



**College of Intensive Care Medicine
of Australia and New Zealand**
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STATEMENT ON THE HEALTH AND WELLBEING OF FELLOWS AND TRAINEES

1. INTRODUCTION

This statement is designed to assist Fellows and trainees of the College with the achievement and maintenance of their own health and wellbeing and, where appropriate, those of their colleagues. Physician performance and thus patient safety depend on physician wellbeing as well as skills and knowledge. It is the responsibility of the physician to maintain not only their knowledge and skills but also their health and wellbeing. While this is the personal and professional responsibility of the individual practitioner, the College has a role in promoting and facilitating trainee and Fellow welfare. The College has no role, however, in a therapeutic relationship with the individual practitioner.

Good health encompasses both physical and mental well-being. Proper healthcare includes preventative measures including lifestyle activities, health checks, vaccinations and screening, as well as the assessment and management of specific illnesses.

Fellows and trainees 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.

2. PERSONAL

- 2.1 Fellows and trainees should attend to their own health and wellbeing in order to provide the highest standard of care to patients.
- 2.2 Fellows and trainees should have an identified general practitioner with whom they undertake regular clinical attendance and who can facilitate referrals to relevant specialists.
- 2.3 Fellows and trainees should not self-prescribe medication (except for simple over-the-counter treatments). Numerous authorities² stress the importance of medical practitioners not self-prescribing or treating themselves or their families.
- 2.4 Fellows and trainees should seek arranged, formal medical consultations about personal health issues, rather than undertake informal or 'corridor' consultations. This allows the attending doctor to devote adequate time and attention, objectively, in a private setting.

- 2.5 Fellows and trainees should develop long-term health and well-being management strategies which reflect the evolving nature of the working life cycle. Such strategies should encompass, preparation for retirement and other major life events.
- 2.6 Fellows and trainees should refrain from providing primary medical services to family, close friends and close colleagues.
- 2.7 Fellows and trainees should advise those in positions of responsibility, such as Directors of Departments or Supervisors of Training, of any personal health problems that might impact on their work. Health issues not impacting on work are generally private matters for the Fellow or trainee concerned.

3. PROFESSIONAL

Within the workplace it is appropriate that the health and well-being of doctors be recognised as important. Intensive Care departments should consider the following strategies to promote staff welfare:

- 3.1 Promotion of an environment and culture that prioritise and promote the physical, psychological and professional well-being of staff.
- 3.2 The promotion of attitudes and practices that encourage appropriate access to general medical practitioners and other health professionals.
- 3.3 The compilation and maintenance of a readily available list of resources that may assist staff with health issues.
- 3.3 The adoption of orientation and support programs for new staff members to reduce the stress of an unfamiliar environment and to 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 Active encouragement of continuing professional development that focuses on maintaining and improving health and wellbeing.
- 3.5 The establishment of systems such as mentor programs and welfare advocacy for professional support. Such systems require resourcing, 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 fatigue, ill-health and error.
- 3.7 The promotion of guidelines for debriefing and support of staff following workplace and personal crises.
- 3.8 The development of processes and systems to accommodate staff with personal health problems that might impact on work functioning. This might include encouragement of access to appropriate medical care and/or variation of rostering or other work practices or duties.

Practitioners should also understand the need to notify the relevant authority of health-related issues affecting their own practice or that of colleagues as required by law and when colleagues fail to seek appropriate care for health-related problems that are affecting clinical practice.

Other information and sources:

1. Peter Schattner, Sandra Davidson and Nathan Serry
Doctors' health and wellbeing: taking up the challenge in Australia
MJA 2004; 181 (7): 348-349
2. NSW Medical Board, Medical Practitioners' Board of Victoria, UK GMC, Medical Council of
New Zealand

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This guideline 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.

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