PHOs and unaccredited registrars, including enabling Medical Education Units to take PHOs into account.
- Leading a culture change that calls out bad behaviour that is unacceptable, as it emerges.
- Designated regular time for departmental meetings for consultants and junior doctors. Include registrars in consultant meetings to make them feel included.
- Have a team approach to mid-year reviews. Hold an interview with Director of Medical Training (DMT) every term with feedback provided. Fortify the DMT position to enable this.
- Offers opt in anonymous feedback e.g., this could be done using SurveyMonkey and collated by one independent person. Ensure that this feedback is delivered in a confidential manner with the intern's concerns being heard in a safe way and ensuring that the department and staff receive this feedback.
- Support new consultants, ensuring that new Fellows are well prepared for the transition. Give them leadership training.
- Planned Leadership courses: consultants would benefit from 'leadership' training - increasing their capacity to lead and also to manage the system – including doctors' health and wellness understandings in this training.
- Networks across hospitals to reduce tribalism and create a sense of connectedness, leading to understanding, kindness and tolerance and a sense of a 'work family'.
- GPs and hospital doctors currently get to see the worst in each other. GPs and hospitals work in silos so there is a need to increased awareness to bridge that space and foster support. Enhancing the opportunity for each to understand the other's perspective would improve primary/tertiary collaboration. Enabling local GPs to come into their local hospital for a meet and greet could help broker this collegiality.
- Establish a wellbeing committee with good visibility/high profile at every workplace.
- Colleges and departments that are further along the wellness program journey provide support and sharing of wellness ideas. Acknowledging that different specialties have different needs – so one size will not fit all.
- Commitment from leadership/executives for increased time and financial resources for health and wellbeing activities.
- Leading change at work: find a champion in your organisation. Talk to them and get them to gather a group of interested individuals. Many administrators have training and skills in doctors' wellness so approach them.
- Legislation/Regulation creating KPIs around doctors' health and well-being support.

DHQ wishes to thank our sponsors

