



College of Intensive Care Medicine
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GUIDELINES ON THE WELFARE ADVOCATE ROLE IN INTENSIVE CARE UNITS

PURPOSE

The purpose of this document is to provide guidance on the role and functions of the Welfare Advocate in Intensive Care Units.

INTRODUCTION

The College of Intensive Care Medicine (the College) supports all initiatives that promote welfare, wellbeing, and resilience within the specialty of Intensive Care Medicine (ICM). Within Departments of Intensive Care Medicine, a Welfare Advocate can be a resource for all specialists and trainees by offering support, advice on processes, and referral advice on a broad spectrum of welfare issues. In larger units this role may be fulfilled by more than one specialist physician. In smaller units this may be a shared role with a specialist physician and other members of the intensive care team.

The Welfare Advocate should be the most appropriate and willing specialist in a unit, department, or region. The position is a departmental role, and **not** a College appointment and should be appropriately resourced by the Department in terms of non-clinical time.

The College acknowledges that some Departments of Intensive Care Medicine may have other models and structures that can undertake the roles and duties outlined below for example, a social worker.

ROLES AND DUTIES OF THE WELFARE ADVOCATE

It is important to note that the Welfare Advocate has **no therapeutic role** for trainees and colleagues, but is a neutral, safe, and confidential person to help with access to resources, processes and services. Consequently, the Welfare Advocate should be approachable, have strong communication skills, be fair and non-judgemental and be able to have honest, open and sometimes difficult conversations.

The Welfare Advocate is a role separate from that of a mentor or a supervisor. It should also be separate from the Director to avoid conflicts of interest.

Potential roles and duties include:

- Promotion of welfare, wellbeing and good health for specialists and trainees
- Development and promotion of department welfare policies, guidelines, resources, and activities
- Meeting with trainees and specialists to promote or discuss welfare issues including regular meetings within department schedules, and meetings as required for individuals.

- A resource for colleagues seeking or requiring advice related to:
 - Physical health
 - Mental health
 - Substance use and abuse
 - Critical incidents
 - Financial difficulty
 - Family difficulty
 - Sexual harassment, discrimination, and bullying
 - Support of at-risk colleagues. An at-risk colleague may be a trainee or specialist in rural and remote practice, those returning to work after prolonged absence, international medical graduates or those at key points during their careers. Key points may include the start or end of a career or other identified points of difficulty
 - Mandatory reporting
 - Mentoring
- Meeting with other Welfare Advocates (local, regional, international) for ongoing development of the role, reflection, learning, and sharing of resources
- Undertaking continuing professional development activities related to welfare topics (such as international, national and local meetings and workshops)

IMPORTANT CONSIDERATIONS

The Welfare Advocate should have a strong support network around him or herself.

At all times, aside from mandatory reporting requirements, confidentiality is paramount and any discussion with others must be expressly consented to by the person seeking the input of the Welfare Advocate.

At all times, the Welfare Advocate must consider and be responsible for patient safety, and the Welfare Advocate must maintain duty to law, medical governance and the regulatory authorities.

If mandatory reporting or disclosure is necessary, this must be made clear to the person seeking the input of the Welfare Advocate.

The Welfare Advocate must be aware of, and work within, institutional policies and regulations.

The Welfare Advocate must be aware of, and work within the College's rules and regulations.

If a trainee or specialist is thought to be in danger of self-harm, appropriate psychiatric assistance is required immediately.

The College, although unable to provide therapeutic advice, can be contacted for further resources including the details of the Member Assist Program, Converge.

References and sources

Not applicable.

Acknowledgments

The College of Intensive Care Medicine's Welfare Special Interest Group 2016.

Document Control

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Revision History

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Further Reading

The College of Intensive Care Medicine Member Health & Wellbeing
www.cicm.org.au/Resources/Member-Health-Well-being

Publishing Statement

Published by CICM: December 2019. This Professional Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The College's Professional Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the college endeavours to ensure 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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